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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Quarterly Report - Implementation Plan for State University of New York at Stony Brook University Hospital

Year and Quarter: DY3, Q1 **Quarterly Report Status:** Adjudicated

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
2.b.ix	Implementation of observational programs in hospitals	Completed
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	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.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	Completed
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	Completed
3.d.ii	Expansion of asthma home-based self-management program	Completed
4.a.ii	Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer	Completed

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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	28,679,014	30,565,026	49,425,152	43,767,114	28,679,014	181,115,320
Cost of Project Implementation & Administration	**13,843,681**	**18,674,867**	**23,058,195**	**25,858,939**	**24,119,994**	**105,555,676**
Cost of Project Implementation	10,975,660	15,618,499	18,115,665	21,482,347	21,251,973	87,444,144
Administration	2,868,021	3,056,368	4,942,530	4,376,592	2,868,021	18,111,532
Revenue Loss	**264,396**	**617,046**	**3,095,849**	**3,869,141**	**3,154,165**	**11,000,597**
Internal PPS Provider Bonus Payments	**0**	**11,861,055**	**16,377,247**	**18,109,458**	**14,332,289**	**60,680,049**
Cost of non-covered services	**145,685**	**129,375**	**167,329**	**111,103**	**72,843**	**626,335**
Other	**518,922**	**548,511**	**975,492**	**814,790**	**394,948**	**3,252,663**
Contingency	518,922	548,511	975,492	814,790	394,948	3,252,663
Total Expenditures	**14,772,684**	**31,830,854**	**43,674,112**	**48,763,431**	**42,074,239**	**181,115,320**
Undistributed Revenue	**13,906,330**	**0**	**5,751,040**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

PPS lead has created a new line item under 'cost of project implementation and administration' called 'administration' which is associated with our central service organization, which is the business offices for the PPS. This includes the project management office, care management office, and provider & community engagement functions.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

Benchmarks

Waiver Revenue DY3	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
49,425,152	181,115,320	45,144,627	151,138,355

Budget Items	DY3 Q1 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**2,988,769**	**25,118,976**	**20,069,426**	**87.04%**	**80,436,700**	**76.20%**
Cost of Project Implementation	2,350,122					
Administration	638,647					
Revenue Loss	**154,068**	**660,740**	**2,941,781**	**95.02%**	**10,339,857**	**93.99%**
Internal PPS Provider Bonus Payments	**1,137,688**	**4,197,249**	**15,239,559**	**93.05%**	**56,482,800**	**93.08%**
Cost of non-covered services	**0**	**0**	**167,329**	**100.00%**	**626,335**	**100.00%**
Other	**0**	**0**	**975,492**	**100.00%**	**3,252,663**	**100.00%**
Contingency	0					
Total Expenditures	**4,280,525**	**29,976,965**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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	28,679,014	30,565,026	49,425,152	43,767,114	28,679,014	181,115,320
Practitioner - Primary Care Provider (PCP)	3,124,366	10,395,260	14,686,768	17,124,184	14,891,336	60,221,914
Practitioner - Non-Primary Care Provider (PCP)	202,975	675,330	954,129	1,112,476	967,419	3,912,329
Hospital	2,587,932	8,610,459	12,165,142	14,184,069	12,334,587	49,882,189
Clinic	231,972	771,806	1,090,433	1,271,401	1,105,621	4,471,233
Case Management / Health Home	0	0	0	0	0	0
Mental Health	369,705	1,230,066	1,737,877	2,026,296	1,762,084	7,126,028
Substance Abuse	144,982	482,379	681,521	794,626	691,013	2,794,521
Nursing Home	587,178	1,953,634	2,760,158	3,218,234	2,798,604	11,317,808
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	4,655,553	4,655,552	4,655,555	4,655,553	4,655,553	23,277,766
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	2,868,021	3,056,368	4,942,530	4,376,592	2,868,021	18,111,532
Total Funds Distributed	**14,772,684**	**31,830,854**	**43,674,113**	**48,763,431**	**42,074,238**	**181,115,320**
Undistributed Revenue	**13,906,330**	**0**	**5,751,039**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

Benchmarks

Waiver Revenue DY3	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
49,425,152.00	181,115,320.00	49,425,152.00	164,194,421.87

Funds Flow Items	DY3 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY3 Q1 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.iv	2.b.ix	2.b.vii	2.d.i	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.ii	4.b.ii		
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	450,782.12	0	0	0	0	0	0	0	0	0	0	0	14,686,768	59,771,131.88
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	954,129	3,912,329
Hospital	0	0.00%	0	0.00%	6,396,936.12	0	0	0	0	0	0	0	0	0	0	0	12,165,142	43,485,252.88
Clinic	0	0.00%	0	0.00%	797,879.93	0	0	0	0	0	0	0	0	0	0	0	1,090,433	3,673,353.07
Case Management / Health Home	0	0.00%	0	0.00%	847,270.92	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0.00%	0	0.00%	296,019.34	0	0	0	0	0	0	0	0	0	0	0	1,737,877	6,830,008.66
Substance Abuse	0	0.00%	0	0.00%	11,960.90	0	0	0	0	0	0	0	0	0	0	0	681,521	2,782,560.10
Nursing Home	0	0.00%	0	0.00%	88,550.70	0	0	0	0	0	0	0	0	0	0	0	2,760,158	11,229,257.30
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	0	0.00%	0	0.00%	509,361.08	0	0	0	0	0	0	0	0	0	0	0	4,655,555	22,768,404.92
All Other	0	0.00%	0	0.00%	3,551,987.68	0	0	0	0	0	0	0	0	0	0	0	0	0
Uncategorized	0	0.00%	0	0.00%	24,057.36	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Providers	0	0.00%	0	0.00%	119,689.98													
PPS PMO	0	0.00%	0	0.00%	3,826,402												4,942,530	14,285,130
Total	**0**	**0.00%**	**0**	**0.00%**	**16,920,898.13**													

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Please refer to PIT Table

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY3Q1**
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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Delivery System Reform Incentive Payment Project

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State University of New York at Stony Brook University Hospital (PPS ID:16)

* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY3Q1**
Additional Providers			**0**
Allied Physicians Group, Pllc	Additional Providers	Approved	0
Long Island Select Healthcare	Additional Providers	Approved	0
Suffolk Primary Health, Llc	Additional Providers	Approved	0

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Delivery System Reform Incentive Payment Project

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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 Step 1: Engage key finance Project Stakeholders to include Finance Sub-Committee and Financial Sustainability Team to develop Funds Flow Budget and Distribution Plan	Completed	Step 1: Engage key finance Project Stakeholders to include Finance Sub-Committee and Financial Sustainability Team to develop Funds Flow Budget and Distribution Plan	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Financial Project Leads to elicit input from DSRIP Project Leads and Project Managers (e.g. may include 1:1 meetings, phone calls, etc.) about the financial needs of each DSRIP project to be used to develop plan (e.g. may include evaluation of project budgets, potential contract relationships with partners known, assessment of financial capabilities of priority sites, discussions with provider network, health system framework considerations, etc.)	Completed	Step 2: Financial Project Leads to elicit input from DSRIP Project Leads and Project Managers (e.g. may include 1:1 meetings, phone calls, etc.) about the financial needs of each DSRIP project to be used to develop plan (e.g. may include evaluation of project budgets, potential contract relationships with partners known, assessment of financial capabilities of priority sites, discussions with provider network, health system framework considerations, etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Financial Project Leads to develop Funds Flow Budget and Distribution Plan based on results from discovery evaluation and input from key Project Stakeholders and partners on a project-by-project basis (will include details of approach on whole PPS and project level	Completed	Step 3: Financial Project Leads to develop Funds Flow Budget and Distribution Plan based on results from discovery evaluation and input from key Project Stakeholders and partners on a project-by-project basis (will include details of approach on whole PPS and project level distribution/funds).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
distribution/funds).									
Task Step 4: Secure approval of plan from Finance Governance Committee	Completed	Step 4: Secure approval of plan from Finance Governance Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

New York State Department Of Health
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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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	20,640,068	20,640,068	20,640,068	20,640,068	20,640,067	103,200,339
Cost of Project Implementation & Administration	**0**	**24,058,444**	**12,029,222**	**12,029,222**	**12,029,222**	**60,146,110**
Administration	0	4,128,014	2,064,007	2,064,007	2,064,007	10,320,035
Implementation	0	19,930,430	9,965,215	9,965,215	9,965,215	49,826,075
Revenue Loss	**0**	**2,507,276**	**1,253,638**	**1,253,638**	**1,253,638**	**6,268,190**
Internal PPS Provider Bonus Payments	**0**	**13,830,308**	**6,915,154**	**6,915,154**	**6,915,154**	**34,575,770**
Cost of non-covered services	**0**	**142,756**	**71,378**	**71,378**	**71,378**	**356,890**
Other	**0**	**741,352**	**370,676**	**370,676**	**370,675**	**1,853,379**
Contingency	0	741,352	370,676	370,676	370,675	1,853,379
Total Expenditures	**0**	**41,280,136**	**20,640,068**	**20,640,068**	**20,640,067**	**103,200,339**
Undistributed Revenue	**20,640,068**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

Benchmarks

Non-Waiver Revenue DY3	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
20,640,068	103,200,339	18,024,263	92,151,594

Budget Items	DY3 Q1 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**1,826,420**	**8,143,223**	**10,202,802**	**84.82%**	**52,002,887**	**86.46%**
Administration	390,274					
Implementation	1,436,146					
Revenue Loss	**94,150**	**379,587**	**1,159,488**	**92.49%**	**5,888,603**	**93.94%**
Internal PPS Provider Bonus Payments	**695,235**	**2,525,935**	**6,219,919**	**89.95%**	**32,049,835**	**92.69%**
Cost of non-covered services	**0**	**0**	**71,378**	**100.00%**	**356,890**	**100.00%**
Other	**0**	**0**	**370,676**	**100.00%**	**1,853,379**	**100.00%**
Contingency	0					
Total Expenditures	**2,615,805**	**11,048,745**				

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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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	20,640,068	20,640,068	20,640,068	20,640,068	20,640,067	103,200,339
Practitioner - Primary Care Provider (PCP)	0	13,725,889	6,862,945	6,862,945	6,862,945	34,314,724
Practitioner - Non-Primary Care Provider (PCP)	0	891,705	445,851	445,851	445,851	2,229,258
Hospital	0	11,369,240	5,684,620	5,684,620	5,684,620	28,423,100
Clinic	0	1,019,092	509,546	509,546	509,546	2,547,730
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	1,624,177	812,089	812,089	812,089	4,060,444
Substance Abuse	0	636,932	318,466	318,466	318,466	1,592,330
Nursing Home	0	2,579,575	1,289,788	1,289,788	1,289,788	6,448,939
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	5,305,511	2,652,756	2,652,756	2,652,756	13,263,779
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	0	4,128,014	2,064,007	2,064,007	2,064,007	10,320,035
Total Funds Distributed	**0**	**41,280,135**	**20,640,068**	**20,640,068**	**20,640,068**	**103,200,339**
Undistributed Non-Waiver Revenue	**20,640,068**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

Benchmarks

Non-Waiver Revenue DY3	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
20,640,068.00	103,200,339.00	20,640,068.00	96,909,228.31

Funds Flow Items	DY3 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY3 Q1 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	269,724.51	6,862,945	34,044,999.49
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	445,851	2,229,258
Hospital	0	0.00%	0	0.00%	3,741,418.34	5,684,620	24,681,681.66
Clinic	0	0.00%	0	0.00%	278,362.06	509,546	2,269,367.94
Case Management / Health Home	0	0.00%	0	0.00%	131,950.96	0	0
Mental Health	0	0.00%	0	0.00%	180,895.76	812,089	3,879,548.24
Substance Abuse	0	0.00%	0	0.00%	7,309.24	318,466	1,585,020.76
Nursing Home	0	0.00%	0	0.00%	49,224.07	1,289,788	6,399,714.93
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%	149,958.82	2,652,756	13,113,820.18
All Other	0	0.00%	0	0.00%	69,574.73	0	0
Uncategorized	0	0.00%	0	0.00%	14,701.33	0	0
Additional Providers	0	0.00%	0	0.00%	73,141.87		

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Funds Flow Items	DY3 Q1 Quarterly Amount - Update	Percentage of Safety Net Funds - DY3 Q1 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	1,324,849	2,064,007	8,995,186
Total	**0**		**0**		**6,291,110.69**		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Refer to PIT for PPS PMO expense

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY3Q1**
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

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY3Q1**
Additional Providers			**0**
Suffolk Primary Health, Llc	Additional Providers	Approved	0
Allied Physicians Group, Pllc	Additional Providers	Approved	0
Long Island Select Healthcare	Additional Providers	Approved	0

State University of New York at Stony Brook University Hospital (PPS ID:16)

IPQR Module 1.11 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Step 1: Create governance structure as outlined in organization application. PPS governance to reflect the clinical (Hospital, CBO, FQHC, etc.) and geographical (Nassau-Suffolk border, Riverhead, North Fork, South Fork, etc.) diversity found in Suffolk County. Additional consideration will be given to the "health system framework" developed across the Suffolk PPS.	Completed	Step 1: Create governance structure as outlined in organization application. PPS governance to reflect the clinical (Hospital, CBO, FQHC, etc.) and geographical (Nassau-Suffolk border, Riverhead, North Fork, South Fork, etc.) diversity found in Suffolk County. Additional consideration will be given to the "health system framework" developed across the Suffolk PPS.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Create and approve charters for each Governance Committee (e.g., Workforce, Finance, Clinical, IT, Compliance, Audit, CNA Outreach & Cultural Competency, PAC and EPAC) within the Governance structure and seek nominations for committee membership	Completed	Step 2: Create and approve charters for each Governance Committee (e.g., Workforce, Finance, Clinical, IT, Compliance, Audit, CNA Outreach & Cultural Competency, PAC and EPAC) within the Governance structure and seek nominations for committee membership	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Board review and approval of sub-committee structure and committee charters	Completed	Step 3: Board review and approval of sub-committee structure and committee charters	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 8: Create a Clinical Committee structure organizational chart	Completed	Step 8: Create a Clinical Committee structure organizational chart	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 9: Initiate regular Meetings of Clinical Committee & 11 Project Committees	Completed	Step 9: Initiate regular Meetings of Clinical Committee & 11 Project Committees	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 1: Appoint SCC Medical Director as leadership for Clinical Committee	Completed	Step 1: Appoint SCC Medical Director as leadership for Clinical Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2: SCC Medical Director initiates engagement of Key Project Stakeholders to draft the Clinical Committee Charter	Completed	Step 2: SCC Medical Director initiates engagement of Key Project Stakeholders to draft the Clinical Committee Charter	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 3: Create the charter for the Clinical Committee (The mission of the Clinical Committee shall be to provide guidance in establishing a clear vision for improving the quality of the healthcare services provided by the Company and its Coalition Partners under DSRIP.)	Completed	Step 3: Create the charter for the Clinical Committee (The mission of the Clinical Committee shall be to provide guidance in establishing a clear vision for improving the quality of the healthcare services provided by the Company and its Coalition Partners under DSRIP.)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 4: Present the Clinical Committee Charter to the Board of Directors for approval	Completed	Step 4: Present the Clinical Committee Charter to the Board of Directors for approval	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 5: Establish Project Committees for each 11 DSRIP Projects.Appoint a Project Manager and Project Lead to each of the 11 DSRIP Projects.	Completed	Step 5: Establish Project Committees for each 11 DSRIP Projects.Appoint a Project Manager and Project Lead to each of the 11 DSRIP Projects.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 6: Appoint members to Project Committees from Participating Partners including members of the Project Advisory Committee (PAC).	Completed	Step 6: Appoint members to Project Committees from Participating Partners including members of the Project Advisory Committee (PAC).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 7. Establish two-way communication for each project committee to the clinical committee,	Completed	Step 7. Establish two-way communication for each project committee to the clinical committee, supported by each Project Manager. Begin to recommend clinical protocols and	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

State University of New York at Stony Brook University Hospital (PPS ID:16)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
supported by each Project Manager. Begin to recommend clinical protocols and program deliverables to the SCC Clinical Committee. Monitor performance outcomes and develop corrective action plans as needed reporting findings and recommendations to the SCC Clinical Committee.		program deliverables to the SCC Clinical Committee. Monitor performance outcomes and develop corrective action plans as needed reporting findings and recommendations to the SCC Clinical Committee.							
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	YES
Task Step 1: SCC Executive Director to engage Key project stakeholders and the SCC Legal Counsel to create content for bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	Completed	Step 1: SCC Executive Director to engage Key project stakeholders and the SCC Legal Counsel to create content for bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2: Attorneys draft bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	Completed	Step 2: Attorneys draft bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 3: Draft the SCC Operating Agreement and SCC Committee Charters	Completed	Step 3: Draft the SCC Operating Agreement and SCC Committee Charters	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 4: Determine an approval process for the SCC Operating Agreement & SCC Committee Charters	Completed	Step 4: Determine an approval process for the SCC Operating Agreement & SCC Committee Charters	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 5: Present final draft of the SCC Operating Agreement & SCC Committee Charters to the Board of Directors	Completed	Step 5: Present final draft of the SCC Operating Agreement & SCC Committee Charters to the Board of Directors	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 6: Adoption of SCC Operating Agreement by the Board of Directors	Completed	Step 6: Adoption of SCC Operating Agreement by the Board of Directors	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 7: Secure approval of the SCC Committee Charters by the Board of Directors	Completed	Step 7: Secure approval of the SCC Committee Charters by the Board of Directors	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

State University of New York at Stony Brook University Hospital (PPS ID:16)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 8: SCC deploys and operationalzies policies and guidelines	Completed	Step 8: SCC deploys and operationalzies policies and guidelines	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
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.	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Engage Governance Project Lead and Key Internal Project Stakeholders to brainstorm governance structure reporting and monitoring process	Completed	Step 1: Engage Governance Project Lead and Key Internal Project Stakeholders to brainstorm governance structure reporting and monitoring process	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Develop two-way reporting process diagram for all governance committees (Including incorporating two-way feedback from the partners across the PPS, monitoring procedures for governance, and develop criteria to monitor effectiveness of reporting processes)	Completed	Step 2: Develop two-way reporting process diagram for all governance committees (Including incorporating two-way feedback from the partners across the PPS, monitoring procedures for governance, and develop criteria to monitor effectiveness of reporting processes)	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 3: Aggregate strategy organized from Step 1-2 above to create a Governance System Review Plan that will occur on an annual basis to ensure the current governance structure and function is continuously meeting the needs of the PPS within the changing healthcare environment	Completed	Step 3: Aggregate strategy organized from Step 1-2 above to create a Governance System Review Plan that will occur on an annual basis to ensure the current governance structure and function is continuously meeting the needs of the PPS within the changing healthcare environment	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 4: Governance System Review Plan including Governance & Committee Structure document is presented to the Board of Directors	Completed	Step 4: Governance System Review Plan including Governance & Committee Structure document is presented to the Board of Directors	06/01/2015	12/30/2015	06/01/2015	12/30/2015	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.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 1: Identify and recruit internal and external project stakeholders including project leaders, project workgroups, and community organizations to create a community engagement plan.	Completed	Step 1: Identify and recruit internal and external project stakeholders including project leaders, project workgroups, and community organizations to create a community engagement plan.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Develop a draft community engagement plan (including all work steps on how organizations will be contacted, two-way communication with stakeholders, etc.).	Completed	Step 2: Develop a draft community engagement plan (including all work steps on how organizations will be contacted, two-way communication with stakeholders, etc.).	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Engage in bidirectional communication on community engagement plan with key PPS stakeholders	Completed	Step 3: Engage in bidirectional communication on community engagement plan with key PPS stakeholders	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Incorporate appropriate findings into the community engagement plan.	Completed	Step 4: Incorporate appropriate findings into the community engagement plan.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: Create tracking system that details all community engagement activities and communication for quarterly reporting	Completed	Step 5: Create tracking system that details all community engagement activities and communication for quarterly reporting	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6: Approval of plan by CNA & Outreach Committee	Completed	Step 6: Approval of plan by CNA & Outreach Committee	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	06/30/2018	04/01/2015	06/30/2018	06/30/2018	DY4 Q1	NO
Task Step 5: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project schedule.	Completed	Step 5: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project schedule.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Finalize and execute agreements and/or contracts with applicable CBO based on DSRIP project schedule.	Completed	Step 6: Finalize and execute agreements and/or contracts with applicable CBO based on DSRIP project schedule.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	Step 1: Draft full CBO directory of all Suffolk County PPS	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

State University of New York at Stony Brook University Hospital (PPS ID:16)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 1: Draft full CBO directory of all Suffolk County PPS partners		partners							
Task Step 2: Create a list of CBOs with which PPS would like to engage/contract related to specific DSRIP projects.	Completed	Step 2: Create a list of CBOs with which PPS would like to engage/contract related to specific DSRIP projects.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Engage the Executive Director and legal counsel to evaluate CBO agreement/contract applicable to DSRIP projects.	Completed	Step 3: Engage the Executive Director and legal counsel to evaluate CBO agreement/contract applicable to DSRIP projects.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4: Draft a partnership agreement and/or contract for use with CBOs (e.g., two-way communication between CBOs and PPS; continuing role over time, project delivery, etc.)	Completed	Step 4: Draft a partnership agreement and/or contract for use with CBOs (e.g., two-way communication between CBOs and PPS; continuing role over time, project delivery, etc.)	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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.	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 2: Create requirements for Agency Coordination Plan (e.g., may include list of agencies, key contacts, understanding of existing programs/services, etc..) and include how agencies will be contacted.	Completed	Step 2: Create requirements for Agency Coordination Plan (e.g., may include list of agencies, key contacts, understanding of existing programs/services, etc..) and include how agencies will be contacted.	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Begin engagements/discussions with those agencies identified by project stakeholders for recruiting based upon DSRIP projects and schedule.	Completed	Step 3: Begin engagements/discussions with those agencies identified by project stakeholders for recruiting based upon DSRIP projects and schedule.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Develop the Agency Coordination Plan (e.g. may include links between DSRIP projects and agency services, maintaining roles across	Completed	Step 4: Develop the Agency Coordination Plan (e.g. may include links between DSRIP projects and agency services, maintaining roles across DSRIP projects, etc.)	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
DSRIP projects, etc.)									
Task Step 5: Present plan to appropriate governance committees	Completed	Step 5: Present plan to appropriate governance committees	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 1: Engage appropriate project stakeholders to identify state and local agencies to be contacted and recruited for initial discussions on strategy related to Agency Coordination Plan.	Completed	Step 1: Engage appropriate project stakeholders to identify state and local agencies to be contacted and recruited for initial discussions on strategy related to Agency Coordination Plan.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
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).	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 2: Conduct stakeholder engagement and communication assessment.	Completed	Step 2: Conduct stakeholder engagement and communication assessment.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: Based on the findings, from step 2 create the requirements for the workforce communication and engagement plan (eg. Define the key messages by audience group, as well as communication channels that can be utilized for stakeholder engagement.	Completed	Step 3: Based on the findings, from step 2 create the requirements for the workforce communication and engagement plan (eg. Define the key messages by audience group, as well as communication channels that can be utilized for stakeholder engagement.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Develop the workforce communication and engagement plan (e.g. may include links between DSRIP projects and expected workforce requirements, etc.)	Completed	Step 4: Develop the workforce communication and engagement plan (e.g. may include links between DSRIP projects and expected workforce requirements, etc.)	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Secure approval of plan by Workforce Governance Committee	Completed	Step 5: Secure approval of plan by Workforce Governance Committee	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 1: Engage the key Workforce Project Stakeholders including the Workforce Advisory Group to create a workforce communication and engagement plan	Completed	Step 1: Engage the key Workforce Project Stakeholders including the Workforce Advisory Group to create a workforce communication and engagement plan	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #9	In Progress	Explain your plans for contracting with CBOs and their	04/01/2015	06/30/2018	04/01/2015	06/30/2018	06/30/2018	DY4 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Inclusion of CBOs in PPS Implementation.		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.							
Task Step 1: Identify and engage with CBOs (e.g., health centers, providers, churches, public schools, and/or libraries, etc.) to support the PPS network based on 11 DSRIP projects requirements. CBO key stakeholders are included amongst the 11 DSRIP project committees for initial programmatic planning.	Completed	Step 1: Identify and engage with CBOs (e.g., health centers, providers, churches, public schools, and/or libraries, etc.) to support the PPS network based on 11 DSRIP projects requirements. CBO key stakeholders are included amongst the 11 DSRIP project committees for initial programmatic planning.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: - PPS educates the PAC Committee on the role of a CBO at PAC meetings and provides ongoing education via PPS websites, newsletters, etc.	Completed	Step 2: - PPS educates the PAC Committee on the role of a CBO at PAC meetings and provides ongoing education via PPS websites, newsletters, etc.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project defined scope of work(e.g., project deliverables); and their roles (e.g., services provided, community resources, etc.) to continuously support the activities of the PPS network.	Completed	Step 3: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project defined scope of work(e.g., project deliverables); and their roles (e.g., services provided, community resources, etc.) to continuously support the activities of the PPS network.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Finalize and execute CBO agreements and/or contracts, which may link funding to the continual achievement of goals, based on defined scope of work in alignment with the 11 DSRIP project schedules.	Completed	Step 4: Finalize and execute CBO agreements and/or contracts, which may link funding to the continual achievement of goals, based on defined scope of work in alignment with the 11 DSRIP project schedules.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Strategy designed and initiated for contracting/agreements with approximately 38 CBOs across the 11 DSRIP projects and additional CBOs will be on boarded as identified by project requirements and schedule (i.e.,	In Progress	Step 5: Strategy designed and initiated for contracting/agreements with approximately 38 CBOs across the 11 DSRIP projects and additional CBOs will be on boarded as identified by project requirements and schedule (i.e., hotspots, etc.).	08/01/2015	06/30/2018	08/01/2015	06/30/2018	06/30/2018	DY4 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
hotspots, etc.).									
Task Step 6: Key Project Stakeholders engaged with CBOs (lead by DSRIP Project Managers) to identify opportunities to expand reach and role as 11 DSRIP projects develop (e.g., health forums, linkages to community resources, PPS website linkages, health literacy, or telemedicine, etc.).	In Progress	Step 6: Key Project Stakeholders engaged with CBOs (lead by DSRIP Project Managers) to identify opportunities to expand reach and role as 11 DSRIP projects develop (e.g., health forums, linkages to community resources, PPS website linkages, health literacy, or telemedicine, etc.).	01/01/2016	06/30/2018	01/01/2016	06/30/2018	06/30/2018	DY4 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.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	slin2	Templates	16_DY3Q1_GOV_MDL21_PRES1_TEMPL_DY3Q1_SCC_Meeting_Schedule_Template_-_Governance__16302.xlsx	DY3Q1 SCC Governance Meeting Schedule Template	07/24/2017 09:11 AM
	slin2	Templates	16_DY3Q1_GOV_MDL21_PRES1_TEMPL_DY3_Q1_SCC_Governance_Committee_Membership_16301.xlsx	DY3Q1 SCC Governance Committee Membership Template	07/24/2017 09:06 AM
	slin2	Other	16_DY3Q1_GOV_MDL21_PRES1_OTH_SBCN_Board_Mtg_Minutes_March_2017_16300.pdf	BOD meeting minutes establishing the consolidation of the Audit and Compliance governance sub-committee	07/24/2017 08:51 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	slin2	Other	16_DY3Q1_GOV_MDL21_PRES2_OTH_DY3Q1_SCC_Clinical_Gov_Membership__16976.xlsx	DY3Q1 SCC Clinical Governance Committee Membership template	07/31/2017 08:44 AM
	slin2	Other	16_DY3Q1_GOV_MDL21_PRES2_OTH_SBCN_Board_Mtg_Minutes_March_2017_16142.pdf	BOD meeting minutes approving new Clinical Governance Committee member	07/20/2017 12:43 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	slin2	Templates	16_DY3Q1_GOV_MDL21_PRES2_TEMPL_DY3Q1_SCC_Meeting_Schedule_Template_-_Clinical_Governance_16141.xlsx	DY3Q1 Clinical Governance Meeting Schedule Template	07/20/2017 12:41 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	slin2	Other	16_DY3Q1_GOV_MDL21_PRES5_OTH_Community_engagement_narrative_16955.pdf	Narrative of Community Engagement Activities	07/28/2017 04:29 PM
	slin2	Templates	16_DY3Q1_GOV_MDL21_PRES5_TEMPL_DY3Q1_Community_Engagement_Template_16303.xlsx	DY3Q1 Community Engagement Template	07/24/2017 09:24 AM
Finalize partnership agreements or contracts with CBOs	slin2	Templates	16_DY3Q1_GOV_MDL21_PRES6_TEMPL_DY3Q1_CBO_Template_16305.xlsx	DY3Q1 CBO Template	07/24/2017 09:27 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	Two existing board sub-committees, compliance and audit has been consolidated to one committee "Compliance & Audit sub-committee. Minutes from the BOD is attached approving this consolidation.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

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Milestone Review Status

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

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone MID-POINT ASSESSMENT	Completed	MID-POINT ASSESSMENT Narrative	06/30/2016	06/30/2016	06/30/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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.

Issue: The potential that the governance model developed won't be seen as truly representing the PPS providers or their needs Risk Mitigation: The establishment of the BOD as a governing body that is dedicated and unique to the PPS offers several advantages in ensuring the adequate governance and management of the PPS: i) It allows the responsibilities of the BOD to be dedicated and limited to the governance of the PPS. This ensures that the members of the BOD do not have broader responsibilities to any of the PPS participants that could potentially subject them to competing demands for their loyalty. Further, it enables the BOD's members to be held accountable to the PPS's stakeholders solely on their management of the PPS. ii) Moreover, it allows for the presence of representatives from critical stakeholder groups on the actual decision making body of the PPS. Nearly half of the BOD is composed of members who represent a stakeholder group that is critical to the PPS's success, and approximately 20% of the initial BOD is composed of physicians. The inclusion of representatives from such stakeholders will improve BOD's decision making by helping it consider issues from multiple viewpoints. The size of the initial BOD has been limited to 21 directors. This ensures that the BOD will have a sufficient number of positions to include a broad range of stakeholders and other individuals with the skills, experience, and qualities required to effectively manage its workload. The PAC, the PAC Executive Committee, and the 11 Project Committees will help ensure that stakeholders have forums to engage in collaborative decision-making, develop shared goals that drive collaborative activities. Through these committees, the stakeholders will have the means to develop recommendations and effectively influence the BOD's policies on the issues that are most critical to the achievement of the DSRIP goals. PAC meetings are scheduled periodically to allow all PPS partner organizations to provide input, voice concerns, and jointly develop solutions. Issue: The governance structure of the PPS may not remain up-to-date with changing needs of the PPS and thusly limit the ability to create an effective integrated delivery system. Risk mitigation: The BOD will conduct reviews of the performance of the PPS's governance bodies not less than annually. In evaluating the performance of such bodies, the BOD will obtain feedback from the members of such bodies as well as the coalition partners. The performance reviews will evaluate matters such as the governance body's contribution to the achievement of the DSRIP goals, the governance body's effectiveness in making decisions on a timely basis, and the inclusiveness, transparency, and accountability of the governing body's processes. Such performance reviews may indicate that a change in the governance structure is necessary to increase its effectiveness. Issue: Failure of effective communication may limit the ability of PPS providers to adopt new strategies and care processes needed to create the results the PPS requires. Risk mitigation: Multiple mechanisms will be used to engage all key stakeholder and providers on topics important to the PPS: a) Communications Strategies. The BOD will maintain a CNA and Outreach Committee charged with promoting stakeholder engagement, including Medicaid members. The Committee will develop a plan for engaging stakeholders through newsletters, email list serves, webinars, community lectures, and other public meetings and events.(b) Website. The PPS's website will include a webpage dedicated to stakeholder engagement. (c) Participation in Governance. Stakeholders, including patient advocates, will be represented on the PAC, the PAC Executive Committee, and the BOD, where they will have a meaningful voice and function as liaisons with the stakeholder groups they represent.

IPQR Module 2.4 - 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.)

All other work streams will need to be successful in the implementation of their respective tasks to enable the PPS Governance system to be successful in the creation of a truly integrated delivery system of care and to . In particular, the financial sustainability and IT work streams are critical to the success of the PPS and will provide the forum for the governance work stream to operate effectively. A key role of the Governance system itself will be to provide clarity of purpose for all work streams and project teams, to provide effective oversight of their efforts and to help remove barriers that they may be facing.

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Linda Efferen, MD/Suffolk Care Collaborative	Provide guidance and oversight of governance structure issues across PPS, Responsible for supporting oversight of clinical workforce components of the of overall Workforce Work stream
PPS Governance Project Lead	Jennifer Jamilkowski/Stony Brook Medicine	Oversight to Governance project plan, work stream, and milestones for PPS
Compliance Officer	Anne Barrett/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
VP of Population Health Management	Kevin Bozza/Suffolk Care Collaborative	Responsible for the Workforce & Community Engagement milestones as well as the Performance Evaluation, reporting, and Management structure for the PPS
Senior Manager Provider & Community Engagement	Althea Williams/Suffolk Care Collaborative	Responsible for the Community Engagement, CC/HL strategy, Lead of development, management and oversight of all CC/HL deliverables and strategies and implementation plans to ensure completeness, timeliness and effectiveness
Senior Director, Project Management Office	Alyssa Scully/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
Board of Directors	Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, James Bernasko MB, CHB, CDE	Ultimate accountability for governance oversight of all PPS functions and governance structure itself

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Sub-Committees (9)	Clinical, Workforce, Finance, CNA Outreach, Cultural Competency & Health Literacy, Audit, Compliance, Health Information Technology, PAC, Executive PAC	Ultimate accountability for governance oversight of their respective committee functions
Rivkin Radler Counsel	George Choriatis	Provide counsel on governance documents, provider agreements, policies and procedures, etc. "
DSRIP Project Leads	Linda Efferen, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	CC/HL Project Leads will collaborate with Project Leads across DSRIP portfolio to evaluate CC/HL needs across projects and support implementation.
Project Manager	Alyse Marotta	Project Manager will support communication and reporting requirements outlined in the SCC policies procedures and governance charters.
Clinical Project Manager	Leslie Vicale	Project Manager will support communication and reporting requirements outlined in the SCC policies procedures and governance charters.
Project Manager	Amy Solar-Doherty	Project Manager will support communication and reporting requirements outlined in the SCC policies procedures and governance charters.

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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		
Linda Efferen	PPS Executive Lead	Overall leadership and guidance related to the Workforce Deliverables
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NSLIJ & CHS)	Implementation of deliverables across Suffolk PPS Health System framework
Alyssa Scully, Alyse Marotta, Amy Solar-Doherty, Leslie Vicale, Kelly Donnelly, Samuel Lin, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Director, Community and Practice Innovation, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead and Community Engagement Project Lead	Assure cultural competency and health literacy practices addressed within the communication methods of performance reporting
Kevin Bozza, VP of Population Health Management, Suffolk Care Collaborative	PPS Executive Leadership	Communication lead, Training lead, support management of workforce consultants and contracted deliverables, ensuring provider training occurs in a timely manner, obtain feedback from all PPS member organizations who participate in the Suffolk PPS for potential workforce related organizational changes
Lou De Onis, Interim Chief of Human Resources, Stony Brook Medicine	Human Resources Lead, Workforce Project Lead	Providing subject matter expertise in Human Resources across all workforce deliverables
Workforce Advisory Group	Workforce Advisory and Subject Matter Expertise Support Group	Subject matter experts, provide insight, information related to sources and destinations of redeployed staff, review workforce deliverables, support current and future state assessments
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress, CC/HL materials, and outcomes to meeting financial milestones within arrangement.

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Key Community Based Organizations (CBOs)	Provide feedback to drafts of strategic plan for HL & CC, all 11 DSRIP projects and the CBO engagement programs	Provide information to the PPS on existing disparities and gaps in culturally competent care being provided
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Kristopher Smith, MD, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, Jacqueline Mondros, DSW	Board of Directors	Ultimate accountability for governance oversight of all PPS functions and governance structure itself
External Stakeholders		
Medicaid MCOs	Support of PPS efforts	Collaborate with the PPS to meet requirements related to coordinated care and value-based payment
NYS Office of Mental Health/Agencies	Supportive oversight of PPS	County and State agencies and regulatory bodies with oversight and influence in a number of DSRIP project requirements (ex. waivers or regulatory relief)
NYS DOH	Supportive oversight of PPS	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process
Patients & Families	Improved health outcomes as a result of the PPS enterprise PHM program	Engagement in strategies and provide feedback on all output

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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.

As mentioned in the dependencies section, a shared IT infrastructure across the PPS will enhance the role of the governing bodies by supporting the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. This will ultimately lead to improved quality, utilization and financial results within this population and will therefore help support the financial success and sustainability of the PPS itself. A key challenge to this infrastructure is the diverse range of current IT capabilities across the PPS and the limited participation in the local RHIO. As the PPS continues to develop its provider network, providing the necessary support to this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

Success will be measured through the development of a robust performance reporting structure that will track, among other metrics, the ability of the PPS to meet the specified milestones on time, monitor the financial performance of the PPS, and track progress toward the goal of 90% value-based provider payments within the PPS. The results of these reports will be communicated back to the key stakeholders in a timely and appropriate manner (e.g., PPS-level, project-level, provider-level, etc.) to facilitate improvement across the PPS.

IPQR Module 2.9 - IA Monitoring

Instructions :

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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Organize the Financial Sustainability Team that will develop the Finance Structure Chart (e.g. develop roles and responsibilities of PPS lead and finance function)	Completed	Step 1: Organize the Financial Sustainability Team that will develop the Finance Structure Chart (e.g. develop roles and responsibilities of PPS lead and finance function)	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Create draft of finance structure chart (e.g., will include interactions with Stony Brook finance department, development of reporting structure, definition of roles and responsibilities, etc.)	Completed	Step 2: Create draft of finance structure chart (e.g., will include interactions with Stony Brook finance department, development of reporting structure, definition of roles and responsibilities, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Finalize the finance structure chart (e.g., signoff from key stakeholders, and reporting structure to oversight committee.)	Completed	Step 3: Finalize the finance structure chart (e.g., signoff from key stakeholders, and reporting structure to oversight committee.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Secure board approval of finance structure chart	Completed	Step 4: Secure board approval of finance structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers;	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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 their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers							
Task Step 1: Engage the Financial Sustainability Team to perform the financial health current state assessment	Completed	Step 1: Engage the Financial Sustainability Team to perform the financial health current state assessment	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Define the key elements of the financial health current state assessment (e.g., identification of financially fragile providers within PPS according to key financial ratios, identification of providers who qualified for IAAF funds, etc.)	Completed	Step 2: Define the key elements of the financial health current state assessment (e.g., identification of financially fragile providers within PPS according to key financial ratios, identification of providers who qualified for IAAF funds, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Revise, as needed, Financial Assessment and Project Impact Assessment document(s) that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for required metrics and provider specific metrics.	Completed	Step 3: Revise, as needed, Financial Assessment and Project Impact Assessment document(s) that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for required metrics and provider specific metrics.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Analyze key areas of financial concern/risks within PPS based on the current state assessment (e.g., rank ordering of issues by impact and effort to fix; prioritizing gaps across DSRIP projects, etc.)	Completed	Step 4: Analyze key areas of financial concern/risks within PPS based on the current state assessment (e.g., rank ordering of issues by impact and effort to fix; prioritizing gaps across DSRIP projects, etc.)	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Develop a Financially Fragile & Distressed Provider Watch List (e.g., may include providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially	Completed	Step 5: Develop a Financially Fragile & Distressed Provider Watch List (e.g., may include providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in	04/01/2015	03/31/2016	04/01/2015	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
challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects)		projects)							
Task Step 6: Financial Sustainability Team will develop strategy to monitor providers on the Financially Fragile & Distressed Provider Watch List	Completed	Step 6: Financial Sustainability Team will develop strategy to monitor providers on the Financially Fragile & Distressed Provider Watch List	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7: Approval of financial sustainability strategy by PPS Finance Governance Committee	Completed	Step 7: Approval of financial sustainability strategy by PPS Finance Governance Committee	04/01/2015	03/31/2016	04/01/2015	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).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Engage the PPS Compliance Officer and Team with purpose of finalizing Compliance Plan consistent with New York State Social Services Law 363-d	Completed	Step 1: Engage the PPS Compliance Officer and Team with purpose of finalizing Compliance Plan consistent with New York State Social Services Law 363-d	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Complete review of NY Social Services Law 363-d to determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	Completed	Step 2: Complete review of NY Social Services Law 363-d to determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: PPS Compliance Team to create definition and finalize components of Compliance Plan (e.g., written policies and procedures, development of requirements, etc.)	Completed	Step 3: PPS Compliance Team to create definition and finalize components of Compliance Plan (e.g., written policies and procedures, development of requirements, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	Completed	Step 4: Obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Step 5: Develop requirements to be included in the PPS	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
Step 5: Develop requirements to be included in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State requirements for a provider.		Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State requirements for a provider.							
Task Step 6: Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement	Completed	Step 6: Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	On Hold	Administer VBP activity survey to network	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task Step 1: Develop a Value-based Payment Workgroup for creation of the Value-based Payment Plan (VBPP)	Completed	Step 1: Develop a Value-based Payment Workgroup for creation of the Value-based Payment Plan (VBPP)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Engage the Value-based Payment Workgroup to perform baseline assessment of value-based payments currently within the PPS	Completed	Step 2: Engage the Value-based Payment Workgroup to perform baseline assessment of value-based payments currently within the PPS	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Value-based Payment Workgroup to perform the baseline assessment (e.g., surveys to determine preferred compensation modalities for different provider types, current MCO strategies, etc.)	On Hold	Step 3: Value-based Payment Workgroup to perform the baseline assessment (e.g., surveys to determine preferred compensation modalities for different provider types, current MCO strategies, etc.)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 4: Analyze PPS strengths and weaknesses of current value-based payment strategy based on baseline assessment	On Hold	Step 4: Analyze PPS strengths and weaknesses of current value-based payment strategy based on baseline assessment	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 5: Develop an education and communication strategy to disseminate value-based payment ideas among PPS members (e.g., survey of PPS Members, creation of online chat forum, etc.)	On Hold	Step 5: Develop an education and communication strategy to disseminate value-based payment ideas among PPS members (e.g., survey of PPS Members, creation of online chat forum, etc.)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	On Hold	Step 6: Conduct stakeholder engagement sessions with	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
Step 6: Conduct stakeholder engagement sessions with MCOs to understand potential contracting options and the requirements (workforce, infrastructure, knowledge, legal support, etc.) necessary to conduct and finalize plan negotiations.		MCOs to understand potential contracting options and the requirements (workforce, infrastructure, knowledge, legal support, etc.) necessary to conduct and finalize plan negotiations.							
Task Step 7: Value-based Payment Workgroup to present components of Value-based Payment Plan to PPS board for signoff	On Hold	Step 7: Value-based Payment Workgroup to present components of Value-based Payment Plan to PPS board for signoff	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 8: PPS Board of Directors approval of Value-based Payment Plan	On Hold	Step 8: PPS Board of Directors approval of Value-based Payment Plan	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	Completed	Submit VBP support implementation plan	04/01/2015	03/31/2020	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	YES
Task Step 1: Value-based Payment Workgroup to initiate monthly meetings with relevant MCO partners and PPS providers	Completed	Step 1: Value-based Payment Workgroup to initiate monthly meetings with relevant MCO partners and PPS providers	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Develop a prioritization criteria and framework for types of providers and value-based arrangement that will be executed by PPS providers	Completed	Step 2: Develop a prioritization criteria and framework for types of providers and value-based arrangement that will be executed by PPS providers	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: Develop an education and communication strategy to disseminate goals of value-based payment plan and prioritized list of providers among PPS members (e.g., format may include survey of PPS Members)	On Hold	Step 3: Develop an education and communication strategy to disseminate goals of value-based payment plan and prioritized list of providers among PPS members (e.g., format may include survey of PPS Members)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 4: Create a monitoring process to learn about new value-based payment initiatives being rolled out by commercial payers, Medicare and Medicaid that might impact the VBP Plan	On Hold	Step 4: Create a monitoring process to learn about new value-based payment initiatives being rolled out by commercial payers, Medicare and Medicaid that might impact the VBP Plan	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	On Hold	Step 5: Value-based Payment Workgroup and MCOs to	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
Step 5: Value-based Payment Workgroup and MCOs to develop roadmap for transition from current state of value-based payments to achieving 90% value-based payments across network by year 5 of DSRIP initiative (e.g., improvement to provider-specific payment modalities, definition of benchmark quality metrics, timeline for strategy and key project stakeholders to be engaged, etc.)		develop roadmap for transition from current state of value-based payments to achieving 90% value-based payments across network by year 5 of DSRIP initiative (e.g., improvement to provider-specific payment modalities, definition of benchmark quality metrics, timeline for strategy and key project stakeholders to be engaged, etc.)							
Task Step 6: Secure approval of Value-based Payment Plan by PPS Board.	On Hold	Step 6: Secure approval of Value-based Payment Plan by PPS Board.	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	Completed	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	04/01/2015	03/31/2020	04/01/2015	06/30/2017	06/30/2017	DY3 Q1	YES
Task Step 1: PPS will initiate meetings with MCO partners and PPS partners to discuss bundled arrangements and develop initial strategy based on willingness of MCO partners and PPS partners.	On Hold	Step 1: PPS will initiate meetings with MCO partners and PPS partners to discuss bundled arrangements and develop initial strategy based on willingness of MCO partners and PPS partners.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 2: Based upon discussions with MCO partners and PPS partners, identify initial care bundles and sub-populations to put into place under a Level 1 VBP arrangement.	On Hold	Step 2: Based upon discussions with MCO partners and PPS partners, identify initial care bundles and sub-populations to put into place under a Level 1 VBP arrangement.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 3: VBP workgroup to determine the best VBP approach for PPS to coordinate efforts to engage providers across PPS and obtain buy-in.	On Hold	Step 3: VBP workgroup to determine the best VBP approach for PPS to coordinate efforts to engage providers across PPS and obtain buy-in.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 4: PPS partners to execute Level 1 VBP arrangements with MCOs.	On Hold	Step 4: PPS partners to execute Level 1 VBP arrangements with MCOs.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #7	Not Started	TBD			10/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
VBP Milestones TBD									
Milestone #8 VBP Milestones TBD	Not Started	TBD			10/01/2017	09/30/2018	09/30/2018	DY4 Q2	YES

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description
Finalize PPS finance structure, including reporting structure	If there have been changes, please describe those changes and upload any 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
Finalize PPS finance structure, including reporting structure	slin2	Templates	16_DY3Q1_FS_MDL31_PRES1_TEMPL_SCC_Meeting_Schedule_Template_-_Financial_Sustainability,_Funds_Flow,_MCO,_VBP_16983.xlsx	DY3Q1 Meeting Schedule template	07/31/2017 09:35 AM
Develop an implementation plan geared towards addressing the needs identified within your VNA	slin2	Other	16_DY3Q1_FS_MDL31_PRES5_OTH_SCC__Milestone_5_Deliverable_FINAL_16981.docx	Deliverable for Milestone #5: Develop Value Based Payment (VBP) Support & Implementation Plan	07/31/2017 09:29 AM
Develop partner engagement schedule for partners for VBP education and training	slin2	Other	16_DY3Q1_FS_MDL31_PRES6_OTH_SCC__Milestone_6_Deliverable_FINAL_16982.docx	Deliverable for Milestone #6: Engage Partners for VBP Education & Training	07/31/2017 09:30 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	3.1 General Narrative – Financial Sustainability DOH milestones 5 and 6 are due DY3 Q1. Our PPS will be submitting with this quarterly report the VBP implementation plan and the partner engagement schedule for VBP education and training. Our PPS worked with Managed Care Associates to develop the Financial Sustainability DOH milestones 5 and 6. The consultants analyzed the results from the Financial Sustainability DOH milestone 4 VBP survey and other needs assessments that the SCC PPS had previously sent to partners and drafted the VBP implementation plan and the partner engagement schedule for VBP education and training based on the results of the needs assessments. The preliminary draft of both milestones was shared with the VBP Workgroup, which is comprised of subject matter experts from all three HUBs. High level feedback was given to the consultants during the VBP workgroup meeting. The consultants then interviewed individually subject matter experts from all HUBs to refine milestones 5 and 6 even further. The VBP workgroup and the SCC Senior Leadership reviewed the final milestones 5 and 6 deliverable. All members on the workgroup had shared the milestones 5 and 6 deliverables within their respective HUBs

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	Senior Leadership and agreed with the final milestones 5 and 6 deliverable. Our PPS's VBP Workgroup will be working to create the PPS defined milestones 7 and 8 based upon the VBP implementation plan. The SCC PPS will be submitting them with the DY3 Q2 quarterly report.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop a Value Based Payments Needs Assessment ("VNA")	
Develop an implementation plan geared towards addressing the needs identified within your VNA	Milestone 5 has also been moved to Module 3.2 "PPS defined milestone" identfied in MAPP as "Milestone 1075"
Develop partner engagement schedule for partners for VBP education and training	Milestone 6 has also been moved to Module 3.2 "PPS defined milestone" identfied in MAPP as "Milestone 1076"
VBP Milestones TBD	
VBP Milestones TBD	

Milestone Review Status

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

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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Develop a Value Based Payments Needs Assessment ("VNA")	12/31/2016	03/31/2017	12/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Develop an implementation plan geared towards addressing the needs identified within your VNA.	Completed	Develop an implementation plan geared towards addressing the needs identified within your VNA.	12/31/2016	06/30/2017	12/31/2016	06/30/2017	06/30/2017	DY3 Q1
Milestone Develop partner engagement schedule for partners for VBP education and training	Completed	Develop partner engagement schedule for partners for VBP education and training	12/31/2016	06/30/2017	12/31/2016	06/30/2017	06/30/2017	DY3 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop an implementation plan geared towards addressing the needs identified within your VNA.	slin2		16_DY3Q1_FS_MDL32_PPS1075_OTH_SCC__Milestone_5_Deliverable_FINAL_16979.docx	Deliverable for Milestone #5: Develop Value Based Payment (VBP) Support & Implementation Plan	07/31/2017 09:26 AM
Develop partner engagement schedule for partners for VBP education and training	slin2		16_DY3Q1_FS_MDL32_PPS1076_OTH_SCC__Milestone_6_Deliverable_FINAL_16980.docx	Deliverable for Milestone #6: Engage Partners for VBP Education & Training	07/31/2017 09:27 AM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Develop a Value Based Payments Needs Assessment ("VNA")	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Develop an implementation plan geared towards addressing the needs identified within your VNA.	
Develop partner engagement schedule for partners for VBP education and training	

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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.

Issue: The redesign of the reimbursement system will require a substantive shift in provider behavior as payments will be performance and value driven. This will disrupt the historical fee-for-service system that rewards volume. This will require providers to redesign their business models to adjust to the new paradigm.
Risk mitigation: Through learning collaborative, the PPS will engage providers across the spectrum of care to provide assistance as the healthcare system transforms. Additionally, the PPS Finance Committee will monitor member's financial reports to ensure that the PPS will be able to meet its goals. In the event that a provider becomes financially unstable, a corrective action plan will be established and the PPS will support such provider(s) as needed.

Issue: Providers within the PPS, particularly in underserved, rural areas, already face challenges maintaining their availability in this changing healthcare financing environment.
Risk Mitigation: To ensure that the DSRIP goals are met, the Finance Committee of the PPS is developing a provider financial reporting system for operating and financial statistics which, on a quarterly basis, will be a key performance indicator of the financial health of providers in the PPS. The survey will be required for providers across the continuum-of-care, as providers overall are instrumental in achieving the DSRIP metrics and milestones. Any providers who are unable to meet the financial metrics will be required to submit a plan of correction to ensure financial stability. These providers will also be eligible to receive support from the PPS in order to implement their turn-around plan. The PPS has not identified any providers that are in need of financial restructuring at this time.

The funds flow design has been structured to support those providers that are essential to achieving the PPS' DSRIP goals. In addition to project related costs and incentive payments, financially fragile providers will be eligible for special situation / contingency funds. The Suffolk PPS will monitor the financial condition of all providers that are critical to the success of the DSRIP projects. The PPS will work with any provider(s) whose financial condition deteriorates to implement a corrective action plan that will ensure that the necessary resources remain in place to meet the PPS' DSRIP goals.

Issue: The potential that Medicaid MCOs will not be amenable to piloting new value-based payment methodologies.
Risk mitigation: Issue already raised within multiple DOH venues as to how Medicaid MCOs will be accountable for ensuring that new payment methodologies will be developed. Plan to keep open lines of communications with all MCOs, provide evidence that the PPS can bring value through actually delivering tangible results over the course of the DSRIP program. Keep DOH apprised of MCO efforts or lack of effort.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

An effective IT/data warehouse solution with analytics run off of that stored PPS data will be important to ensure that comprehensive data/trend monitoring processes are in place. The PPS will need to effectively track all utilization trends that ultimately impact financial results to ensure that adverse trends are reopened to quickly and effectively. An effective PPS Governance structure will be required to ensure that all participating PPS Providers have an opportunity to benefit from the PPS Integrated Delivery System model, and thereby support the sustainability of the peps as a whole. A Performance Reporting model will be a key component of efforts to create and maintain financial stability of the PPS, through a comprehensive monitoring process that includes corrective action processes as needed in case of adverse trends or adverse provider performance.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for oversight of overall Financial Sustainability Work stream. Responsible for supporting oversight of clinical components of the of overall DSRIP Portfolio. Support financial sustainability monitoring across clinical projects and programs.
Business Manager for DSRIP Operations	Neil Shah/Suffolk Care Collaborative	Responsible for development, management of Financial operations and milestones to include accounts payable, treasury/banking, general ledger, reporting, audit
PPS Finance Project Lead	Bernie Cooke/Stony Brook Medicine	Ultimate accountability for governance oversight of the Finance strategy to include accounts payable, treasury/banking, general ledger, reporting, audit
Compliance Team	Key PPS Compliance Project Stakeholders	Oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined.
Compliance Officer	Anne Barrett/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
Financial Sustainability Team	Key PPS Finance Project Stakeholders	Lead development of Financial Sustainability Milestones including Budget and Funds Flow milestones
MCO Relations Team Lead	Steven Feldman MD/Stony Brook Medicine	Lead Communication Channel to MCO Partners
MCO/Value Based Payment Workgroup	Steven Feldman MD, Bernie Cooke, Linda Efferen MD	Will oversee the development and implementation of the VBP Roadmap as well as lead negotiations with MCO partners
Sr. Director, Project Management Office	Alyssa Scully/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
VP of Population Health Management	Kevin Bozza/Suffolk Care Collaborative	Responsible for the Workforce & Community Engagement milestones as well as the Performance Evaluation, reporting, and Management structure for the PPS

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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		
Linda Efferen, MD	PPS Executive Lead	Overall leadership and guidance related to the Workforce Deliverables
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NSLIJ & CHS)	Implementation of deliverables across Suffolk PPS Health System framework
Alyssa Scully, Alyse Marotta, Amy Solar-Doherty, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include project budgets
Gary Bie, Bernard Cooke, Jerry Hirsch, James Sinkoff, Robert Power, Robert Detor	PPS Finance Committee Members	Support of Finance strategy development
Financial representatives of all Engaged/Contracted PPS partners	Financial representatives of all Engaged/Contracted PPS partners	Primary contact and communication channel for the PPS finance project stakeholders to engage in conducting DSRIP related financial responsibilities.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress and financial milestones within arrangement.
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Kristopher Smith, MD, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC,	Board of Directors	Ultimate accountability for governance oversight of all PPS functions and governance structure itself

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, Jacqueline Mondros, DSW		
External Stakeholders		
Medicaid MCOs	Support and oversight in development of value-based proposals	Support of value-based contracting proposals
NYS DOH	NYS DOH defines the DSRIP requirements	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process
External Auditor	External Auditor	Performing External Audits
Community Based Organizations	Community Based Organizations	Engage via communication strategies regarding DSRIP status, outcomes and will be a priority to maintain their contribution and influence.
Agencies / Regulators	Agencies / Regulators	County and State agencies and regulatory bodies with oversight and influence in a number of DSRIP project requirements (ex. waivers or regulatory relief)

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IPQR Module 3.7 - IT Expectations

Instructions :

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

A shared IT infrastructure across the PPS will support this workstream by tracking financial performance and sharing that data across the PPS. Through this monitoring process, progress toward achieving the financial milestones laid out above will also be tracked and reported back to key stakeholders. In addition to monitoring the financial health of the PPS, a shared IT infrastructure will support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. This will ultimately lead to improved quality, utilization and financial results within this population and will therefore help support the financial success and sustainability of the PPS itself. In addition, this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

The PPS PMO will establish a robust performance reporting structure to track the progress of the PPS towards the specified milestones. This monitoring process will be aided by the creation of a Financially Fragile & Distressed Provider list to help the PPS more efficiently allocate its resources to support struggling PPS partners and improve financial performance. If identified as eligible to be place on the Financially Fragile list, the PMO team will communicate with the appropriate PPS partner in a timely and appropriate manner. Finally, the performance reporting structure will monitor key financial performance indicators, such as progress across the PPS towards developing 90% value-based provider payment contracts.

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Recruit and engage the Cultural Competency & Health Literacy Advisory Group that will create a Cultural Competency and Health Literacy (CCHL) strategic plan.	Completed	Step 1: Recruit and engage the Cultural Competency & Health Literacy Advisory Group that will create a Cultural Competency and Health Literacy (CCHL) strategic plan.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Build on information obtained from CNA, surveys and other data analyses to identify those priority groups who face the greatest heath disparities as well as cultural competency and health literacy gaps.	Completed	Step 2: Build on information obtained from CNA, surveys and other data analyses to identify those priority groups who face the greatest heath disparities as well as cultural competency and health literacy gaps.	08/01/2015	12/31/2015	08/01/2015	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 Step 3: Gather information through engagement with project leads, community based organizations and community members identify providers and partners in our network with capacity to provide supportive services for those identified priority groups experiencing health disparities.	Completed	Step 3: Gather information through engagement with project leads, community based organizations and community members identify providers and partners in our network with capacity to provide supportive services for those identified priority groups experiencing health disparities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Collect information to create a PPS-wide definition for cultural competency/health literacy and standard for culturally and linguistically appropriate services in collaboration with the Community Needs Assessment & Outreach Committee	Completed	Step 4: Collect information to create a PPS-wide definition for cultural competency/health literacy and standard for culturally and linguistically appropriate services in collaboration with the Community Needs Assessment & Outreach Committee	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: In collaboration with PPS will engage in two-way communication with the population and community groups on cultural competence and health literacy issues including project workgroups and committees; community based organizations, community health forums, PAC meetings, website and newsletter.	Completed	Step 5: In collaboration with PPS will engage in two-way communication with the population and community groups on cultural competence and health literacy issues including project workgroups and committees; community based organizations, community health forums, PAC meetings, website and newsletter.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6: In collaboration with Clinical committee will review, the cultural competency assessments and tools to assist patient with self-management.	Completed	Step 6: In collaboration with Clinical committee will review, the cultural competency assessments and tools to assist patient with self-management.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 7: Define the key metrics and process to evaluate and monitor the impact of the Cultural Competency and Health Literacy Strategy	Completed	Step 7: Define the key metrics and process to evaluate and monitor the impact of the Cultural Competency and Health Literacy Strategy	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 8: Create initial draft of a Cultural Competency and Health Literacy strategic plan for the PPS including key factors to improve access to quality primary, behavioral health, and	Completed	Step 8: Create initial draft of a Cultural Competency and Health Literacy strategic plan for the PPS including key factors to improve access to quality primary, behavioral health, and preventive health care	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
preventive health care									
Task Step 9: Approval of finalized strategic plan by Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee and Board of Directors	Completed	Step 9: Approval of strategic plan by Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee and Board of Directors	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Completed	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1: Engage Cultural Competency and Health Literacy workgroup, project leads and appropriate organizational leads to identify potential Cultural Competency training needs based on the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment)	Completed	Step 1: Engage Cultural Competency and Health Literacy workgroup, project leads and appropriate organizational leads to identify potential Cultural Competency training needs based on the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment)	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Identify current training practices for PPS participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate clinical project leads and project teams.	Completed	Step 2: Identify current training practices for PPS participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate clinical project leads and project teams.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Identify current training practices for participating CBOs and non-clinician segments collaboration with appropriate project leads and project teams.	Completed	Step 3. Identify current training practices for participating CBOs and non-clinician segments collaboration with appropriate project leads and project teams.	11/01/2015	03/31/2016	11/01/2015	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
Task Step 4: Identify current CC and HL training resources (e.g. training programs) within the participating group of PPS providers and external vendors	Completed	Step 4: Identify current CC and HL training resources (e.g. training programs) within the participating group of PPS providers and external vendors	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Explore possibility of engaging external training vendors with expertise and content related to Cultural Competency and Health Literacy (e.g., may include motivational interviewing for Care Managers, etc.)	Completed	Step 5: Explore possibility of engaging external training vendors with expertise and content related to Cultural Competency and Health Literacy (e.g., may include motivational interviewing for Care Managers, etc.)	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Develop training plans for participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate project leads and clinical project teams.	Completed	Step 6: Develop training plans for participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate project leads and clinical project teams.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7: Develop training plans for participating CBOs and non-clinician segments in collaboration with appropriate project leads and clinical project teams.	Completed	Step 7: Develop training plans for participating CBOs and non-clinician segments in collaboration with appropriate project leads and clinical project teams.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 8: Develop PPS Training Strategy to be presented for recommendation to the Board of Directors by the CNA & Outreach Committee	Completed	Step 8: Develop PPS Training Strategy to be presented for recommendation to the Board of Directors by the CNA & Outreach Committee	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 9: Develop an implementation schedule and create a process to monitor the effectiveness of the PPS Training strategy (e.g. may include tracking of participation rates, etc.)	Completed	Step 9: Develop an implementation schedule and create a process to monitor the effectiveness of the PPS Training strategy (e.g. may include tracking of participation rates, etc.)	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 10: Approval of the training strategy by PPS Board	Completed	Step 10: Approval of the training strategy by PPS Board	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize cultural competency / health literacy strategy.	slin2	Other	16_DY3Q1_CCHL_MDL41_PRES1_OTH_Cultural_Competency_and_Health_Literacy_Program_Narrative_16730.pdf	Cultural Competency and Health Literacy Program Narrative	07/27/2017 12:32 PM

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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.

Issue: The PPS will face a number of key challenges in assuring cultural competency (CC) across all providers. These include: 1) Limited knowledge of current PPS member performance & capability in CC; 2) Difficulties in operationalizing CC; 3) An unclear connection between a person's cultural bias & everyday decision making; & 4) lack of diversity in the workforce & staff turnover requiring ongoing training. Risk mitigation: To address these challenges, we will fully engage & educate key leaders & stakeholders in each PPS agency on an ongoing basis. The strategic plan will focus on: 1) Maintain an understand community needs & demographic groups: This will elucidate the cultural issues, demographic trends, & service gaps. Ongoing PPS-wide surveys (leveraging PPS-wide resources) will be conducted to evaluate the need for performance improvement & to establish specific training needs. 2) Assure information exchange relative to CC throughout the PPS: This is aimed at improving CC & informing the policies & procedures of the PPS. The PPS will host quarterly town hall meetings in-person & via webinar to inform staff of program milestones, population health trends, changing patient demographics & available resources. To provide PPS members with readily available information, EMR modules on the customs of diverse cultures will also be created. 3) Improve the delivery of both existing/new services geared towards these groups: The Committee will evaluate quality of care, patient satisfaction surveys & complaints, & recommend necessary corrective actions to ensure CC. 4) Develop recruitment, hiring & retention procedures of bilingual/bicultural staff, as well as training existing staff in CC. This will create an inclusive working environment by recruiting & promoting a racially, culturally & linguistically diverse workforce across all organizational levels & functions. Training programs will be specific to the needs of the populations served, using CLAS standards. All providers & agency staff will be trained by the end of DY3. Issue: Potential limited ability to engage CBOs in Suffolk in this program Risk mitigation: In the long-term, we will seek to build CC & HL training into the service delivery model of CBOs so that case managers & providers will routinely help clients improve their health literacy as part of their jobs. With a diverse population composed of multiple ethnicities throughout the county, we will pay particularly focus on CBOs that work with low income, low literacy, & limited-English proficient communities. For decades, CBOs have played a vital role in providing culturally competent services to racial & ethnic minorities. This segment of the Medicaid population will rely on CBOs as a primary option for social, preventive & behavioral health services. Such CBOs are more likely to have higher levels of bilingual staff; extensive knowledge of cultural values & norms for target populations; experience integrating cultural practices that promote trust & confidence among patients/clients; & knowledge & access to informal, culturally-based social networks within communities that can support families. In building stronger partnerships & contracts with CBOs, the PPS will link funding levels to the provision of culturally competent care; increase funding to CBOs that provide preventive services; provide incentives for CBOs to assist in increasing the pipeline of bilingual providers; & develop & promulgate CC standards & metrics while also providing assistance to help CBOs achieve these standards. Issue: Limited data sources on Race, Ethnicity & Language (REAL) & the disparities associated with these differences. Risk Mitigation: The PPS will work to more effectively collect REAL data & will also work very closely with community providers & CBOs to obtain information on local disparities & how the PPS might fill identified gaps.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

An effective IT/data warehouse solution with associated analytics will be important to ensure that data on REAL disparities is available to the PPS for action. An effective PPS Governance structure will be key to ensuring that the issues of CC and HL are continually brought to the forefront in prioritizing efforts and resources. The CNA Governance Committee will be important to ensure that a body of key stakeholders produces effective oversight of the CC/HL PPS strategy and that it is effectively implemented. A key area of alignment will be with the Workforce work stream to ensure that key components of CC/HL training are effectively implemented for all new and redeployed PPS staff. Another area of alignment will be with Population Health Management to address the CC/HL needs of target populations and their disparities. An effective clinical integration strategy will support the ability to disseminate the key concepts of cultural competency throughout the integrated PPS and provide focused efforts to engage the provider network in cultural competency training.

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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
PPS Executive Lead	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for oversight of overall Cultural Competency and Health Literacy (CC/HL) Work stream. Group of PPS partner clinicians responsible for developing CC and HL training programs for clinicians
PPS Project Lead for Cultural Competency & Director Community and Practice Innovation	Althea Williams/Suffolk Care Collaborative	Responsible for the CC/HL strategy, Lead of development, management and oversight of all CC/HL deliverables and strategies and implementation plans to ensure completeness, timeliness and effectiveness
PPS Project lead for Cultural Competency	Cordia Beverley, MD/Stony Brook Medicine	Responsible for the CC/HL strategy, Oversight of all CC/HL strategies and implementation plans to ensure completeness, timeliness and effectiveness. Liaison between Cultural Competency & Health Literacy Advisory Group and the Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee
Sr. Director of Network Development & Performance for the Suffolk Care Collaborative	Kevin Bozza/Stony Brook Medicine	Overall guidance of the Partner/Community Engagement, Performance Reporting Plan, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects
DSRIP Project Leads	Linda Efferen, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	CC/HL Project Leads will collaborate with Project Leads across DSRIP portfolio to evaluate CC/HL needs across projects and support implementation.
Cultural Competency and Health Literacy Advisory Group	Althea Williams, Cordia Beverley, MD, Robbye Kinkade, Anthony Romano, Catherina Messina, Eileen McManys, Adam Gonzalez, Aldustus Jordan, Katherine Brieger, Marvin Colson, Roberta Leiner, Elinor Schoenfeld, Yvonna Spreckles	A group of representatives from cross-functional resources (e.g. CBO's, patient representative groups, DSRIP project leads, , etc.) responsible for drafting CC and HL Strategic Planand collaborators to project deliverables and activities, (including recruitment and training), for Board approval
Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee	Cordia Beverley, MD, Karen O'Kane, Drew Pallas, Roberta Leiner, Lori Andrade, Kristie Golden, Elaine Economopoulos, Randi Shubin-Dresner, Juliet Frodella, Lucy Kenny, Nancy Copperman, Ronald McManus	The charge of the committee shall be to provide guidance in identifying community health needs and ensuring that the projects and other initiatives are effective in addressing such needs.
Sr. Director, Project Management Office	Alyssa Scully, Suffolk Care Collaborative	Project Management Office will champion consistent project

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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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		
Linda Efferen, MD	PPS Executive Lead	Responsible for oversight of overall Cultural Competency and Health Literacy Work stream. Overall leadership and guidance related to the Clinical Program Portfolio
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise CC/HL strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NSLIJ & CHS)	Implementation of CC/HL deliverables across Suffolk PPS Health System framework
Kevin Bozza, Sr. Director Network Development & Performance, Suffolk Care Collaborative	Workforce Project Lead	Communication lead, Training lead, obtain feedback from all PPS member organizations who participate in the Suffolk PPS for potential workforce related organizational changes
Key Community Based Organizations	Provide feedback to drafts of strategic plan for HL & CC	Provide information to the PPS on existing disparities and gaps in culturally competent care being provided
Cultural Competency and Health Literacy Advisory Group	CC/HL Advisory and Subject Matter Expertise Group	Subject matter experts, provide insight, review CC/HL deliverables, support current and future state assessments
Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee	CC/HL Governance Body	Approval of all CC/HL deliverables and support communications of deliverables
Alyssa Scully	Sr. Director Project Management Office	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
Alyssa Scully, Alyse Marotta, Amy Solar-Doherty, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics,	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress, CC/HL materials, and outcomes to meeting financial

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)		milestones within arrangement.
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, James Bernasko MB, CHB, CDE	Board of Directors	Ultimate accountability for governance oversight of all CC/HL PPS functions and governance structure itself
External Stakeholders		
Patients & Families	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around outcomes
Cultural Competency Training Vendors	CC/HL training vendors to provide development of technical training curriculum, recruiting support	Training vendors will be identified for CC/HL training across the DSRIP project implementation and workforce
Medicaid MCOs	Feedback, coordination of effort	Work with the PPS to ensure information is made available on existing disparities in care and support a coordinated effort to address these
NYS DOH	Constructive oversight of the process	Provide direction and set expectations

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IPQR Module 4.7 - IT Expectations

Instructions :

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

The shared IT infrastructure across the PPS will help capture important patient-related data (including REAL) that will help support efforts by project teams and the PPS to address gaps in care. Specifically, the IT infrastructure will help identify hotspots and areas of high patient utilization which will help prioritize cultural competency and health literacy training.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

The success of the CC/HL strategy will be measured initially through process measure that include completion of the identified milestones as outlined, as well as by the tracking and assessment of effectiveness of the training provided to providers, PPS staff and other key stakeholders. In addition the PPS will track its effectiveness in the collection of REAL data which can then be used through analytics to identify areas where disparities in care are more pronounced and need to be addressed. Finally, ongoing analytics will continue to track how well clinical disparities in care are being addressed in specific geographies or in specific cultural or ethnic populations

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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Establish PPS IT Task Force (e.g. include representatives from analytics, external vendors, etc.)	Completed	Step 1: Establish PPS IT Task Force (e.g. include representatives from analytics, external vendors, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: PPS IT Task Force to complete initial IT capability survey of all key PPS providers and communicate key findings to partners (e.g. format of capability assessment may include surveys, interviews, meetings, etc. to evaluate RHIO, EMR, etc.)	Completed	Step 2: PPS IT Task Force to complete initial IT capability survey of all key PPS providers and communicate key findings to partners (e.g. format of capability assessment may include surveys, interviews, meetings, etc. to evaluate RHIO, EMR, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Identify and prioritize the key PPS providers that need to be assessed for PCMH, Meaningful Use, and RHIO connectivity readiness.	Completed	Step 3: Identify and prioritize the key PPS providers that need to be assessed for PCMH, Meaningful Use, and RHIO connectivity readiness.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Conduct assessment of EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable	Completed	Step 4: Conduct assessment of EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.)	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
IT platforms, etc.)									
Task Step 5: Analyze results of needs assessments and identify key gap area	Completed	Step 5: Analyze results of needs assessments and identify key gap area	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Prepare summarized report of findings (e.g. include IT architecture diagrams for PPS, data flows, security considerations, etc.)	Completed	Step 6: Prepare summarized report of findings (e.g. include IT architecture diagrams for PPS, data flows, security considerations, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Develop an IT Change Management Strategy.	Completed	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Engage PPS IT Task Force to develop IT Change Management Strategy	Completed	Step 1: Engage PPS IT Task Force to develop IT Change Management Strategy	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: PPS IT Task Force to identify key stakeholders and jointly define approach to change management governance process (e.g. include guiding principles, oversight process, development of workflows for authorizing , escalating and implementing IT changes, etc.)	Completed	Step 2: PPS IT Task Force to identify key stakeholders and jointly define approach to change management governance process (e.g. include guiding principles, oversight process, development of workflows for authorizing , escalating and implementing IT changes, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: PPS IT Task Force performs impact / risk assessment of IT change process (e.g. include financial analysis, impact on workforce, etc.)	Completed	Step 3: PPS IT Task Force performs impact / risk assessment of IT change process (e.g. include financial analysis, impact on workforce, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: PPS IT Task Force to collaborate with PPS Provider Engagement Team to develop a two-way communication plan for IT change management (e.g., include setting and	Completed	Step 4: PPS IT Task Force to collaborate with PPS Provider Engagement Team to develop a two-way communication plan for IT change management (e.g., include setting and monitoring expectations of PPS providers, etc.) .	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring expectations of PPS providers, etc.) .									
Task Step 5: PPS IT Task Force to design an IT education / training plan to appropriately educate and train PPS provider (e.g., include prioritization of PPS partners, standardized training framework to be applied, etc.)	Completed	Step 5: PPS IT Task Force to design an IT education / training plan to appropriately educate and train PPS provider (e.g., include prioritization of PPS partners, standardized training framework to be applied, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5a. Engage with priortized providers to discuss resourcing requirements based on the current state assessment. Allocate aplicable resources to providers using timefames and milestones defined in a standard on-boardning project plan.	Completed	Step 5a. Engage with priortized providers to discuss resourcing requirements based on the current state assessment. Allocate aplicable resources to providers using timefames and milestones defined in a standard on-boardning project plan.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5b. PPS On-boarding team works with provider to test and validate all new interfaces prior to cutting over to the live production environment.	Completed	Step 5b. PPS On-boarding team works with provider to test and validate all new interfaces prior to cutting over to the live production environment.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Secure approval of IT Change Management strategy by PPS Board of Directors	Completed	Step 6: Secure approval of IT Change Management strategy by PPS Board of Directors	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task Step 1: PPS IT Task Force will create a definition/requirements for clinical data sharing roadmap (e.g. include timelines, key sub steps, dependencies and risks, contingencies etc.)	Completed	Step 1: PPS IT Task Force will create a definition/requirements for clinical data sharing roadmap (e.g. include timelines, key sub steps, dependencies and risks, contingencies etc.)	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: The PPS IT Task Force will collaborate with Provider Engagement Team and complete initial outreach to providers (e.g. setting expectations about data exchange agreements, etc.)	Completed	Step 2: The PPS IT Task Force will collaborate with Provider Engagement Team and complete initial outreach to providers (e.g. setting expectations about data exchange agreements, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: PPS IT Task Force to develop data governance framework for interoperability and clinical data sharing within the IT infrastructure as well as across all engaged PPS providers.	Completed	Step 3: PPS IT Task Force to develop data governance framework for interoperability and clinical data sharing within the IT infrastructure as well as across all engaged PPS providers.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: PPS IT Task Force to create a detailed training plan to support the implementation of new processes and platforms across the PPS IT infrastructure (e.g., technical standards and implementation guidance for sharing and using a common clinical dataset, etc.).	Completed	Step 4: PPS IT Task Force to create a detailed training plan to support the implementation of new processes and platforms across the PPS IT infrastructure (e.g., technical standards and implementation guidance for sharing and using a common clinical dataset, etc.).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4a: PPS IT Task Force to develop and enforce the usage of a standard message specification that can be used by internal components within the IT infrastructure as well as by the PPS providers and RHIO.	Completed	Step 4a: PPS IT Task Force to develop and enforce the usage of a standard message specification that can be used by internal components within the IT infrastructure as well as by the PPS providers and RHIO.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: PPS IT Task Force to consult with PPS legal counsel to draft data exchange agreements between all PPS providers (e.g., care management records, contracts with CBOs, including BAAs, DURSAs, and DEAAs, etc.).	Completed	Step 5: PPS IT Task Force to consult with PPS legal counsel to draft data exchange agreements between all PPS providers (e.g., care management records, contracts with CBOs, including BAAs, DURSAs, and DEAAs, etc.).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	Step 6: Obtain evaluation of business continuity, and data	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
Step 6: Obtain evaluation of business continuity, and data privacy controls from PPS IT Governance Committee		privacy controls from PPS IT Governance Committee							
Task Step 7: Consolidate individual deliverables into a clinical data sharing roadmap	Completed	Step 7: Consolidate individual deliverables into a clinical data sharing roadmap	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: Engage PPS IT Task Force to collaborate with Cultural Competency Team to create a draft plan for IT support to engage attributed members.	Completed	Step 1: Engage PPS IT Task Force to collaborate with Cultural Competency Team to create a draft plan for IT support to engage attributed members.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2: PPS IT Task Force and Cultural Competency Team to create plan for IT support to engage attributed members (e.g. patient engagement strategies such as web-based tools, etc.)	Completed	Step 2: PPS IT Task Force and Cultural Competency Team to create plan for IT support to engage attributed members (e.g. patient engagement strategies such as web-based tools, etc.)	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Teams to seek feedback via meetings & workshops held with key stakeholders (e.g. CBO's, provider staff, patient groups, PAC, etc.).	Completed	Step 3: Teams to seek feedback via meetings & workshops held with key stakeholders (e.g. CBO's, provider staff, patient groups, PAC, etc.).	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3a: Assure best practice engagement methodologies are used to facilitate stakeholder engagement.	Completed	Step 3a: Assure best practice engagement methodologies are used to facilitate stakeholder engagement.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3b: Create final plan based on stakeholder input, input from the from Cultural Competency Team, and the findings from the IT Current State Assessment.	Completed	Step 3b: Create final plan based on stakeholder input, input from the from Cultural Competency Team, and the findings from the IT Current State Assessment.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Establish new patient engagement channels that potentially leverage technology (e.g., patient portal)	Completed	Step 4: Establish new patient engagement channels that potentially leverage technology (e.g., patient portal)	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 5: Define key patient performance metrics that can be used for performance monitoring	Completed	Step 5: Define key patient performance metrics that can be used for performance monitoring	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6: Present final plan to IT Governance Committee and Board of Directors for approval.	Completed	Step 6: Present final plan to IT Governance Committee and Board of Directors for approval.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Engage PPS IT Task Force and representatives from PPS compliance team to develop a draft data security and confidentiality plan	Completed	Step 1: Engage PPS IT Task Force and representatives from PPS compliance team to develop a draft data security and confidentiality plan	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Create definition of "ideal state" of data security and confidentiality across PPS network	Completed	Step 2: Create definition of "ideal state" of data security and confidentiality across PPS network	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: PPS IT Task Force to perform current state assessment of data sharing and confidentiality across PPS network.	Completed	Step 3: PPS IT Task Force to perform current state assessment of data sharing and confidentiality across PPS network.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3a: Assure that all data sharing across wide area networks is performed over secure channels in compliance with DOH data security, confidentality and where applicable non-repudation requirements.	Completed	Step 3a: Assure that all data sharing across wide area networks is performed over secure channels in compliance with DOH data security, confidentality and where applicable non-repudation requirements.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3b: Complete identiy assessment based on user access roles (i.e. both internal and exteral PPS Providers). Identity assessment includes analysis of all transactions and associated risks. Define which users and transaction types require	Completed	Step 3b: Complete identiy assessment based on user access roles (i.e. both internal and exteral PPS Providers). Identity assessment includes analysis of all transactions and associated risks. Define which users and transaction types require 2 factor authentication.	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
2 factor authentication.									
Task Step 3c: Assure that all PHI data at rest is excrypted commensurate with applicable DOH data confidentality requirements.	Completed	Step 3c: Assure that all PHI data at rest is excrypted commensurate with applicable DOH data confidentality requirements.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3d: Assure that Data Center environmet is hardend with access limited to authorized personnel.	Completed	Step 3d: Assure that Data Center environmet is hardend with access limited to authorized personnel.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: PPS IT Task Force to create data security and confidentiality plan (e.g. monitoring, reporting and analysis of security risks, development of risk mitigation strategies, ongoing security controls, etc.)	Completed	Step 4: PPS IT Task Force to create data security and confidentiality plan (e.g. monitoring, reporting and analysis of security risks, development of risk mitigation strategies, ongoing security controls, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Present final plan to IT Governance Committee and Board of Directors for approval.	Completed	Step 5: Present final plan to IT Governance Committee and Board of Directors for approval.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	slin2	Templates	16_DY3Q1_IT_MDL51_PRES3_TEMPL_ITSP_MS3_Clinical_Sharing_and_System_Interoperability_SCC_Training_-_DY3Q1_16438.xlsx	Clinical Sharing and System Interoperability SCC Training - DY3Q1	07/25/2017 12:22 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	General Program Narrative: The IT task force completed each of the IT Systems and Processes organizational work stream Milestones in DY2Q2. As per the IA guidance document we continue to train newly engaged stakeholders and providers on Change Management ITSP MS#2 and Clinical Data Sharing and System Interoperability ITSP MS#3. The IT Task force also provides updates to previously submitted plan documents where the team deems necessary. For this quarter DY3Q1, the SB Hub team members from IT Task Force continue to work closely with the NYS DOH and the SB Information Security team to update our previously submitted System Security Plans to version 2.1. These plans are required to be submitted to the state before loading DOH claims data and patient roster into our "future state" Cloud Service Provider (CSP) environment.
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	

Milestone Review Status

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

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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.

Issue: PPS does not control RHIO/SHIN-NY timelines or the incremental costs to connect to the RHIO/SHIN-NY.
Risk Mitigation: PPS to work with the Department of Health to mitigate risks from slippage of timeline or escalation of costs.
Issue: Concern on the part of PPS Participating providers as to the security and confidentiality of data sharing efforts.
Risk Mitigation: Access to identifiable data will be limited to PPS providers and other authorized individuals responsible for clinical care, administration, DSRIP project and quality of care oversight through role-based access. De-identified and aggregate data will be available to appropriate members of the PPS as required to meet the objectives of the DSRIP project(s). For members requesting access to data an application and signed PPS Confidentiality Agreement is submitted to the IT Governance for approval. The PPS partners will sign three (3) agreements:
1) PPS Participant Agreement identifies the terms of the partnership and defines the policies and procedures related to data sharing;
2) PPS Business Associate Agreement;
3) PPS Data Use Agreements to further define the restrictions and requirements for data use, disclosure and protection.
Issue: Ability of the PPS IT system to handle already existing disparate EMR and case management systems, potentially limiting the ability to get to a fully interconnected IT system for patient care and coordination.
Risk mitigation: Perform a thorough baseline assessment of all current systems that exist across the PPS. Offer easy to implement solutions for those PPS providers who have no particular preference so that the maximum number of providers can be on systems that easily align. The PPS will leverage two different technologies to provide access to relevant patient information to the appropriate individuals noted above. When data is needed by a PPS provider for patient care the provider will utilize the State RHIO for access to real-time clinical data. The established processes available through the RHIO including but not limited to patient consent, role-based access, integration with EMR's and patient locator service all ensure that confidentiality is maintained and access to the correct patient information by medical, behavioral and psychosocial healthcare providers is achieved. The PPS will ensure the PPS provider is signed up to the RHIO and adequately trained to exchange real-time patient information. When data is needed for care management the PPS partners will utilize the Care Management IT platform which leverages the same consent and role-based access processes as the RHIO to ensure compliance with federal and state regulations. Additionally, the Care Management IT platform is compliant with the CMS Data Use Agreement requirements to house Medicare Shared Savings Program data for its clients that are participating in ACO's. For PPS providers and other authorized individuals as noted above that do not have full EMR capabilities we will use the DIRECT product. Direct is a compliant web-based exchange which facilitates access to real-time patient information in the absence of an EMR.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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An effective PPS Governance structure will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model with IT support and connectivity. An effective financial funds flow and sustainability model will also be key to ensure that participating providers have the incentive to work toward improvement in their EMR systems and with interconnectivity through the RHIO. A Physician Communication and Engagement plan that is effectively implemented will ensure that all participating PPS providers will have the ability to understand the support offered as well as to follow-through with obtaining that support. Additional considerations include the obtaining input from key clinical stakeholders to include in the development of the PPS wide IT infrastructure.

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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
PPS Executive Lead	Dr. Linda Efferen	Responsible for the creation of the Performance Evaluation, reporting, and Management structure for the PPS. Roll-out of communication plan to PPS participating providers, support of PCMH work in PCP practices
PPS IT Project Lead	Jim Murry	Ultimate accountability for governance oversight of the IT strategy
PPS Data Security (IT) Officer	Stephanie Musso	Oversight on all data / system security
PPS Compliance Officer	Anne Barrett	Oversight on all data / system security/ compliance
Chief Medical Information Officer	Dr Gerald Kelly	Responsible for ensuring our IT builds map to current workflows. Leading IT product evaluations in clincial settings. Deliverables include IT functions that meet the needs of the project/clinician and program
PPS Cultural Competency Project lead	Dr. Cordia Beverley & Althea Williams	Roll-out of communication plan to attributed members and providing input for patient engagement strategies
PPS IT Project Team / Task Force	Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Development of IT strategy and content experts on key aspects of data sharing, IT change management, confidentiality considerations, risk management, progress reporting, etc.
Legal Counsel	George Choriatis	Development of data sharing agreement contracts, general legal counsel
PPS IT Team PMO Director	Belmira Milosevich	Project Management of IT development plan
Sr. Director, Project Management Office	Alyssa Scully	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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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		
Linda Efferen, MD	Overall PPS Leadership	Ultimate accountability for PPS
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Performance Reporting Compliance to schedule and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Representatives (SCC PMO, NSLIJ PMO, CHS PMO)	Provide feedback to the design of the process and fully participate in the performance management process. Manage, communicate performance reporting plans and deliverables across Suffolk PPS Health System framework
Hospital Partner Network CIO Representatives	Support for collecting baseline info and then for implementation	Feedback on all IT plans created. Implementation of IT plan components within respective Hospital
Health System CIO Leads	Support for collecting baseline info and then for implementation	Within the Suffolk PPS Health System framework, ensure that all data/connectivity is in place to create a unified patient care process and reporting capability for the PPS
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress and outcomes to meeting financial milestones within arrangement.
Althea Williams, Director, Community and Practice Innovation, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within the communication methods of perforamnce reporting
Alyssa Scully, Alyse Marotta, Amy Solar-Doherty, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
External Stakeholders		
Patients & Families	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around outcomes
RHIOs	Program support	Ensure that the PPS has met all their requirements for sharing data

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		and connectivity
Medicaid MCOs	Program support and coordinated efforts	Ensure that the PPS can connect with the MCO data and information systems necessary to support patient are across the continuum.
NYS DOH	Constructive oversight of the process	Provide direction and set expectations for workforce restructuring
NYS-OMH-OASAS	Constructive oversight across applicable projects	Coordination and alignment on strategy to engage attributed members in qualifying entities.
Suffolk County Health and Mental Health Department	Constructive oversight across applicable projects	Coordination and alignment on strategy to engage attributed members in qualifying entities

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

The ability of the PPS to meet the specified milestones on time will be tracked, monitored, reported, and communicated via an IT project plan. The PPS IT plan will be tracked monthly to ensure completion of all tasks within the specified timeframes outlined in this implentation plan and goverening DRSIP requirement documents. The Prokect plan will be supplemented with quarterly by reports on how well the other associated work streams have been supported in their efforts by the PPS IT plan. The IT task force will also use a Requirements Traceability Matrix (RTM) which will assure that all DSRIP IT requriements are acurately tracked from both DOH source documents and Operational Project plans creatred by the PPS Population Health PMO team.

The Performance Monitoring system will track performance compared to target on the ability of participating PPS providers to meet requirements that are IT related. These requirements include progress toward Electronic Medical Record implementation, PCMH Level 3 certification, patient engagement, etc. Oversight of this process will occur within the PPS Governance Committee structure, IT Committee.

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO
Task Step 1: Establish PPS Performance Evaluation and Management team who will report to the Clinical Governance Committee	Completed	Step 1: Establish PPS Performance Evaluation and Management team who will report to the Clinical Governance Committee	06/22/2015	09/30/2015	06/22/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: PPS Performance Evaluation and Management team to develop Performance Reporting and Communications process (e.g. Definition of reporting structure, reporting process, rapid-cycle evaluation process, and modes of communication to PPS Providers, etc.)	Completed	Step 2: PPS Performance Evaluation and Management team to develop Performance Reporting and Communications process (e.g. Definition of reporting structure, reporting process, rapid-cycle evaluation process, and modes of communication to PPS Providers, etc.)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: PPS Performance Evaluation and Management team to define key performance metrics and process needed to manage the Performance Reporting and Communications process (eg. Develop system to manage medical record-based measures, patient engagement measures, PPS outcome measures)	Completed	Step 3: PPS Performance Evaluation and Management team to define key performance metrics and process needed to manage the Performance Reporting and Communications process (eg. Develop system to manage medical record-based measures, patient engagement measures, PPS outcome measures)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 4: Performance Evaluation and Management team to develop the method for conducting the performance reporting plan, define the reporting schedule, and define reporting responsibilities by health system and individual provider and how the metrics will be collected, monitored and evaluated.	Completed	Step 4: Performance Evaluation and Management team to develop the method for conducting the performance reporting plan, define the reporting schedule, and define reporting responsibilities by health system and individual provider and how the metrics will be collected, monitored and evaluated.	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 5: Performance Evaluation and Management team to analyze performance data periodically and share key findings with executive and governance bodies (e.g. plan for short term solution to communicate state provided data, plan for creation of clinical quality & project performance dashboards, plan for two-way reporting structure to govern the monitoring of performance data etc.)	Completed	Step 5: Performance Evaluation and Management team to analyze performance data periodically and share key findings with executive and governance bodies (e.g. plan for short term solution to communicate state provided data, plan for creation of clinical quality & project performance dashboards, plan for two-way reporting structure to govern the monitoring of performance data etc.)	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 6: Performance Reporting and Communications Strategy presented to the Clinical Governance Committee for review with final approval by the PPS Board	Completed	Step 6: Performance Reporting and Communications Strategy presented to the Clinical Governance Committee for review with final approval by the PPS Board	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Performance Evaluation and Management team to collaborate with PPS Provider Engagement Team to create Performance Reporting training program for Participating PPS Providers	Completed	Step 1: Performance Evaluation and Management team to collaborate with PPS Provider Engagement Team to create Performance Reporting training program for Participating PPS Providers	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Identify potential Performance Reporting training needs based on the proposed DSRIP projects, PPS organizational strategy, etc. (e.g., a skills survey for capability assessment, etc.)	Completed	Step 2: Identify potential Performance Reporting training needs based on the proposed DSRIP projects, PPS organizational strategy, etc. (e.g., a skills survey for capability assessment, etc.)	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3: Identify current Performance Reporting training resources (e.g. training programs, etc.) across the PPS	Completed	Step 3: Identify current Performance Reporting training resources (e.g. training programs, etc.) across the PPS	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Identify methods for Performance Reporting training (i.e. tutorial, technology-based, lecture etc.)	Completed	Step 4: Identify methods for Performance Reporting training (i.e. tutorial, technology-based, lecture etc.)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Create and implement a training plan/strategy	Completed	Step 5: Create and implement a training plan/strategy	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Create a process to monitor the effectiveness of the PPS training strategy ensuring that training met its intended impact (e.g. tracking of participation rates, improved quality reporting and outcomes)	Completed	Step 6: Create a process to monitor the effectiveness of the PPS training strategy ensuring that training met its intended impact (e.g. tracking of participation rates, improved quality reporting and outcomes)	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	slin2	Templates	16_DY3Q1_PR_MDL61_PRES2_TEMPL_SCC_Perf_Improvement_Training_DY3Q1_16368.xlsx	Performance Improvement Training DY3Q1	07/24/2017 06:46 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	General Program Narrative: The Performance Evaluation and Management Workgroup continued to meet throughout DY3 Q1. Final MY2 results were shared with the SCC Board, Clinical Governance Committee as well as other key stakeholders and SCC workgroups. The SCC will be re-evaluating priority metrics for

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	the remainder of DY3 based on final MY2 results as well as the MY3 performance to-date once the MY3 data is available in the SIM tool. DY3 marked an opportunity for the SCC to re-evaluate its organizational structure in terms of the number of workgroups and committees supporting the DSRIP projects as well as internal staffing allocation dedicated to each project as DSRIP moves from a Pay-for-Reporting to a Pay-for-Performance Program. In an effort to focus the SCC strategy on performance the 11 DSRIP projects were consolidated into 5 distinct clinical programs which include the Chronic Disease Program, Behavioral Health Program, Care Transitions Program, Community Activation Program and the Integrated Delivery System Program. Each program is supported by a Project Manager from the PMO Office as well as a Project Manager from the Performance Management Team. Effective June, 2017, monthly SCC team meetings have been organized with the HUB PMO offices to facilitate a comprehensive approach and strategy across the Suffolk Care Collaborative to identify and address care gaps. The SCC will continue to utilize the SIM data to inform the gap closing strategy across the PPS until more comprehensive current data is available. The SCC continues to develop additional opportunities for education related to performance for its partners. The June 23rd PAC meeting focused on CAHPS education. The program focused on providing education regarding the CAHPS reporting requirements and key methods for engaging patients in their care. The SCC also engaged GNYHA in co-branding an Ambulatory Performance Improvement Training program for front line staff in the Fall of 2017. Two classes will be held one in September and the other in October. Two hours of the training session will be tailored to the SCC's Performance Improvement Program whereby partners will be developing a corrective action plan for measures they are in "variance" for i.e. not meeting the PPS target for two consecutive quarters. This training program will follow the kick-off of the SCC's corrective action planning process which will commence in July. Based on historical performance the SCC will require partners to develop a corrective action plan to address measures that are not meeting the PPS target. Plans are currently underway to re-engage Press Ganey in facilitating the distribution of the CGCAHPS survey for the uninsured. Surveys are expected to be mailed at the end of the summer.
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	

Milestone Review Status

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

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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: Potential lack of focus on performance management processes due to incomplete reporting structure.
Risk Mitigation: The organizational units responsible for reporting results and recommending actions are the PPS Informatics Unit and the PPS Executive Unit. The Executive Unit is the population health administrative department that will oversee project implementation, management and evaluation. The PPS Informatics Unit is responsible for data collection, synthesis and interpretation, while the Executive Unit will focus on action as a result of that analysis. Both units will have active participation from clinicians and informaticists and will also work closely with and report to the PPS IT, Clinical and Financial Governance Bodies (subcommittees of the main Governing Body with delegated authority.). Progress updates will be made to governance bodies on the status of the development of the IT infrastructure, which is responsible for facilitating performance reporting across the PPS.

Additionally, dedicated time in governance meetings for RCE discussions will be reserved to ensure strong governance. For important and urgent decisions, the Executive Unit will have access to key decision makers in the governance bodies. At-least one representative on the three governance bodies will be from this unit. This unit interacts with individual Project Teams and PPS providers on a pre-scheduled basis so actionable results can be communicated to front line resources and feedback can be received.

Issue: Potential lack of PPS provider participation in the Rapid-Cycle Evaluation process to help drive performance improvement - due to lack of alignment of incentives for the creation of value-based results.
Risk Mitigation: Provide all PPS providers with easily accessible data and information to help set them up for success in improving their performance. Scorecards will be developed for the PPS. These will be shared transparently within the PPS and incentives and improvement plans will be linked. Quality scorecards at project level will be shared transparently with project teams and partners. Areas of variation in clinical results or PPS provider performance will be addressed initially at the project level. Oversight of this process will be the responsibility of the Clinical Governance Body. The financial sustainability plan will tie-in Provider performance to future value-based contracting efforts to ensure that incentives are aligned.

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.)

An effective PPS Governance structure will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model through the improvement of their performance. An effective Financial funds flow and sustainability model will also be key to ensure that participating providers have the incentive to work toward improvement in all clinical, utilization

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and satisfaction results. A Physician Communication and Engagement plan that is effectively implemented will ensure that all participating PPS providers will have the ability to understand the Performance Evaluation and Management process and how they can obtain support for their own improvement. The development of comprehensive IT systems, and accompanying processes, will be critical to the success of this work stream. The ability to track patients, and therefore create and track data, as they move through the PPS system will be essential to the success of the DSRIP initiative and will rely on the IT systems being developed. Furthermore, secure storage of this patient data will be essential so that the Project Management Office has a location that they can access in order to acquire and create the necessary reporting structure and deliverables.

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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
PPS Executive Lead	Linda Efferen MD/Suffolk Care Collaborative	Responsible for the creation of the Performance Evaluation, reporting, and Management structure for the PPS. Ultimate accountability for governance oversight of Clinical Quality, Clinical Performance metrics and monitoring, utilization and Patient Satisfaction performance
PPS Finance Project Lead	Bernie Cooke/Stony Brook Medicine	Ultimate accountability for governance oversight of financial performance
VP of Population Health Management	Kevin Bozza/Suffolk Care Collaborative	Overall guidance of the Performance Reporting Plan, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects
Compliance Officer	Anne Barrett/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
PPS IT Project Lead	Jim Murry/Stony Brook Medicine	Creation of PPS wide IT system to track and store patient data
PPS IT Project Team / Task Force	Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Development of IT strategy and content experts on key aspects of data sharing, IT change management, confidentiality considerations, risk management, progress reporting. Including members of the biomedical informatics group.
Performance Evaluation and Management team	Ariel Hayes, North Shore-LIJ, Jessica Wyman, CHS, Corrinne Tramontana, CHS, Linda Efferen, MD, Stony Brook, Althea Williams, Stony Brook, Sam Lin, Stony Brook, Ned Micelli, Stony Brook, Janos Hajagos, Stony Brook, Alyssa Scully, Stony Brook, Kelly Tamurello, Stony Brook	Development of Performance Evaluation and Reporting strategy addressing the PPS approach to Rapid Cycle Evaluation, creation and use of performance dashboards and performance reporting training.
Practitioner Engagement Team	Practitioner Engagement Team (TBD)	The Practitioner Engagement Team will develop a training/education plan about DSRIP and the PPS quality improvement agenda.
Sr. Director of PPS PMO	Alyssa Scully/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		scope requirements within multiple projects.

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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		
Linda Efferen, MD	PPS Executive Lead	Responsible for the creation of the Performance Evaluation, reporting, and Management structure for the PPS
Jim Murry	PPS IT Lead	Ensure that IT infrastructure supports Performance Reporting process
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Performance Reporting Compliance to schedule and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Representatives (SCC PMO, NSLIJ PMO, CHS PMO)	Provide feedback to the design of the process and fully participate in the performance management process. Manage, communicate performance reporting plans and deliverables across Suffolk PPS Health System framework
DSRIP Project Leads: Linda Efferen, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	Develop measures, recipient of outcomes for continued performance improvement efforts	Help work with the PPS to ensure that the performance reporting deliverables are effectively rolled-out and meets the needs identified. Responsible for project leaders
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce (including all PPS unit level provider types)	Provide clinical insight and input on methodologies to improve performance reporting across PPS; Contractual commitments to timely quarterly reportin
Althea Williams, Director Community and Practice Innovation, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within the communication methods of performance reporting
PPS Clinical Governance Committees	Evaluation and approval of Performance Reporting Deliverables prior to Board Review	Recipient of meaningful performance data from the Performance Evaluation and Management Team to facilitate the PPS' quality agenda

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Alyssa Scully, Alyse Marotta, Amy Solar-Doherty, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
PPS Board of Directors	Final evaluation and approval of Performance Reporting Deliverables	Approves Performance Reporting and Communications Strategy
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around outcomes
Medicaid MCOs	Support and alignment of P4P incentives for providers	Align PPS Performance evaluation and management with already existing Medicaid MCOs P4P programs and ultimately with value-based contracts
Training Vendors	Training Vendors: Act as training support for PPS workforce	Develop technical and clinical training curriculum
NYS DOH	Constructive oversight of the process	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process

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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.

A PPS IT system that attempts to optimize the completeness and accuracy of clinical data acquisition will be very important to the success of all performance evaluation and improvement efforts for the PPS. The PPS will need to consider and address the variance that exists across the IT capabilities of PPS providers. In addition, will use results of audit and compliance reviews supporting data and procedural integrity and compliance. Additionally, simple Medicaid claims data will not be sufficient to detect emerging performance trends in a timely manner or to fully address all clinical parameters and results that are not available on claims. An approach to implementation that gets maximum access to data from participating providers and their electronic systems will be developed to ensure that all information used for performance reporting and RCE is robust. This approach will need to account for the diverse situations (e.g., geography, affiliation, infrastructure, etc.) that PPS providers are facing and the PPS will need to maintain flexibility throughout the development of this approach.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

Progress will be measured through the development of a robust performance reporting structure that will track the ability of the PPS to meet specific milestones on time, monitor and improve the financial and clinical performance of the PPS as well as achieving gap to goal performance improvement for the Domain 2 and 3 measures. A collaborative progress reporting structure of this size has not been built in Suffolk County and oversight of this process will need input from all key stakeholders as it occurs within the overall PPS Governance structure, as well as the IT, Clinical and Finance Committee.

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	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Create a PPS Practitioner Engagement Team to lead development of a Practitioner Communication & Engagement plan	Completed	Step 1: Create a PPS Practitioner Engagement Team to lead development of a Practitioner Communication & Engagement plan	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: PPS Practitioner Engagement Team will identify and recruit practitioner "champions" to act as educators and promoters of the DSRIP program, to represent peer-groups on PPS Committees and to act as representatives and spokespeople for other practitioners (eg. Physicians, nurses, behavioral health specialists, community health workers etc.).	Completed	Step 2: PPS Practitioner Engagement Team will identify and recruit practitioner "champions" to act as educators and promoters of the DSRIP program, to represent peer-groups on PPS Committees and to act as representatives and spokespeople for other practitioners (eg. Physicians, nurses, behavioral health specialists, community health workers etc.).	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: PPS Practitioner Engagement Team to begin identifying and building relationships with key professional groups	Completed	Step 3: PPS Practitioner Engagement Team to begin identifying and building relationships with key professional groups	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Step 4: Create draft plan for Practitioner Communication and	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 4: Create draft plan for Practitioner Communication and Engagement (e.g. structures and processes for two-way communication between front-line practitioners and the PPS, process for managing grievances rapidly and effectively, development of professional groups, establishing expectations of providers, etc.)		Engagement (e.g. structures and processes for two-way communication between front-line practitioners and the PPS, process for managing grievances rapidly and effectively, development of professional groups, establishing expectations of providers, etc.)							
Task Step 5: Obtain feedback from key stakeholders on draft plan (Leverage professional networks and champions)	Completed	Step 5: Obtain feedback from key stakeholders on draft plan (Leverage professional networks and champions)	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Practitioner Communication and Engagement Plan presented to the Clinical Committee for review with final approval by the PPS Board	Completed	Step 6: Practitioner Communication and Engagement Plan presented to the Clinical Committee for review with final approval by the PPS Board	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Completed	Practitioner training / education plan.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Engage Practitioner Engagement Team to help develop Practitioner Training/Education Plan.	Completed	Step 1: Engage Practitioner Engagement Team to help develop Practitioner Training/Education Plan.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Develop training/education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and SCC's quality improvement agenda. This plan will include material to be delivered online and in-person (eg. goals of DSRIP program, services available to providers and practices, population health management education, review of 11 DSRIP projects, various aspects of IT/Data Sharing infrastructure development and how this will impact on	Completed	Step 2: Develop training/education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and SCC's quality improvement agenda. This plan will include material to be delivered online and in-person (eg. goals of DSRIP program, services available to providers and practices, population health management education, review of 11 DSRIP projects, various aspects of IT/Data Sharing infrastructure development and how this will impact on practitioners day-to-day etc.)	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
practitioners day-to-day etc.)									
Task Step 3: Practitioner Engagement Team to catalog training needs across the PPS (e.g., "DSRIP 101", PPS quality improvement agenda and processes, etc.)	Completed	Step 3: Practitioner Engagement Team to catalog training needs across the PPS (e.g., "DSRIP 101", PPS quality improvement agenda and processes, etc.)	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Create a process to monitor the execution of the Practitioner Training/Education Plan (e.g. tracking of participation rates, training outcomes, etc.)	Completed	Step 4: Create a process to monitor the execution of the Practitioner Training/Education Plan (e.g. tracking of participation rates, training outcomes, etc.)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	slin2	Templates	16_DY3Q1_PRCENG_MDL71_PRES2_TEMPL_SCC_Practitioner_Engagement_Training_DY3Q1_16367.xlsx	Practitioner Engagement Training Template DY3Q1	07/24/2017 06:39 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	General Program Narrative: The SCC continues to engage and formally contract with partners this quarter. Contracts have been successfully executed with all 11 SCC hospitals and 39 Skilled Nursing Facilities targeted for contracting achieving 100% completion. For the remaining provider types targeted for contracting, the SCC executed contracts with 125 of the 162 targeted Primary Care entities, or 76%. This accounts for 439 Primary Care Providers out of the 690 targeted for contracting for a completion rate of 64%. For targeted Behavioral Health facilities the SCC to date has executed contracts with 11 out of 13 organizations, or

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	85%. The SCC Contracting targets by provider type continue to fluctuate over time as more providers are identified for contracting or decide not to execute a formal agreement with the SCC. The SCC continues to re-evaluate the Primary Care Network. Providers who are driving a large volume of Medicaid lives and who have not executed a contract with the SCC have been identified for follow-up. Many of these providers are also driving PPS Performance and a strategy for engagement will be discussed at the HUB Leadership meetings. The SCC communication and education plan regarding the metrics with the provider community is ongoing. The SCC Clinical Documentation Improvement Program tool "CDIP" has been well received by SCC partners. The tool provides further clarity regarding the measure definitions, documentation and applicable coding requirements and the role of care management and the provider in addressing care gaps. The SCC has identified additional opportunities for education related to performance for its partners. The June 23rd PAC meeting focused on CAHPS education. The program focused on providing education regarding the CAHPS reporting requirements and key methods for engaging patients in their care. The SCC also engaged GNYHA in co-branding an Ambulatory Performance Improvement Training program for front line staff in the Fall of 2017. Two classes will be held one in September and the other in October. Two hours of the training session will be tailored to the SCC's Performance Improvement Program whereby partners will be developing a corrective action plan for measures they are in "variance" for i.e. not meeting the PPS target for two consecutive quarters. This training program will follow the kick-off of the SCC's corrective action planning process which will commence in July. Based on historical performance the SCC will require partners to develop a corrective action plan to address measures that are not meeting the PPS target.
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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 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.

Through a baseline assessment that was part of the CNA and through targeted interviews of higher volume PCP groups, physicians in the Suffolk PPS have been willing to engage in discussions regarding the need to redesign patient care processes and payment mechanisms to better serve the population and improve outcomes. In general, a true willingness exists to participate in all DSRIP projects; but engagement will be enhanced if current barriers are addressed. The PPS has identified the following challenges that stand in the way of successful implementation of this organizational component:

Issue: Potential lack of the full alignment of PPS providers needed to create an engaged set of participants in an integrated system of care (e.g., technology challenges, workforce-related risks, etc.). Lack of alignment driven by other competing priorities, current FFS reimbursement model with lack of financial alignment, limited resources, and expanding competition for services.
Risk mitigation: A number of the Suffolk PPS DSRIP goals address how the new integrated system will address these challenges and allow providers to see the value of participating in this program. They include: Develop a robust data infrastructure and advanced analytical capabilities, improve disease management, particularly for those with chronic disease, move providers away from the traditional fee-for service payment and toward value based payment, transform the PPS into a highly efficient integrated delivery system, and establish a solid foundation of team-based care across medical, behavioral, and social services.
Issue: Limited primary care resources in the County, particularly in more rural areas with make it harder to engage providers and produce results.

Risk Mitigation: Create a dedicated focus on improving access to primary care services through PPS efforts to redesign PCP practices to improve their efficiency as well as through targeted recruitment efforts in geographies with high need.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

For physician engagement to occur effectively several other work streams will need to contribute significant support. Starting with the Governance system of the PPS, physicians will need to have a voice in how the PPS functions and how its policies and processes affect their practices. The Clinical Committee in particular will need to be an effective venue to address and approve all key interventions, policies, and guidelines that will have to be implemented across all physician practices to ensure that all measure targets are met. The PPS IT infrastructure will be a very important mechanism for improvement of the patient care process with better coordination of care, and also will provide the physician with the data they need to better care for their population. IT support in implementing or optimizing EHR functionality will also play a key role. An effective financial sustainability plan with funds flow that ultimately moves to a value -based compensation model will be necessary to create and maintain

full physician engagement over the life of the DSRIP program and beyond.

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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
PPS Executive Lead	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for overall guidance of Practitioner Engagement work stream. Develop the Provider Communication Education & Engagement plan. Roll-out of communication plan to PPS participating providers, support of PCMH work in PCP practices
VP of Population Health Management	Kevin Bozza/Suffolk Care Collaborative	Responsible for acting as primary contact for PPS provider network and acting as liaison between PPS Executive Office and PPS provider network. Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects
Practitioner Engagement Team	Multi-functional Representation across PPS partner network	The Practitioner Engagement Team will develop the provider engagement and communications plan. Develop a training strategy to educate PPS partners and professional groups about DSRIP and the PPS Quality Improvement Agenda.
Practitioner Champions	PPS Partner Network	Represent practitioners on the Practitioner Engagement Team to support the development of all deliverables (eg. Physicians, Nurses, Behavioral Health Specialists, Community Care Champions)
PPS IT Project Lead	Jim Murry/Stony Brook Medicine	Ultimate accountability for governance oversight of the IT strategy which will support physician engagement
MCO Relations Team Lead	Steven Feldman MD/Stony Brook Medicine	Support communications with MCOs, (ex. to define provider bonus payments). Collaborate with Provider Engagement Team to ensure these bonus payment structures are clear within provider community
Sr. Director of PPS PMO	Alyssa Scully/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP,	PPS clinical workforce	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)		particular unit level provider type. Accountable for reporting progress and outcomes to meeting financial milestones within arrangement.

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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		
Kevin Bozza	VP of Population Health Management	Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the practitioner engagement milestones to include linkages across 11 DSRIP projects
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Performance Reporting Compliance to schedule and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Units (NSLIJ & CHS)	Project Management Office function of Suffolk PPS Health System framework. Responsible for project management of enterprise Suffolk PPS work plans within health system.
Linda Efferen, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	DSRIP Project Leads	Help work with the PPS to ensure that the physician communication and engagement plan is effectively rolled-out and meets the needs identified.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce	Provide clinical care and input on practitioner engagement best practices
Alyssa Scully, Alyse Marotta, Amy Solar-Doherty, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within PHM program
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Medicaid MCOs	Support and oversight in development of value-based proposals	The PPS will align with current MCO efforts to engage physicians in practice redesign, medical home and P4P
NY State and County Medical Society	Provide clinical guidance and oversight	Provide support as needed for physician practices to redesign patient care and business processes
Care Management Vendor	Care Management Vendor	Provide support for PHM, Clinical Integration and Practitioner Engagement milestones, needed to engage providers in CM platform. Support development of content for communications for Population Health Management.

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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.

To mitigate any challenges caused by the cultural and geographical diversity across Suffolk County, a shared IT infrastructure will be developed by the PPS to support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. This shared infrastructure will allow for a base level of standardization reaching from the Nassau-Suffolk border to the East End of Suffolk County. Through consistent tracking of performance, this infrastructure will ultimately lead to physician engagement as well as improved quality, utilization and financial results within this population. In addition, this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results and support individual physicians in their ability to be successful in a value-based payment model.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

Progress will be measured based on the PPS' ability to meet the specific milestones on time and meeting the engagement strategy. Executed partner participation agreements, idenitfying practitioner "champions" to act as educators and promotors of our PPS, providing practitioner education regarding the SCC quality improvement agenda, building relationships with key professional groups will all be measures of success. The PPS Executive Team and the Provider Engagement team will play a key role in implementation and ongoing monitoring.

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	Completed	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Establish the Population Health Operating Workgroup -driven by PPS Care Management staff and PPS Provider Engagement staff	Completed	Step 1: Establish the Population Health Operating Workgroup -driven by PPS Care Management staff and PPS Provider Engagement staff	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task Step 2: Create a definition/requirements for Population Health roadmap (e.g. timelines, key sub steps, dependencies and risks, contingencies etc.)	Completed	Step 2: Create a definition/requirements for Population Health roadmap (e.g. timelines, key sub steps, dependencies and risks, contingencies etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Establish PPS PCMH Certification Working Group – to be responsible for assessing current state with regard to PCMH 2014 Level 3 certification, identifying key gaps, and developing overarching plan to achieve Level 3 certification in all relevant providers	Completed	Step 3: Establish PPS PCMH Certification Working Group – to be responsible for assessing current state with regard to PCMH 2014 Level 3 certification, identifying key gaps, and developing overarching plan to achieve Level 3 certification in all relevant providers	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 4: Create the approach for developing the Population Health roadmap (e.g., defining target populations and plans for addressing their health disparities; collaborative discussions with PPS IT team about IT infrastructure, etc.)	Completed	Step 4: Create the approach for developing the Population Health roadmap (e.g., defining target populations and plans for addressing their health disparities; collaborative discussions with PPS IT team about IT infrastructure, etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: Engage the Population Health Operating Workgroup to create population health roadmap (e.g., perform current state readiness assessment of practices, identify best practices for transition to PCMH, definition of targeted future state, gap analysis, etc.)	Completed	Step 5: Engage the Population Health Operating Workgroup to create population health roadmap (e.g., perform current state readiness assessment of practices, identify best practices for transition to PCMH, definition of targeted future state, gap analysis, etc.)	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Secure approval of roadmap by PPS Board of Directors	Completed	Step 6: Secure approval of roadmap by PPS Board of Directors	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	Completed	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1: Engage the Population Health Operating Workgroup - driven by participating PPS hospitals including behavioral health facilities	Completed	Step 1: Engage the Population Health Operating Workgroup - driven by participating PPS hospitals including behavioral health facilities	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2: Set up cadence of Population Health Operating Workgroup working sessions to create the approach for developing Bed Reduction plan (e.g., create methodology for bed reduction, prioritization framework to be applied, associated compensation/incentives, etc.)	Completed	Step 2: Set up cadence of Population Health Operating Workgroup working sessions to create the approach for developing Bed Reduction plan (e.g., create methodology for bed reduction, prioritization framework to be applied, associated compensation/incentives, etc.)	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3: Engage the Population Health Operating Workgroup to create bed reduction plan (e.g., perform current state readiness assessment of network, definition of ideal future state, gap	Completed	Step 3: Engage the Population Health Operating Workgroup to create bed reduction plan (e.g., perform current state readiness assessment of network, definition of ideal future state, gap analysis, etc.)	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
analysis, etc.)									
Task Step 4: Secure approval of roadmap by PPS Board of Directors	Completed	Step 4: Secure approval of roadmap by PPS Board of Directors	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5: Finalize and publish bed reduction plan and schedule of annual updates on capacity changes across the network	Completed	Step 5: Finalize and publish bed reduction plan and schedule of annual updates on capacity changes across the network	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	General Program Narrative: The Population Health Management/Integrated Delivery System (PHM/IDS) Workgroup continued work this quarter to address and complete current and future program/project requirements and deliverables. Targets and progress within key elements of the Population Health Roadmap and population health management are regularly reviewed and discussed including Contracted Network Updates, Clinical Interoperable System Development, RHIO Enrollment, PCMH/APC Progress, Performance Reporting & Measurement, Transitions of Care Implementation, Community Health Activation, and Value Based Payment. Specific areas of focus this quarter included strategies to monitor SCC's effort in increasing PCP access, particularly in high-need areas, and supporting the transition towards value based payment. In collaboration with the performance improvement team, opportunities to support SCC's network of providers is being evaluated to address gaps in care.
Finalize PPS-wide bed reduction plan.	

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Milestone Review Status

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

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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 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.

Issue: Potential lack of initial data to prioritize provider groups for implementation. This leads to lack of PPS provider and patient engagement in the implementation steps needed to develop an integrated delivery system that can achieve the population health outcomes needed.
Risk mitigation: A number of the Suffolk PPS DSRIP goals address how the new integrated system will address these challenges and allow providers to see the value of participating in this program. They include: Develop a robust data infrastructure and advanced analytical capabilities, improve disease management particularly for those with chronic disease, move providers away from the traditional fee-for service payment and toward value based payment, transform the PPS into a highly efficient integrated delivery system, and establish a solid foundation of team-based care across medical, behavioral, and social services. A transparent and inclusive governance structure will help address provider concerns along with funds flow processes that ultimately lead to a value-based payment system.

Issue: Difficulty creating an integrated IT infrastructure for the PPS with many disparate IT systems in existence and a large amount of variation in provider readiness to adopt new technologies.
Risk mitigation: Perform a thorough baseline assessment of all current systems that exist across the PPS. Offer easy to implement solutions for those PPS providers who have no particular preference so that the maximum number of providers can be on systems that easily align. Create a Provider Engagement Team that will support PCP offices in their efforts to optimize the use of their EHRs, meet Meaningful Use standards, and attain Level 3 PCMH recognition. Align performance reporting and funds flow with tracking of value-based outcomes to help link funding of new technology and IT solutions to provider performance.

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.)

An effective PPS Governance structure will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model through the improvement of their performance. An effective Financial funds flow and sustainability model will also be key to ensure that participating providers have the incentive to work toward improvement in all clinical, utilization and satisfaction results. A Physician Communication and Engagement plan that is effectively implemented will ensure that all participating PPS providers will have the ability to understand what is needed for Population Health Management, including cultural competency and workforce considerations, and how they can obtain support for their own improvement. The PPS IT infrastructure will be a very important mechanism for improvement of the patient care process with better coordination of care, and also will provide the physician with the data they need to better care for their population. IT support in implementing or optimizing EHR functionality will also play a key role. An effective financial sustainability plan with funds flow that ultimately moves to a value -based compensation model will be necessary to create and maintain full physician engagement in

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Population Health Management over the life of the DSRIP program and beyond.

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IPQR Module 8.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for draft of PPS bed reduction plan. Responsible for obtaining feedback from PPS hospitals to create the final plan
PHM & Clinical Integration Organizational work stream lead	Linda Efferen, MD/Suffolk Care Collaborative	Provides leadership and guidance for the Population Health and Clinical Integration organizational workflows
Population Health Management Operating Workgroup	Key Project Stakeholders	Provides SME in Population Health Management, Integrated Delivery System and Clinical Integration organizational workflows
PPS Sr. Director, Care Management Office	Melissa Favaloro/Suffolk Care Collaborative	Responsible for Population Health Management roadmap components around targeted populations and health disparities that need to be addressed. Create the implementation and tracking process for the bed reduction plan.
PPS Care Managers	Suffolk Care Collaborative	Care Management Program Operations
PCMH Certification Workgroup	Suffolk Care Collaborative	Responsible for PCMH Program for Suffolk PPS
PCMH Certification Program Lead	Althea Williams/Suffolk Care Collaborative	Develop the PCMH Certification Roadmap
Suffolk PPS Hospital Leadership	Suffolk County Hospital Leadership (CEOs)	Engage in the bed-reduction plan deliverable
Compliance Officer	Anne Barrett/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
PPS Clinical Committee	Linda Efferen, MD, Karen Shaughness, Nejat Zeyneloglu, Maria Basile, MD, Sophia McIntyre, MD, Kristie Golden, Jeff Steigman, Juliet Frodella, Lou Harris, Robert Scanlon, MD, Tina Walch, MD, Mary-Ann Donohue-Ryan, Maureen Ruga	Ultimate accountability for governance oversight of Population Health Management
PPS Finance Committee Members	PPS Finance Committee Members: Gary Bie, Bernard Cooke, Jerry Hirsch, James Sinkoff, Robert Power, Robert Detor	Support of Finance strategy development. Ultimate accountability for governance oversight of the PPS bed reduction plan
VP Population Health Management	Kevin Bozza/Suffolk Care Collaborative	Responsible for the Workforce & Community Engagement milestones as well as the Performance Evaluation, reporting, and Management structure for the PPS
Sr. Director of PPS PMO	Alyssa Scully/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		management expertise, support communications, and align like-scope requirements within multiple projects.

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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		
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise PHM integration strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Units (NSLIJ & CHS)	Project Management Office function of Suffolk PPS Health System framework. Responsible for project management of enterprise Suffolk PPS work plans within health system.
Steven Feldman, Eric Niegelberg, Gwen O'Shea, Kristie Golden, Peg Duffy, Josh Miller, Ellen Miller, Carol Gomes	DSRIP Project Leads	Provide feedback to the design of the process and fully participate in the population health management process
CBOs in PPS	Connect patients to the clinical care available across the PPS	Provide oversight and guidance on improving patient engagement and patient outreach
Lou de Onis	"HR Lead of Suffolk PPS"	Provide HR support on workforce changes resulting from bed reductions
Joel Saltz MD, PhD, Mary Morrison Saltz, MD, Andrew White, PhD, Janos Hajagos, Jonas Almeida	PPS Biomedical Informatics (BMI) Data Project Team	Oversight of data analytics and predictive modeling support
Alyssa Scully, Amy Solar-Doherty, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Provide input, insight, and clinical experience to improve PHM strategy across the PPS.
Althea Williams, Director, Community and Practice Innovation, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within PHM program
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM program	Engage in PHM Program

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Medicaid MCOs	Feedback, coordinated/shared efforts	The PPS will align with current MCO efforts to manage population health and engage physicians in practice redesign, medical home and P4P
Workforce Consultants	Modeling the workforce impacts and strategy development	Provide guidance on effects of bed reduction on workforce
Kimberly Staab	Medicaid Administrator for the Suffolk County Department of Social Services	Providing subject matter expertise, experience and connecting PPS to key CBO partnerships in Suffolk County
Care Management Vendor	Support Care management program development and plan	Provide guidance on care management operations
Training Vendors	Training Vendors: Act as training support for PPS workforce	Provide guidance on training strategies for workforce that are redeployed as result of overall bed reduction
NYS DOH	Constructive oversight of the process	Provide direction and set expectations for workforce restructuring

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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.

The PPS will develop a shared IT infrastructure to support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. The IT infrastructure will include the develop of a Care Management documentation tool that will stratify risk, identify gaps in care, and better manage the care of patients across Suffolk County. This will ultimately lead to improved physician engagement as well as improved quality, utilization and financial results within this population. In addition, this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results and support individual physicians in their ability to be successful in a value-based payment model.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

The PPS PMO will establish a robust, PPS wide performance reporting structure to track the progress of the PPS towards the specified milestones. The Performance Monitoring system will track performance compared to target on the ability of participating PPS providers to meet requirements of the DSRIP projects (e.g. project-specific performance metrics, Domain 1 metrics, etc.) and to improve all population health measures. Progress with achieving level 3 certification for all relevant providers, developing the IT infrastructure required to support a population health management approach, addressing health disparities and achieving a bed reduction across the PPS will all be measures of success. Oversight of this Population Health Management workstream will occur within the PPS Governance Committee structure, Clinical Committee and Finance Committee. The PPS Executive Team, Physician Engagement Team and Care Management Team will play a key role in implementation and ongoing monitoring.

IPQR Module 8.9 - IA Monitoring

Instructions :

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Medical Director to define the SCC Clinical Integration scope of work across various provider types engaged in the SCC (e.g. Including the coordination of care across a continuum of services, including preventive, outpatient, inpatient acute hospital care, post-acute including skilled nursing, rehabilitation, home health services, and palliative care to improve the value of the care provided.)	Completed	Step 1: Medical Director to define the SCC Clinical Integration scope of work across various provider types engaged in the SCC (e.g. Including the coordination of care across a continuum of services, including preventive, outpatient, inpatient acute hospital care, post-acute including skilled nursing, rehabilitation, home health services, and palliative care to improve the value of the care provided.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Engage Population Health Operating Workgroup to create clinical integration needs assessment relative to the goals/objectives for the CI program	Completed	Step 2: Engage Population Health Operating Workgroup to create clinical integration needs assessment relative to the goals/objectives for the CI program	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Engage Project Committees and key	Completed	Step 3: Engage Project Committees and key project stakeholders in review of the clinical integration needs	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
project stakeholders in review of the clinical integration needs assessment for input and to assure it is inclusive of the CI needs across all 11 DSRIP projects.		assessment for input and to assure it is inclusive of the CI needs across all 11 DSRIP projects.							
Task Step 4: Develop approach for completing the clinical integration needs assessment (e.g., identify best practices across PPS, key data points, key interfaces that will impact clinical integration, etc.)	Completed	Step 4: Develop approach for completing the clinical integration needs assessment (e.g., identify best practices across PPS, key data points, key interfaces that will impact clinical integration, etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: Population Health Operating Workgroup to identify key providers and provider types within the PPS and their practice affiliations (e.g. perform mapping process of clinical providers, identify existing care management systems and care transition programs, etc.)	Completed	Step 5: Population Health Operating Workgroup to identify key providers and provider types within the PPS and their practice affiliations (e.g. perform mapping process of clinical providers, identify existing care management systems and care transition programs, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Perform Clinical Integration Needs Assessment at partnered facilities	Completed	Step 6: Perform Clinical Integration Needs Assessment at partnered facilities	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7: Tabulate results of the needs assessment and identify gaps within current clinical integration infrastructure (e.g. may include development and definition of "ideal state" of clinical integration within PPS, also utilize supporting project documents including Community Needs Assessment data)	Completed	Step 7: Tabulate results of the needs assessment and identify gaps within current clinical integration infrastructure (e.g. may include development and definition of "ideal state" of clinical integration within PPS, also utilize supporting project documents including Community Needs Assessment data)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 8: Finalize clinical integration needs assessment, present deliverable and obtain signoff from PPS Clinical Committee (Clinical Quality Committee)	Completed	Step 8: Finalize clinical integration needs assessment, present deliverable and obtain signoff from PPS Clinical Committee (Clinical Quality Committee)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools							
Task Step 1: Engage the Population Health Operating Workgroup to create the Clinical Integration Strategy	Completed	Step 1: Engage the Population Health Operating Workgroup to create the Clinical Integration Strategy	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Begin aggregating and prioritizing the findings from the clinical integration needs assessment (e.g., care gaps, existing best practices and programs, etc.)	Completed	Step 2: Begin aggregating and prioritizing the findings from the clinical integration needs assessment (e.g., care gaps, existing best practices and programs, etc.)	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: Create a draft Clinical Integration Strategy (e.g. include Care Transitions program, IT and clinical training strategy for PPS providers across settings, collaboration with Medicaid MCOs, etc.)	Completed	Step 3: Create a draft Clinical Integration Strategy (e.g. include Care Transitions program, IT and clinical training strategy for PPS providers across settings, collaboration with Medicaid MCOs, etc.)	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Obtain feedback from key PPS providers on the draft Clinical Integration Strategy (e.g. identification of current resources and methods of clinical integration within PPS based on needs assessment results)	Completed	Step 4: Obtain feedback from key PPS providers on the draft Clinical Integration Strategy (e.g. identification of current resources and methods of clinical integration within PPS based on needs assessment results)	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Present deliverable and Secure approval of Clinical Integration Strategy from PPS Clinical Committee (Clinical Quality Committee) to include periodic review of strategy	Completed	Step 5: Present deliverable and Secure approval of Clinical Integration Strategy from PPS Clinical Committee (Clinical Quality Committee) to include periodic review of strategy	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	General Program Narrative: Members of the Population Health Operating Workgroup, in collaboration with the PMO, Performance Management, Project Managers and Leads, continue to meet to ensure ongoing assessment of progress towards operationalizing Population Health Management, Clinical Integration and an Integrated Delivery System. Specific areas of focus report on progress towards achieving goals, challenges encountered and strategy to meet targets. Specific areas discussed include PCMH-Access to Care, Transitions of Care, Behavioral Health and Primary Care Integration, Care Coordination, Clinical Quality Metrics and Measurement, RHIO Connectivity and Clinical Interoperable Systems. Additionally, each quarter Hubs report on any completed Clinical Integration activities so that the Clinical Integration Needs Assessment Work plan can be updated to reflect these changes.
Develop a Clinical Integration strategy.	

Milestone Review Status

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

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 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.

Issue: Difficulty creating an integrated IT infrastructure given issues with interoperability between many disparate IT systems and variation in provider readiness to adopt technology.
Risk mitigation: A thorough baseline assessment of all participating providers will be conducted to identify systems in use across the PPS and identify common solutions. Create a Provider Engagement Team to support PCP offices in their efforts to optimize the use of EHRs, meet Meaningful Use standards, and attain Level 3 PCMH recognition.

Issue: Potential lack of the full alignment of PPS providers needed to create an engaged set of participants in an integrated system of care with effective clinical integration. Lack of alignment driven by other competing priorities, current FFS reimbursement model with lack of financial alignment, limited resources, and expanding competition for services.
Risk mitigation: Easy to use tools that will improve clinical integration will be made available to PPS Providers. A number of the Suffolk PPS DSRIP goals address how the new integrated system will address these challenges and allow providers to see the value of participating in this program. They include: Develop a robust data infrastructure and advanced analytical capabilities, improve disease management, particularly for those with chronic disease, move providers away from the traditional fee-for service payment and toward value based payment, transform the PPS into a highly efficient integrated delivery system, and establish a solid foundation of team-based care across medical, behavioral, and social services. Issue: Lack of common standards, protocols and governance regarding the provision of Care Management and wide variation in Care Management provided
Risk Mitigation: The PPS, in conjunction with the Population Health Management Operating Workgroup, will develop and deploy the Care Management (CM) program for the Suffolk Care Collaborative. Vendor support / input as subject matter expert(s) will be used to guide development of CM standards and protocols that are evidence based / best practice to use across the PPS, provide input in development of IT requirements, and identification of staff and training of CM staff.

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.)

An effective PPS Governance structure, as well as a strong Financial Sustainability plan, will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model through the improvement of their performance. Additionally, the development of a shared IT infrastructure will support the rapid, safe transfer of patient information to PPS providers. The PPS IT infrastructure will be a very important mechanism for improvement of the patient care process with better coordination of care, and also will provide the physician with the data they need to better care for their population. IT support in implementing or optimizing EHR

functionality will also play a key role in maximizing the performance of the shared infrastructure. An effective financial sustainability plan with funds flow that ultimately moves to a value -based compensation model will be necessary to create and maintain full physician engagement throughout the duration of the DSRIP program. The Practitioner Engagement work stream will play a large role in clinical integration and incorporate the input, insight, and experience of the provider network across the PPS.

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IPQR Module 9.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for overall guidance of Clinical Integration work stream. Create the implementation and tracking process for the clinical integration assessment
PHM & Clinical Integration Organizational work stream lead	Linda Efferen, MD/Suffolk Care Collaborative	Provides leadership and guidance for the Population Health and Clinical Integration organizational workflows
PPS IT Lead	Jim Murry/Stony Brook Medicine	Responsible for capturing key findings from assessment regarding current state of interfaces and data sharing, and build support of these function into IT plan
PPS Sr. Director, Care Management Office	Melissa Favaloro/Suffolk Care Collaborative	Responsible for the development of Care Transitions program and training on clinical integration. Create the implementation and tracking process for the clinical integration assessment.
Population Health Management Operating Workgroup	Key Project Stakeholders	Provides SME in Population Health Management, Integrated Delivery System and Clinical Integration organizational workflows
PPS Care Managers	Suffolk Care Collaborative	Care Management Program Operations
VP of Population Health Management	Kevin Bozza/Suffolk Care Collaborative	Responsible for acting as primary contact for PPS provider network and acting as liaison between PPS Executive Office and PPS provider network. Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects. Responsible for oversight of Provider Engagement including communication, education, and training processes
Sr. Director of PPS PMO, Suffolk Care Collaborative	Alyssa Scully/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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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		
Linda Efferen	Overall PPS Leadership	Ultimate accountability for PPS
Linda Efferen (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Clinical Integration strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Units (NSLIJ & CHS)	Project Management Office function of Suffolk PPS Health System framework. Responsible for project management of enterprise Suffolk PPS work plans within health system.
Steven Feldman, Eric Niegelberg, Gwen O'Shea, Kristie Golden, Peg Duffy, Josh Miller, Ellen Miller, Carol Gomes	DSRIP Project Leads	Provide feedback to the design of the process and fully participate in the population health management process
Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Provide feedback on the various interfaces and data sharing mechanisms on their respective systems and support PPS effort to create standard tools and solutions that can be implemented by PPS Providers	PPS IT and Biomedical Informatics Committee
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Provide input, insight, and clinical experience to improve clinical integration across the PPS.
Alyssa Scully, Alyse Marotta, Amy Solar-Doherty, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Director, Community and Practice Innovation, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within PHM program
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM program	Engage in PHM Program
Medicaid MCOs	Coordinated/shared efforts in developing value-based payment	The PPS will align with current MCO efforts to produce clinical

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	plans	integration as well as transitions of care and care coordination processes. Ensure alignment of effort.
Care Management Vendor	Provide CM training and resources to PPS	Provide support as needed to engage providers in CM platform

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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.

A shared IT infrastructure across the PPS will support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. Learning what communication interfaces and data-sharing mechanisms are already in place, and then building out a tool kit to help support implementation of these clinical integration mechanisms across the PPS will be a key IT support function.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

In addition to the metrics being tracked in other workstreams, the PPS PMO office will track the progress of the PPS to meet the specified milestones on time. Progress toward milestone completion will be monitored through the PPS wide reporting structure and will monitor project-specific performance metrics compared to baseline target scores. The progress reporting structure will also monitor the ability of participating PPS providers to meet requirements of the DSRIP projects, many of which are dependent on the presence of Clinical Integration, with effective data-sharing and care hand-offs across the continuum. Progress with data sharing and interoperability across the PPS, improving care transitions and communication among primary care, mental health and substance abuse providers, successful outcome with training providers and staff regarding clinical integration, tools and communication will all be measures of success. Oversight of this Clinical Integration work stream will occur as a part of the overall PPS governance within the Clinical Governance Committee. The PPS Executive Team and Care Management Team will play a key role in the implementation and ongoing monitoring of this progress reporting. The PMO office will also play a large role through the provision of infrastructure support that facilitates communication between providers to share best practices, a key driver of success.

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.

Our approach includes organizing a multi-disciplinary authoritative body to lead development of service interventions, protocols and programs that address significant community and population health problems. To train and support a care management infrastructure with an evidence-based approach to public health interventions, health services, and health policy. To educate and engage our providers in community and population health sciences. To reduce health disparities and improve measurable health outcomes through sustained community and organizational partnerships. The SCC has a Project Management Office (PMO) whose role is to provide an enterprise-wide approach to identify, prioritize and successfully execute the DSRIP project portfolio. The PMO's primary responsibility is to manage and control project constraints by ensuring project plans are implemented on schedule, within scope and on budget. The PMO utilizes Project Management Body of Knowledge (PMBOK®) based methodology as defined by the National Project Management Institute. Additional functions include, encouragement of collaboration amongst our PPS partner organizations, to support the DSRIP project teams as a source for project management leadership and expertise, to keep the project community informed through a robust communication strategy and to report required status reports to stakeholders including the NYS Department of Health. The PMO is staffed with full-time Project Managers assigned to every DSRIP project. This management role includes PPS wide monitoring of progress toward goals. Project Managers have drafted formal Project Management Plans (PMP) following a collaborative program design and development strategy. Once PMPs are initiated, results/management will be reported to PPS governance structures in compliance to the SCC Communication Plan. The PMO has initiated the roll-out of an enterprise portfolio management software, Performance Logic, to host all project plans and assign tasks to partners across the PPS network. This software tool will allow for a tactical, detailed, and task level management of the work break down structure of every project management plan. During this PMP development phase, the PMO designed and initiated project management templates and held routine meetings to collaborate with all key stakeholders, referenced in "Key Stakeholders." In an effort to eliminate duplication of concurrent projects across the 11 selected DSRIP project plans; the PMO has organized a system of Project Leads across all organizational work streams. All related-organizational-work-stream project requirements have been identified, and will be rolled-up and evaluated at a portfolio level. This approach will provide a standardization of like-project requirements, time/schedule and budgets where necessary. In addition, the DSRIP PMPs have been drafted ensuring all project requirements are met within the planned speed & scale parameters submitted. The PMO has operationalized a formal reporting structure to monitor, communicate and report progress on program implementation. Development of clinical programs will be driven by DSRIP projects, with governance and approval by the Clinical Governance Committee. Our portfolio management also includes: Director of Network Development & Performance to administer provider-facing tasks including communications and training; Community & Patient engagement staff to implement patient-facing tasks such as communications; PPS Care management structure with case managers, social workers and lay workers to support clinical interventions in all projects; and, IT PMO Team will assess all baseline IT needs, support/implement the development of new IT solutions across the PPS, including support of EHR optimization/MU requirements, as well as optimizing the use of the RHIO.

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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.

The Suffolk Care Collaborative currently follows the following methodology to manage interdependencies across the program portfolio. (1) Identifying the interdependency within a specific DSRIP projects (2) Categorizing them into aggregate groupings (ex. Communication requirements, training requirements, workforce requirements, Information technology requirements, etc.) (3) Project Manager obtain the inter-dependent task and will present to PMO (established structure to support cross collaboration between project manager and teams). (4) Resolution is made on how the inter-dependent task will be operationalized, (5) Project Manager to update project management plan to reflect resolution (6) Project Manager will communicate to project key stakeholders. The SCC central PMO provides clear direction and leadership throughout the management of inter-dependencies.
Beginning in the early program design and development process, many of these inter-dependent tasks were identified (shared or complementary work plan tasks). This was accomplished through an initial PMO strategy where work plan development included project leads and project managers in a white-board session. The output of this session pointed out to project teams where these implementation tasks appeared to mirror and/or need to be coordinated with tasks identified by other project teams. These were captured as dependencies on the project plan. We're gearing up to aggregate like-project requirements by project into portfolio PPS work plans by organizational work steam, identifying coordination requirements for complementary or interdependent tasks. We've provided a "support role" on our project plans for these particular tasks to flow to the respective organizational work stream project lead. For example, Jim Murry our Health Information Technology Organizational Work Stream Project Lead is a "support role" across the 11 DSRIP project plans for all Health Information Technology specific project requirements.
Additionally, cross-cutting PPS support resources are recognized in multiple areas with input from project committee and workgroups, provided to the central PMO. For example, workforce support will include hiring a Workforce Consultant to assist in re-training and re-deployment of existing workforce staff in collaboration with other key stakeholders (e.g., labor unions, etc.). Financial Sustainability and support resources will be another key work-stream that influences the success of all project budgets and resource allocations.

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Lead of Suffolk County PPS	Linda Efferen, MD	Ensure that the PPS is successful in reducing avoidable hospital use by 25% over 5 years. Advise the PPS on all clinical issues.
VP of Population Health Management	Kevin Bozza	Responsible for acting as primary contact for PPS provider network and acting as liaison between PPS Executive Office and PPS provider network. Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects. Responsible for oversight of Provider Engagement including communication, education, and training processes
Sr. Director of PPS Project Management Office, Suffolk Care Collaborative	Alyssa Scully	Lead PMO office, provide support to PPS projects to ensure that they are meeting requirements
Sr. Director Care Management Office, Suffolk Care Collaborative	Melissa Favaloro	Responsible for the development and execution of the PPS Care Management Program
Business Manager for DSRIP Operations	Neil Shah	Responsible for development, management of Financial operations and milestones to include accounts payable, treasury/banking, general ledger, reporting, audit
Director, Community and Practice Innovation, Suffolk Care Collaborative	Althea Williams	Assures cultural competency and health literacy practices are addressed, supports provider and community engagement initiatives
Clinical Project Manager, Suffolk Care Collaborative	Leslie Vicale	Organize and manage administrative components of multiple DSRIP projects
Project Manager, Suffolk Care Collaborative	Amy Solar-Doherty	Organize and manage administrative components of multiple DSRIP projects
Project Manager, Suffolk Care Collaborative	Alyse Marotta	Organize and manage administrative components of multiple DSRIP projects
Project Manger, Suffolk Care Collaborative	Samuel Lin	Support Project Portfolio and PMO Information System
IT PPS Project Team	Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Development of IT strategy and content experts on key aspects of data sharing, IT change management, confidentiality considerations, risk management, progress reporting.
PPS Biomedical Informatics (BMI) Data Project Team	Joel Saltz MD, PhD, Mary Morrison Saltz, MD, Andrew White, PhD, Janos Hajagos, Jonas Almeida	Oversight of Data Analytics and Predictive Modeling

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Legal/Advisory	Rivkin Radler, LLP	Legal advisors for PPS
Liaison between PPS and MCOs	Dr. Steven Feldman	Lead monthly meetings and P4P discussions with MCOs
Project 2ai - IDS Project Lead	Samuel Lin	Manage project team and oversee implementation of Integrated Delivery System
Project 2ai - IDS Project Lead	Jim Murry	Manage project team and oversee implementation of Integrated Delivery System
Project 2biv - TOC Project Lead	Dr. Steven Feldman	Manage project team and provide content expertise to implementation of Transition of Care project
Project 2bvii - INTERACT Project Lead	Bob Heppenheimer	Manage project team and provide content expertise to implementation of Interact project
Project 2bvii - INTERACT Project Lead	Dianne Zambori, RN	Manage project team and provide content expertise to implementation of Interact project
Project 2bix - Observation Program Project Lead	Eric Niegelberg	Manage project team and provide content expertise to implementation of Observation project
Project 2di - PAM Activation Project lead	Gwen O'Shea	Manage project team and provide content expertise to implementation of PAM Activation project
Project 3ai - BH integration Project Lead	Kristie Golden	Manage project team and provide content expertise to implementation of BH and SBIRT project
Project 3bi - CVD Project Lead	Margaret Duffy	Manage project team and provide content expertise to implementation of CVD project
Project 3ci - Diabetes Project Lead	Josh Miller, MD	Manage project team and provide content expertise to implementation of Diabetes project
Project 3dii - Asthma Project Lead	Susmita Pati, MD	Manage project team and provide content expertise to implementation of Asthma project
Project 3dii - Asthma Project Lead	Ellen Miller	Manage project team and provide content expertise to implementation of Asthma project
Project 4aii - Prevent SA & Other Mental Emotional Behavioral Health Disorders Project Lead	Kristie Golden	Manage project team and provide content expertise to implementation of BH and SBIRT project
Project 4bii - Chronic Prevention Project Lead	Ernie Conforti	Manage project team and provide content expertise to implementation of Chronic Prevention project
Health Information Technology System & Processes Lead	Jim Murry	Build and Implement PPS-wide IT platform; develop process to ensure RHIO participation
Finance Organizational Work stream Lead	Bernie Cook	Determine Funds Flow and other financial considerations
Cultural Competency & Health Literacy Organizational Work stream Lead	Althea Williams	Engage Community Based Organizations and patient advocacy groups to represent needs of community
Cultural Competency & Health Literacy Organizational Work stream Lead	Dr. Cordia Beverley	Engage Community Based Organizations and patient advocacy groups to represent needs of community

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Organizational Work stream Lead	Kevin Bozza	Lead the development of the Workforce Strategic Plan
Workforce Organizational Work stream Lead/Human Resources Lead	Lou de Onis	Develop Workforce Strategic Plan and advise on all workforce issues
Compliance Organizational Work stream Lead	Sarah Putney (Compliance Officer)	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
Audit Organizational Work stream Lead	Suffolk Care Collaborative Audit Officer	Lead Audit Program, including develop guidelines for PPS Audit Plan, Chair Audit Governance Sub-committee, and ensure PPS is prepared for regular internal and external audits
Governance Organizational Work stream Lead	Jennifer Jamilkowski	Develop the Governance project plan and advise on all governance issues
Practitioner Engagement Organizational Work stream Lead	Kevin Bozza	Develop the Practitioner Communication and Engagement Plan and the training/education plan
Performance Reporting Organizational Work stream Lead	Kevin Bozza	Develop the Performance Reporting and Evaluation Plan and Education Program
Population Health Management Organizational Work stream Lead	Linda Efferen, MD	Develop the Population Health Management Roadmap
Clinical Integration Organizational Work stream Lead	Linda Efferen, MD	Develop the Clinical Integration Strategy and Roadmap
PCMH Certification Program Lead	Althea Williams	Develop the PCMH Certification Roadmap
Health System Leadership (NSLIJ & CHS)	Joseph Lamantia (Suffolk Care Collaborative), Jerry Hirsh (NSLIJ), Terry O'Brien (CHS)	Ensure that barriers to success are identified and removed as possible. Facilitate communication with lead applicant
Health System PMO Units (NSLIJ & CHS)	Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Project Management Office function of Suffolk PPS Health System framework
Project Workgroup/Teams/Advisory Groups (Identified to date: Workforce Advisory Group, Cultural Competency & Health Literacy Advisory Group, Financial Sustainability Team, Compliance Team, MCO/Value Based Payment Team, Information Technology Task Force, Performance Evaluation & Management Team, Practitioner Engagement Team, Population Health Management Operating Workgroup, PCMH Certification Workgroup)	Multi-functional Representation across every group canvasses PPS partner network	Participates in creating and implementing project plans
11 DSRIP Project Committees (Project Committees include: Project 2ai, Project 2biv, Project 2bvii, Project 2ix, Project 2di, Project 3ai, Project 3bi, Project 3ci, Project 3dii, Project 4aii,	Multi-functional Representation across every group will canvasses PPS partner network	Oversight of project plans

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project 4bii)		
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress and outcomes to meeting financial milestones within arrangement.
Project Manager, Suffolk Care Collaborative	Alyeah Ramjit	Organize and manage administrative components of multiple DSRIP projects

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

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Linda Efferen	Executive Lead of Suffolk County PPS	Overall Project Sponsor for PPS Project Portfolio
L. Reuven Pasternak, MD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Kenneth Kaushansky, MD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Gary E. Bie	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jacqueline Mondros, DSW	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Carol Gomes, MS, FACHE,CPHQ	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Joseph Lamantia	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jennifer Jamilkowski, MBA, MHS	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Kristie Golden, PhD, LMHC, CRC	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jim Murry	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Harold Fernandez, MD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Margaret M. McGovern, MD ,PhD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jerrold Hirsch, PhD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Kristopher Smith, MD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
James Sinkoff	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Terry O'Brien	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Brenda Farrell	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Karen Boorshtein, LCSW - BH	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Mary J. Zagajeski, MS, RN	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Michael Stoltz, LCSW - (patient advocate)	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Robert Heppenheimer - LTC	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Gwen O'Shea - CBO	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Linda Efferen, MD	PPS Medical Director, Suffolk Care Collaborative	Overall leadership and guidance related to the clinical program portfolio
Kevin Bozza	Director of Network Development & Performance, Suffolk Care Collaborative	Provides leadership and guidance related to the Workforce Study, Performance Reporting and Practitioner Engagement

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		organizational workflows
Alyssa Correale	Director of Project Management Office, Suffolk Care Collaborative	Lead PMO office, provide support to PPS projects to ensure that they are meeting requirements. Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
Business Manager for DSRIP Operations	Neil Shah	Responsible for development, management of Financial operations and milestones to include accounts payable, treasury/banking, general ledger, reporting, audit
Director Care Management	Director of PPS Care Management Program, Suffolk Care Collaborative	Provides leadership and guidance for the Population Health and Clinical Integration organizational workflows
Althea Williams	Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Assures cultural competency and health literacy practices are addressed, supports provider and community engagement initiatives
Ashley Meskill	Clinical Project Manager, Suffolk Care Collaborative	Organize and manage administrative components of multiple DSRIP projects
Amy Solar-Doherty	Project Manager, Suffolk Care Collaborative	Organize and manage administrative components of multiple DSRIP projects
Alyse Marotta	Project Manager, Suffolk Care Collaborative	Organize and manage administrative components of multiple DSRIP projects
Samuel Lin	Project Manger, Suffolk Care Collaborative	Support Project Portfolio and PMO Information System
CHS Health System PMO	Administrative and operational Health System of PPS	Manage all aspects of CHS Health System and coordinate with PPS regarding key components of DSRIP initiative
NSLIJ Health System PMO	Administrative and operational Health System of PPS	Manage all aspects of NSLIJ Health System and coordinate with PPS regarding key components of DSRIP initiative
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Source of clinical knowledge	Participate in all PPS efforts to ensure coordination of care across all PPS providers
Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	IT PPS Project Team	Responsible for developing the IT Strategy to support population health management and clinical integration.

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Joel Saltz MD, PhD, Mary Morrison Saltz, MD, Andrew White, PhD, Janos Hajagos, Jonas Almeida	PPS Biomedical Informatics (BMI) Data Project Team	Oversight of data analytics and predictive modeling support
Gina Bruce, Creative Strategy and Copywriting	Writer/Publications	Provides creative strategy and copywriting support for PPS communications
George Choriatis, Rivkin & Radler, LLP	Attorney Advisor	Development of data sharing agreement contracts, general legal counsel
Sarah Putney	Compliance Officer	Oversight of regulatory compliance program
Workforce Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Approval of all workforce deliverables and support communications of deliverables
Clinical Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Ultimate accountability for governance oversight of all clinical protocols and the performance monitoring program
Community Needs Assessment, Outreach, Cultural Competency & Health Literacy Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Provide guidance in identifying community health needs and ensuring that the projects and other initiatives are effective in addressing such needs in a culturally competent manner.
Health Information Technology & Biomedical Informatics Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Provide strategic direction for IT strategy and Data Analytics
Audit Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Oversight of financial reporting and disclosure
Compliance Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Oversight of compliance programs, policies and procedures
Finance Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Oversight of financial policies, goals, budgets and funds flow
Project Workgroup/Teams/Advisory Groups (Workforce Advisory Group, Cultural Competency & Health Literacy Advisory Group, Financial Sustainability Team, Compliance Team, MCO/Value Based Payment Team, Information Technology Task Force, Performance Evaluation & Management Team, Practitioner Engagement Team, Population Health Management Operating Workgroup, PCMH Certification Workgroup)	Multi-functional Representation of subject matter experts and SCC staff	Participates in creating and executin
Project Leads	Facilitate Project Plan	Oversight and leadership of the Project Plan and assuring milestones are met, provide subject matter expertise and support communication plan related to projects
11 DSRIP Project Committees	Multi-functional Representation across every group will canvasses PPS partner network	Oversight of the Project Plan
Executive Project Advisory Committee	Multi-functional Representation across the Continuum of Care for	Executive arm of the Project Advisory Committee

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	residents across Suffolk County	
Project Advisory Committee	Multi-functional Representation across every enrolled PPS partner organization (Over 800 Committee Members)	Advises the PPS about project plans and implementation
External Stakeholders		
Patients & Families	Recipient of services	Provides feedback on services provided
Patient Advocates	Contributor to project development, design of communications and key deliverables for patients	Provides feedback on development of services to be provided and assures process design is patient-centric, included in process improvement strategies
Uninsured Population	Recipient of services	Provides feedback on services provided
Suffolk County Residents	Key stakeholder and end user of programs and services	Recipients of improved services and provides feedback on services provided
Media	Communication Channel	Publications and communications
Labor Unions	Source of workforce expertise and representation of workforce	Provides expertise and input around job impacts resulting from DSRIP projects
Subject Matter Experts (SMEs)	Subject Matter Expert	Provide assistance in the development and execution of projects
Care Management Vendor	Care Management support	Provide support to implement Case Management infrastructure across PPS
Project Management Software Vendor	Performance Logic	Assist PMO office with managing projects from the development through implementation. Support ongoing monitoring and controlling of project plans across portfolio.
Workforce Training Vendors	Provide training for various work streams across PPS	Multiple training vendors will be identified for various types of training and certification across DSRIP projects
Cerner Information Technology Vendor	HealtheIntent Information Technology Platform	The IT platform to achieve interoperability of patient information to achieve PPS population health management goals
Workforce Consultant	Content Expert	Assist PPS with developing the workforce strategy and transition roadmap
Health Homes	Source of current state expertise on management of the high risk Medicaid population in Suffolk County	Participate in all PPS efforts to ensure coordination of care across all PPS providers
Community-Based Organizations (CBOs)	Source of current knowledge of community needs and disparities present	Participate in all PPS efforts to ensure coordination of care across all PPS providers
Social Services	Support Services for Suffolk County Residents	Provides financial assistance and support services for eligible county residents
Suffolk County Agencies	Support Services for Suffolk County Residents	Provides opportunity for collaboration and best-practice sharing
All 25 NYS Performing Provider Systems (PPS)	25 NYS Performing Provider Systems (PPS)	Provides opportunity for collaboration and best-practice sharing
NYS Department of Health	Regulatory Oversight for DSRIP Program	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process
DSRIP Support Team (KPMG)	Source of expertise on DSRIP Program	Provides overall guidance and support to PPSs who are preparing

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		DSRIP application and project plans
Medicaid MCOs	Support of DSRIP efforts - coordination of care	Work with PPS Medicaid MCO relations team to identify opportunities to provide coordinated care and work toward value-based payment methodologies

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IPQR Module 10.5 - IT Requirements

Instructions :

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

The IT infrastructure plan for the Suffolk PPS will be created and approved by the PPS Board of Directors. The key elements of the IT infrastructure will include the following:

- Case Management Documentation tool
- EHR IT support process including integration and connectivity functions
- Analytics/decision support tool
- Patient registry tool
- PPS data warehouse
- PPS web-based patient portal
- IT support for connectivity to and use of the RHIO

The IT committee that was established under the governance of the PPS Board of Directors will establish a team to assess the baseline IT capabilities of participating partners across the PPS. Due to the number of different EMRs in existence across the PPS, a new build will not possible at all sites. In place of building a new product, the IT committee will look for ways to build collaborative, integrative solutions in order to increase connectivity between the disparate systems. Connection to the RHIO will play a critical role producing better outcomes within the DSRIP program and will be emphasized throughout the development of the PPS wide IT infrastructure. The IT infrastructure will also play a critical role in supporting the documentation of key performance indicators (e.g., patient registries, care management documentation, etc.) and tracking the engagement of the patient population across Suffolk County. DSRIP program funding is tied to the achievement of these speed and scale numbers and as such, the IT infrastructure will be a key driver of success in achieving financial sustainability throughout the PPS.

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

All PPS Providers will be engaged in the PPS Performance Reporting process to ensure that a quality culture around performance measurement and outcomes is created. All PPS Providers will receive easily accessible data and information to help set them up for success in improving their performance. Performance dashboards will be developed for the PPS. These will be shared transparently within the PPS and incentives and improvement plans will be linked. Performance dashboards at project level will be shared transparently with project teams and partners. Areas of variation in clinical results or PPS provider performance will be addressed initially at the project level. Oversight of this process will be the responsibility of the Clinical Governance Body with support from the Performance Evaluation and Management Team. The financial sustainability plan will tie-in Provider performance to future value-based contracting efforts to ensure that incentives are aligned.

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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 foundation for community involvement will be based on the PPS governance approach; an inclusive approach to all community providers to receive their input and support through quarterly PAC meetings and then through representation on the PPS Board of Directors. CBOs will be included on project teams to help support design, implementation and ongoing monitoring of success.

CBOs will be contracted with the PPS to ensure that all the terms of a collaborative and supportive agreement are in place and transparent from the outset to ensure full, ongoing participation of these entities over the years of the DSRIP projects. This type of full community engagement will help each project attain its goals through effectively leveraging all aspects of patient and care support that will help remove barriers that would otherwise remain; support such as behavioral health services, social work services, care management services, educational opportunities, food support and housing support. The risks associated with this approach include the difficulty in linking all such organizations electronically, considering the many disparate IT systems that are in place, the lack of alignment in purpose due to different funding mechanism that do not always reward quality outcomes, as well as already limited resources within existing CBOs in certain geographies within the County. The PPS will address these risks through implementation planning within the project teams that identify and plan to overcome such gaps, with support from the PPS Governance structure, including Clinical, IT and Finance governance committees and from the PPS PMO.

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										
	DY1(Q1/Q2)($)	DY1(Q3/Q4)($)	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)	DY3(Q1/Q2)($)	DY3(Q3/Q4)($)	DY4(Q1/Q2)($)	DY4(Q3/Q4)($)	DY5(Q1/Q2)($)	DY5(Q3/Q4($)	Total Spending($)
Retraining	200,000.00	400,000.00	250,000.00	250,000.00	250,000.00	250,000.00	200,000.00	200,000.00	100,000.00	100,000.00	2,200,000.00
Redeployment	200,000.00	300,000.00	100,000.00	100,000.00	55,000.00	55,000.00	10,000.00	10,000.00	0.00	0.00	830,000.00
New Hires	930,000.00	2,000,000.00	2,000,000.00	2,000,000.00	1,000,000.00	1,000,000.00	703,084.00	703,084.00	0.00	0.00	10,336,168.00
Other	315,000.00	1,060,000.00	596,875.00	596,875.00	1,309,750.00	1,309,750.00	1,218,416.00	1,218,416.00	995,000.00	995,000.00	9,615,082.00
Total Expenditures	**1,645,000.00**	**3,760,000.00**	**2,946,875.00**	**2,946,875.00**	**2,614,750.00**	**2,614,750.00**	**2,131,500.00**	**2,131,500.00**	**1,095,000.00**	**1,095,000.00**	**22,981,250.00**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 6: Approval by PPS Workforce Governance Committee	Completed	Step 6: Approval by PPS Workforce Governance Committee	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 1: Establish a Workforce Governance Committee that will assist and provide oversight towards the development of a workforce target state and other workforce related activities as laid out in the Implementation Plan.	Completed	Step 1: Establish a Workforce Governance Committee that will assist and provide oversight towards the development of a workforce target state and other workforce related activities as laid out in the Implementation Plan.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Establish the Workforce Advisory Group which includes subject matter experts from across the PPS to advise on the planning strategy (e.g. union reps, HR and key stakeholders etc.)	Completed	Step 2: Establish the Workforce Advisory Group which includes subject matter experts from across the PPS to advise on the planning strategy (e.g. union reps, HR and key stakeholders etc.)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Develop the workforce data discovery/assessment framework to understand the organizational and partner workforce needs (e.g. requirements of DSRIP projects, staff impacts etc.).	Completed	Step 3: Develop the workforce data discovery/assessment framework to understand the organizational and partner workforce needs (e.g. requirements of DSRIP projects, staff impacts etc.).	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Conduct the workforce data discovery/assessment process (e.g. work with PPS stakeholders to gather workforce assumptions and risks; identify/reassess/confirm key workforce impacts)	Completed	Step 4: Conduct the workforce data discovery/assessment process (e.g. work with PPS stakeholders to gather workforce assumptions and risks; identify/reassess/confirm key workforce impacts)	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 5: Develop/create the target workforce state plan desired over the five years of the DSRIP program (e.g. what roles will be significantly impacted, what changes to the workforce will be needed).	Completed	Step 5: Develop/create the target workforce state plan desired over the five years of the DSRIP program (e.g. what roles will be significantly impacted, what changes to the workforce will be needed).	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for workforce transition roadmap (e.g. develop timelines, key sub steps, dependencies and risks, contingencies etc.)	Completed	Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for workforce transition roadmap (e.g. develop timelines, key sub steps, dependencies and risks, contingencies etc.)	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Create the approach for developing the workforce transition roadmap (e.g., hiring of workforce consultant; collaborative discussion with PPS partners on how their workforce gets impacted, etc.)	Completed	Step 2: Create the approach for developing the workforce transition roadmap (e.g., hiring of workforce consultant; collaborative discussion with PPS partners on how their workforce gets impacted, etc.)	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Develop the workforce transition roadmap.	Completed	Step 3: Develop the workforce transition roadmap.	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Approval of roadmap by PPS Workforce Governance Committee	Completed	Step 4: Approval of roadmap by PPS Workforce Governance Committee	03/01/2016	09/30/2016	03/01/2016	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.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Engage the Workforce Governance Committee to assist in the development of definition/requirements and create approach to developing current state assessment	Completed	Step 1: Engage the Workforce Governance Committee to assist in the development of definition/requirements and create approach to developing current state assessment	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Perform current state assessment and	Completed	Step 2: Perform current state assessment and gap analysis	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1	

State University of New York at Stony Brook University Hospital (PPS ID:16)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
gap analysis									
Task Step 3: Create a current state assessment (e.g. assess current staff competency, assess number of resources, PT vs. FT, up skilling needs, redeployment considerations etc.)	Completed	Step 3: Create a current state assessment (e.g. assess current staff competency, assess number of resources, PT vs. FT, up skilling needs, redeployment considerations etc.)	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Analyze gaps between target state and current state to create gap analysis (e.g. include rank ordering of gaps by impact (including budget) and effort to fix; prioritizing gaps across DSRIP projects etc.)	Completed	Step 4: Analyze gaps between target state and current state to create gap analysis (e.g. include rank ordering of gaps by impact (including budget) and effort to fix; prioritizing gaps across DSRIP projects etc.)	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Approval of gap analysis by PPS Workforce Governance Committee	Completed	Step 5: Approval of gap analysis by PPS Workforce Governance Committee	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for compensation and benefit analysis (e.g., include aspects like salary, bonus, benefits)	Completed	Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for compensation and benefit analysis (e.g., include aspects like salary, bonus, benefits)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Develop the approach for developing the compensation and benefit analysis (e.g., assessment of current salary, benefits, variable comp for staff, benchmarks against state and national averages/other evaluation methodology etc.)	Completed	Step 2:Develop the approach for developing the compensation and benefit analysis (e.g., assessment of current salary, benefits, variable comp for staff, benchmarks against state and national averages/other evaluation methodology etc.)	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: Develop compensation and benefit analysis (e.g., include assessment of potential full and partial placements across PPS,	Completed	Step 3: Develop compensation and benefit analysis (e.g., include assessment of potential full and partial placements across PPS, compensation and benefit variance analysis for future state, etc.)	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	

State University of New York at Stony Brook University Hospital (PPS ID:16)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
compensation and benefit variance analysis for future state, etc.)									
Task Step 4: Approval of analysis by PPS Workforce Governance Committee	Completed	Step 4: Approval of analysis by PPS Workforce Governance Committee	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Engage the Workforce Governance Committee to assist in the development of training strategy	Completed	Step 1: Engage the Workforce Governance Committee to assist in the development of training strategy	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Identify potential training needs based on the output of the gap analysis, the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment, etc.)	Completed	Step 2: Identify potential training needs based on the output of the gap analysis, the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment, etc.)	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Identify current training resources (e.g. training programs) within the participating group of PPS providers and external vendors and determine how training may be delivered	Completed	Step 3: Identify current training resources (e.g. training programs) within the participating group of PPS providers and external vendors and determine how training may be delivered	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Create a training strategy that will make training resources available as needed across the PPS	Completed	Step 4: Create a training strategy that will make training resources available as needed across the PPS	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Determine timelines for rolling out training strategy	Completed	Step 5: Determine timelines for rolling out training strategy	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Identify key stakeholders for training	Completed	Step 6: Identify key stakeholders for training	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7: Create a process to monitor the effectiveness of the PPS training strategy	Completed	Step 7: Create a process to monitor the effectiveness of the PPS training strategy	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 8: Approval of the training strategy by PPS Workforce Governance Committee	Completed	Step 8: Approval of the training strategy by PPS Workforce Governance Committee	03/01/2016	03/31/2016	03/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	General Program Narrative: During this quarter, the SCC worked with KPMG to analyze the Staff Impact data reported during DY2 Q3 and Q4. The staff impact activity of the redeployed, retrained and newly hired staff solely working on DSRIP related work was calculated and the gap closure plan was updated. This plan outlines the progress being made toward closing identified gaps. Overall, the gaps are relatively small and on track to be very close to closed by 2020. Ongoing monitoring will continue to ensure that each Hub addresses gaps or adjusts original Target State if necessary. The Learning Center, SCCs on-line learning platform, now offers 15 learning modules, which consists of 45 topics in total. Several other learning opportunities will be deployed in the next quarter, specifically, full-day training sessions co-sponsored with Greater New York Hospital Association (GNYHA), funded by NYS Department of Health's Health Workforce Retraining Initiative. The offerings currently being developed for SCC partners are Motivational Interviewing and Quality Improvement for Ambulatory Staff. Additionally, SCC is developing Value Based Payment (VBP) training for early Fall. Lean training has been awarded to 3 SCC partners and will be conducted by Dr. Alan Cooper, Tudor Advisory Group. Lean training will result in performance improvement projects that directly impact DSRIP measures and will be reported out to the PPS on an on-going basis. In an effort to further address workforce needs of our partners, planning is underway to engage local colleges and high schools in areas of need in Suffolk County. This forum will provide the opportunity for educational institutions to hear directly from PPS partners about emerging titles and the skills needed for the new care delivery models. With such alignment, schools will be able to consider developing appropriate courses, curricula, certificate programs, etc. Facilitating these kinds of partnerships will contribute to the development and sustainability of a prepared workforce.
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.	

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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	

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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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 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.

Issue: Need for significant new staff resources. Lack of sufficient numbers of clinical staff resources available within the County. Issues with more acute shortages in geographies that are rural in nature.
Mitigation: With input from union representatives, HR leadership, and administrative leadership across our PPS, we have created a comprehensive workforce strategy that seeks to balance the supply and demand for staff with an emphasis on making, in a sustainable way, more care available in the community where it is need, provided by staff working at the top of their licensure. We will deploy three approaches to ensure that people with the appropriate skill sets are available to support the projects as dictated by their implementation plans:
1. Hiring consultants for short-term, immediate needs.
2. Retraining and redeploying existing workforce particularly where there is excess capacity, as well as recruiting new staff with appropriate training. For difficult to fill positions, we will consider signing bonuses, tuition reimbursement, mentoring and mid-year evaluations for promotion and bonuses.
3.Leveraging attrition to meet workforce adjustments needs in that as positions turnover, they will be replaced with positions needed to support the DSRIP projects.
Issue: Potential limitation in the ability to effectively retrain or redeploy staff due to limited knowledge in how to accomplish this or not enough resources to manage the plan.
Mitigation: To minimize the effects of redeployment and retraining, our PPS will engage a workforce consultant to engage the PPS members, update and verify the data used to make workforce redeployment and retraining, and recruitment decisions and create a sophisticated communication / engagement plan that supports clear, real-time, transparent communication to the relevant employees, union leaders, and PPS partners. Redeployments will be minimized by primarily relying on attrition to make needed positions available to support the DSRIP projects. When contemplated, redeployment will be done per the workforce plan developed with union and partner HR leadership (disparate HR policies across varying PPS members will need to be addressed); keeping employees whole, when possible, working within the same organization and bargaining unit, receiving at least 95% of their current compensation, minimizing separations. When presented with a redeployment opportunity, employees will get a documented comparison of current versus new job responsibilities given existing collective bargaining agreements and NYS civil service law framework.
Issue: Potential lack of support of the plan by key PPS stakeholders (including lack of IT acceptance among impacted workers).
Mitigation: A very thorough communication process will be built to ensure that all key stakeholders are able to have input into the PPS workforce transition roadmap. Internally, the Governance model that includes transparency and an inclusive approach will help drive support of the participating PPS providers, particularly the involved hospitals. Externally the communication process will successfully engage other key stakeholders, including representatives of labor. Our PPS will be working with these representatives as partners to understand the collective bargaining agreement requirements and navigate the unique rights and obligations afforded therein related to retraining, redeployment, layoff or separation. Union leadership from a minimum of five locals have been participating members of the SCC PAC. The unions also have participated in providing feedback during the Workforce Application Task Force meeting. Ongoing labor representative participation in the PAC is recognized as essential as is their input into the workforce plan. Finally, ongoing training will occur among impacted workforce to provide proper levels of retraining and help develop proficiency in meeting demands of new positions.

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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.)

There is a key dependency on governance, which will need to be effectively implemented across the PPS to ensure that all participating PPS providers are aligned in purpose and support the efforts required to implement the workforce plan. A linkage of the workforce plan to funds flow will be important part of the overall PPS IDS strategy; providers that actively embrace the concepts outlined within the workforce plan, and therefore effectively redeploy and retrain staff, will incur additional use of resources /expense and this should on part by a factor in determining funds flow. There are also key dependencies on the IT work-stream as new staff will be required to help with the build of the PPS wide IT infrastructure and training will be needed to effectively retrain employees for system proficiency including cultural/ behavioral training in additional to technical training and upskilling.

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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Linda Efferen, Chief of Operations for Population Health, Suffolk Care Collaborative	Responsible for oversight of overall Workforce Work stream. Responsible for supporting oversight of clinical workforce components of the of overall Workforce Work stream
Workforce Governance Committee	Lou De Onis, Karen Shaughness, Thomas Cathcart, Phil Matecovsky, Rebecca Gordon, Brenda Farrell	Ultimate accountability for governance oversight of the Workforce strategy. Approve final decisions and action plans
Workforce Project Lead	Anne Barrett. Director Communications and Workforce Transformation, Suffolk Care Collaborative	Responsible for Management of overall Workforce Work stream; Dedicated lead responsible for overseeing execution of all workforce deliverables; Will work in concert with PPS PMO
Labor Representation	Health Care Workers East - #1199, NYS Nurses Association (NYSNA), SB Medicine (UUP), CSEA, SB Medicine (PEF), SB Medicine (UUP) + will continue to grow…	Labor group(s) that can provide insights and expertise into likely workforce impacts, staffing models, and key job categories that will require retraining, redeployment, or hiring
Workforce Project Lead	Lou De Onis, Interim Chief of Human Resources, Stony Brook Medicine	Responsible for Management of overall Workforce Work stream; Dedicated lead responsible for overseeing execution of all workforce deliverables; Will work in concert with PPS PMO
Workforce Consultant	KPMG	Consulting firm responsible for the coordination and execution of workforce activities and analyses, reporting directly to the WF Project Manager
Workforce Advisory Group	Representatives of workforce stakeholders (e.g., labor representatives, Clinical Workforce, Non-Clinical Workforce, patient advocators, etc.). Organizations include: Brookhaven Memorial Hospital Medical Center, CSEA, Dominican Sisters Family Health Service, Inc., Eastern LI Hospital, Family Service League (Long Island Behavioral Association (LIBA)), Health & Welfare Council of Long Island (CBO) Community Based Organizations - REP), Health Care Workers East - #1199, Hudson River Health Care, John T. Mather Memorial Hospital, KPMG LLP, Nesconet Center for Nursing & Rehab and Hilaire Rehab & Nursing (Long-term Care/Home Health Care - ADVOCATE), North Shore LIJ Health System, NYS Nurses Association (NYSNA), Options for Community Living, Association for Mental Health & Wellness (Patient - ADVOCATE), Peconic Bay Medical Center/East End Hospital Alliance, Stony Brook University Hospital, Stony Brook	A group of PPS individuals responsible for assisting with, providing insight, recommendations and subject matter/community-based expertise and/or supporting the execution of key portions of the Workforce Implementation Plan activities and deliverables

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Medicine CSEA, Stony Brook Medicine PEF, Stony Brook Medicine UUP, Southampton Hos	
Director, Community and Practice Innovation	Althea Williams, Director, Community and Practice Innovation, Suffolk Care Collaborative	Management role to support the Director of Network Development & Performance leading and developing the Workforce Work stream deliverables
Sr. Director, Project Management Office	Alyssa Scully, Sr. Director Project Management Office, Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
VP Population Health Management	Kevin Bozza, Sr. Director, Network Development and Performance Suffolk Care Collaborative	Management role to support the Director of Communication and Workforce Transformation leading and developing the Workforce Work stream deliverables

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IPQR Module 11.7 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Linda Efferen, MD	PPS Executive Lead	Overall leadership and guidance related to the Workforce Deliverables. Overall leadership and guidance related to the Clinical Program Portfolio
Linda Efferen (Stony Brook), Jerry Hirsch (NWH), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise workforce strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NWH), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NWH& CHS)	Implementation of CC/HL deliverables across Suffolk PPS Health System framework
Anne Barrett, Director, Communications and Workforce Transformation, Suffolk Care Collaborative	Workforce Project Lead	Communication lead, Training lead, support management of workforce consultants and contracted deliverables, ensuring provider training occurs in a timely manner, obtain feedback from all PPS member organizations who participate in the Suffolk PPS for potential workforce related organizational changes
Lou De Onis, Interim Chief of Human Resources, Stony Brook Medicine	Human Resources Lead, Workforce Project Lead	Providing subject matter expertise in Human Resources across all workforce deliverables
Workforce Advisory Group	Workforce Advisory and Subject Matter Expertise Support Group	Subject matter experts, provide insight, information related to sources and destinations of redeployed staff, review workforce deliverables, support current and future state assessments
Workforce Governance Committee	Workforce Governance Body	Approval of all workforce deliverables and support communications of deliverables
Suffolk Care Collaborative Project Management Office	Alyssa Scully, Alyse Marotta, Amy Solar-Greco, Leslie Vicale, Samuel Lin, Alyeah Ramjit, Ralph Thomas	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Director, Community and Practice Innovation, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within work-stream deliverable requirements
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress, CC/HL materials, and outcomes to meeting workforce - related- milestones within arrangement.

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Other)		
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, James Bernasko MB, CHB, CDE	Board of Directors	Ultimate accountability for governance oversight of all PPS functions and governance structure itself
External Stakeholders		
Workforce	Individuals to be supported via the Suffolk PPS Workforce Organizational work-stream deliverables	End users/facilitators of deliverables and services to/from Suffolk PPS
Labor Unions	Labor/Union Representatives (See Roles & Responsibilities)	Expertise and input around job impacts resulting from DSRIP projects
Workforce Consultants	Modeling the workforce impacts, strategy development and analysis	Work with PPS leadership to develop Workforce Strategic plan
Workforce Training Vendors	"Provide training for various work streams across PPS. For example: -Insignia for PAM Program -Cerner for Care Tracker -CM training vendor -Stanford Model Master Trainers"	Multiple training vendors will be identified for various types of training and certification across the DSRIP project implementation and workforce future state
NYS DOH	Constructive oversight of the process	Provide direction and set expectations for workforce restructuring

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IPQR Module 11.8 - IT Expectations

Instructions :

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

The successful implementation of a shared IT infrastructure across the PPS will be a pivotal catalyst for the type of changes in care delivery needed to produce more effective utilization of services and clinical outcomes for the population served. This movement toward value-based outcomes in care delivery will occur through redesign of care processes that move the patient care to the outpatient medical home setting where the care provided can be more coordinated, more effective and ultimately lead to a reduction in avoidable hospital admissions. This will allow the clinical work force to be redeployed where appropriate from the inpatient setting to the outpatient setting, where they can have more impact on the patient care provide. The IT infrastructure will also play a large role in the deployment of PPS wide training strategy and will play a role in tracking the workforce participation in new training programs, including IT platforms to track training progress (e.g. LMS system).

IPQR Module 11.9 - Progress Reporting

Instructions :

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

The Workforce Project Leads have developed a process to manage the data collection and ratification for the quarterly progress reports. Progress will be measured based in the ability of the PPS to meet the specified milestones on time and budget. The PPS workforce plan will be tracked monthly to ensure completion of all tasks, with supplementary quarterly reports of the workforce strategy budget compared to target, the workforce impact numbers, and the new hire employment analysis numbers; all intended to ensure that the PPS workforce plan is on track. Oversight of this process will occur within the PPS Workforce Governance Committee structure.

The reporting process of this work-stream will coordinate with the overall PPS reporting process led by the PPS PMO team. Together, the Workforce Project Team and the PMO team will identify and assign responsibility to key stakeholders to ensure that the process of reporting progress is accurately completed in a timely manner.

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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
No Records Found				

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

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

Benchmarks	
Year	**Amount($)**
Total Cumulative Spending Commitment through Current DSRIP Year(DY3)	16,528,250.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)($)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY3)
	DY3(Q1/Q2)($)	DY3(Q3/Q4)($)		
Retraining	0.00	0.00	2,701,054.65	168.82%
Redeployment	0.00	0.00	774,076.19	95.56%
New Hires	0.00	0.00	4,135,232.69	46.31%
Other	0.00	0.00	6,840,643.58	131.85%
Total Expenditures	**0.00**	**0.00**	**14,451,007.11**	**87.43%**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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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.

The creation of an Integrated Delivery System across Suffolk County poses many challenges including risks that present themselves as structural, technology diversity, care management, provider-specific, and patient risks. However, the Suffolk County PPS will rely on a collaborative governance structure and a transparent communication strategy that emphasizes two-way communication in order to begin addressing these challenges. A high-level assessment of risks related to this project can be found below, as well as recommendations to begin addressing these risks: STRUCTURAL CHALLENGES: Challenges center on PPS members that have concerns about sharing data. Additional challenges exist regarding the ability to meet requirements for Meaningful Use and RHIO connectivity.
STRUCTURAL REMEDIES: Create a PPS IT Governance Team that develops data access and security standards and protocols addressing Provider concerns, support interventions assisting PCP practices in technology and EHR implementation, create best practice examples around advantages of RHIO participation and how patient RHIO consents can be obtained. TECHNOLOGY DIVERSITY CHALLENGES: The largest challenge for technology exists in the wide variation of Electronic Health Record systems and the ability to connect these disparate systems.
TECHNOLOGY DIVERSITY REMEDIES: Communicate PPS transition vision for integrated technology model that increases system connectivity and interoperability while maintaining necessary system differentiation required. CARE MANAGEMENT CHALLENGES: Currently, there are no common standards, protocols and governance regarding the provision of Care Management. Wide variation exists in Care Management provided.
CARE MANAGEMENT REMEDIES: Create a model for uniform PPS governance of CM standards and protocols. These protocols will incorporate current best practices across the PPS as well as integrating expertise from best practices across the industry. Training in any newly developed standards and protocols will come from the PPS wide Provider Engagement Team.
PROVIDER CHALLENGES: Lack of provider financial alignment exists across PPS; reduced utilization reduces revenue across multiple provider types. Additionally, provider shortages are common within PPS particularly in primary care and behavioral health services. Lack of participation of smaller rural PCP practices in the IDS is a particular challenge. PROVIDER REMEDIES: Regular meetings will be established with MCOs to discuss the rewriting of provider contracts to include risk/rewards mechanism that create incentives for providers to move metrics on cost, quality and utilization. In the interim, the PPS has designated 75% of the received waiver revenue to be directed towards provider bonus payments to help provide short-term financial incentives until MCO discussions are finalized. IDS includes interventions to improve efficiency in PCP practices and capacity (PCMH). Geographic provider shortages addressed by the PPS, leveraging support from PPS providers who have expanded provider capacity in rural areas (HRH, Brookhaven Hospital). Increased PCP practice engagement promoted through communication of resource and financial support to support redesign efforts. PATIENT CHALLENGES: Patient factors unique to the Medicaid and Uninsured population, including health literacy gaps, social/family issues, transportation issues, and REL barriers, create barriers to accessing care. PATIENT REMEDIES: Protocols that ensure barriers are addressed in each phase of project implementation, with oversight by a Community Advisory group that includes representation from the patient population and advocacy groups. Telephonic and in-person translation services offered to overcome language barriers.

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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.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS 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	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Complete full provider list of all Suffolk County PPS participants, defined by Provider type, with NPI, with Practice Site name		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop list of elements that will need to be part of each provider agreement/contract, create final contract		Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list		Project		Completed	08/31/2015	09/15/2015	08/31/2015	09/15/2015	09/30/2015	DY1 Q2
Task Step 4: Create a process to track all executed Provider contractual agreements		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Initiate Outreach & Contracting Strategy to engage PPS partners in formal Participation Agreements (this shall include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, including payers/MCO and social service organizations, as necessary to support strategy)		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Engage in participation agreements with key initial tiered		Project		Completed	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engaged/contracted participating partners										
Task Step 7: Create a process that tracks provider performance compared to contract terms/requirements, including corrective actions		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Engage key unit level PPS partners to participate in IDS project (includes continuum of providers in IDS)		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Plan established to monitor PPS provider performance periodically and report to the PPS governance, with correction action and performance improvement initiatives as needed		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements with engaged unit level partners		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4a: Develop process to strategize tiering of partners to priortize outreach and contracting		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Complete provider list of Suffolk County PPS participants, as in Requirement #1, to include Health Homes, CBOs, ACOs and payers, operating in Suffolk County		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure partnering HH and ACO populations are included in PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list		Project		Completed	04/01/2015	09/15/2015	04/01/2015	09/15/2015	09/30/2015	DY1 Q2
Task		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Step 3: Ensure that signed agreements or attestations are in place with each Health Home										
Task Step 4: Set up a scheduled meeting with each Health Home to create a collaborative structure around care management and care coordination. PPS Care management and Medical leadership will represent the PPS		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Create template for progress report to demonstrate implementation progress toward evolving Health Homes into an Integrated Delivery System- share template with SCC PPS Care Management leadership and project stakeholders		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Schedule recurring IDS program integration meetings with engaged/contracted Health Homes		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Develop a communication process with Health Homes that includes access to PPS IT platforms. Roll-up all tasks from PPS project teams related to Health Homes into content for process development. Task led by PPS leadership with support from CM leadership/vendor		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the IDS Project Stakeholders and the Population Health Management Operating workgroup to discuss the		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3

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approach to ensuring patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services within the PPS/IDS infrastructure (hiring, mission/vision/values, goals). Identification of vision and modeling of future state care management program.										
Task Step 2: Health Information Technology - Develop plan for Clinically Interoperable system - CM platform/tool for a final PPS solution, as well as the planning for the development of SCC CM Program Phase 1 tool. Start-up of CM planning activities will commence as close to the start date of 6/1/2015 as possible .		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Health Information Technology - Implement SCC CM Program Phase 1 platform/tool solution (tool operational)		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Development and Dissemination of SCC CM Program structure/clinical leadership/processes (handoffs, reporting structure, how CM program interfaces w/ day to day operations)- to yield successful implementation at engaged/contracted sites		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Create graphics/diagrams of all SCC CM process flows and diagrams, as well as protocols and P&Ps that cover all planned PPS CM activity (demonstrating IDS processes).Circulate drafts with key project stakeholders and collaborate on model. Assure to align model to the various baseline and needs assessment taking place across various provider types engaged in the project.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: PPS Care Management program leadership to collaborate with DSRIP Project Managers and Project leads across the DSRIP project portfolio to identify provider network gaps in the community support network		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Launch, Educate, Promote Communicate all CM process		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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flows, protocols and polices to Engaged/Contracted PPS stakeholders involved (e.g. medical and behavioral health, post-acute care, long term care and public health entities)										
Task Step 9: Develop staffing model to meet anticipated program requirements for both "high risk" and "complex" patient populations. Develop hiring timeline to scale to other sites after immediate needs are met		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Develop process for CM's to communicate and collaborate across the PPS Health System framework, with Health Homes and MCOs. Initiate and monitor effectiveness of communication across multiple key stakeholders.		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Health Information Technology - Clinically Interoperable System is in place for Engaged/Contracted participating providers. PPS CM platform/tool is implemented - Development by SCC IT Task Force - to include HIE Systems support, if applicable, process work flows, documentation of process and workflow including responsible resources and other sources demonstrating implementation of the system.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Health Systems.(to include PPS process for tracking care outside of hospitals to ensure that all critical follow up services and appointment reminders are followed).		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Develop and Document the written materials that will be used for SCC CM Program (IDS) training and develop system to track all training dates and the number of staff trained.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 15: Health Information Technology - Create a reporting process from the CM tool that outlines key CM metrics including the % of discharged patients with a 30 day transition plan documented		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Task Step 16: Create a process for quarterly review of the care management system to ensure all requirements are met at engaged/contracted sites		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 17: Provide communications and training for Engaged/Contracted PPS staff and providers on IDS CM protocols and processes(which ensures that patients are receiving appropriate health care and community support)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 18: Schedule recurring evaluation to monitor performance with reporting up to Clinical PPS Governance		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net 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 Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3

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Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
of staff trained in use of alerts and secure messaging (if applicable).										
Task Step 11: Develop written training materials on secure messaging		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: Formation of DURSA (Data Use and Reciprocal Service Agreement) if identified it is required (pending final resolution)		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Obtain DURSA from Engaged/Contracted appropriate PPS Providers		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 14: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 15: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners		Project		On Hold	03/01/2016	06/30/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 16: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 18: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging		Project		On Hold	01/01/2017	09/30/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 19: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
secure email transactions).										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	06/01/2015	03/31/2018	06/01/2015	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	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards		Project		Completed	06/01/2015	12/31/2016	06/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Task Step 6: Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 8: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	DY3 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 through patient registries 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 Step 1: Engage the Population Health Management Operating workgroup and Project 2ai Project Stakeholders to design a Suffolk PPS Care Management structure/clinical leadership/framework to be monitored and overseen by the Clinical Governance Committee		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Health Information Technology: Develop plan for registry function/tool to track management of patient population (including actively engaged patients).Following initial completion continual updates and maintenance will be needed throughout life of project and beyond.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Hire vendor for early stage implementation and		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2

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management of CM Information Technology infrastructure										
Task Step 5: Initiate Program Management strategy with engaged Population Health Management Operating workgroup and Project 2ai Project Stakeholders to manage the SCC Care Management Program Development & Implementation Plan (to include building reporting structure, metrics, how CM program interfaces w/ day to day operations, patient registries) who shall report to the Clinical Governance Committee		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Develop process for CM's to communicate and collaborate across the Suffolk County Health System framework, and Health Homes and MCOs.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Hubs.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Begin to collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)		Project		Completed	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 9: Develop a list of standard "requirements" for case management services that entities doing CM need to meet (outreach processes, required documentation in CM platform, required data/measures)		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Health Information Technology: Implement SCC CM PHASE 1 solution		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Identify and prioritize safety net partners to be Engaged/Contracted in "high risk" areas - Work with Health Homes and Suffolk PPS TOC program to identify high risk patients and those most in need of immediate CM services		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Initiate project implementation with Engaged/Contracted safety net partners		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Health Information Technology: Train Engaged/Contracted CMs, PCPs and other appropriate providers on use of registry function(PPS ability to target patients through		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

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patient registries and is able to track actively engaged patients for project milestone reporting)										
Task Step 14: Close project implementation with Engaged/Contracted safety net partners (demonstration of population health management by actively using EHRs, EHR Completeness Reports, including use of targeted patient registries)		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	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 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 Step 1: Engage PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Hire vendor or establish local resource base for PCMH certification support process		Project		Completed	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress.		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop process to promote and ensure compliance and		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 6: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Merge all unit level provider type "PCP practice" tasks from the 11 DSRIP project plans and create a global provider outreach and engagement work plan to effectively implement provider interventions with uniformity of message and no duplication of effort. Individual project teams will provide subject matter expertise (for example, patient engagement definitions and specifications) and organizational work stream project leads to provide additional support (for example, IT interoperability needs for all PCP practices).		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Develop schedule for Engaged/Contracted PCP partner alignment to PCP project requirements (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use standards by the end of DY3). Align planned sequencing/targeting with "hot spot" suggestions rolled up from individual DSRIP project stakeholders		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Initiate IDS Project plans with Engaged/Contracted partners (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use Stage 2 standards by the end of DY3).		Project		Completed	10/31/2015	06/30/2016	10/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Initiate Care Management training of selected engaged/contracted PCP practices and integration into existing practice workflows (including EHRs and connecting patients back into PCP network after IP, BH, or other Non-PCP visit) throughout Suffolk County (Implemented by PPS network development and care management plan staff with support from care management leadership)		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Task Step 13: Access - Begin Evaluation of current state Primary Care Practice Redesign efforts within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead and efforts are designed to help overcome largest barriers to care in Suffolk County (included in PCMH interventions referenced herein) - Assessment to evaluate things such as centralized scheduling, expanded office hours, etc.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Access - Evaluate results of Primary Care Practice Redesign Current State Assessment and develop plan to support Engaged/Contracted PCPs to increase access (ex. leveraging care managers to increase capacity, after hours care options, PCP practices that already have extended hours). Utilize Community Needs assessment data to define high-need areas.		Project		Completed	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 15: Access - Collaborate with Providers and Project Stakeholders on creating a PPS new provider capacity plan which records current plans, creates new plans based on need and then tracks all plans for physician and mid-level recruitment by PPS primary care practices. Also roll-up all individual project tasks that relate to new capacity or beds to ensure uniform effort and tracking across the PPS		Project		Completed	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 17: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation, and status reporting of recruitment of PCP's particular in high need areas, demonstrating improved access via CAHPS measurement.		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers		Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Based on current state assessment results, PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups,		Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2

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etc.) to be ongoing										
Task Step 16: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices		Project		In Progress	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3
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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Begin meetings with internal stakeholders to establish internal goals and action items for MCO meetings (e.g. incorporate current state of readiness and capacity to support change across PPS)		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Coordinate with MCO's to develop scorecards criteria that demonstrates utilization trends, performance measures, performance outcomes, performance issues of attributed populations		Project		Completed	01/31/2016	09/30/2016	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Initiate "SCC MCO Relations Scorecard" for ongoing progress to PPS governance		Project		Completed	01/31/2016	12/31/2016	01/31/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	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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PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy Completed (Data Source called "VBP Plan")		Project		On Hold	01/31/2016	04/30/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 5: Begin meetings with internal and external Project 2ai Stakeholders to establish internal goals, timeline and program objectives for evolving provider compensation modeling to incentive based compensation (to include the Value-based Payment roadmap) and action items for MCO meetings		Project		Completed	01/31/2016	09/30/2016	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Evaluate MCO value-based payment opportunities for PPS Engaged/Contracted PCPs and other unit level provider types		Project		Completed	01/31/2016	09/30/2016	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustability "Milestone 4: Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")										
Task Step 8: Create process and ownership roles to maintain documentation of current compensation models		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 9: Report ongoing progress on developing compensation modeling and implementation plan via a "SCC MCO Relations Report" to PPS governance (including status of provider compensation modeling to incentive based compensation, implementation plan modeling and consultant and provider recommendations/feedback)		Project		On Hold	01/31/2017	06/30/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 10: Collaborate with engaged MCOs to create/propose value-based payment methodology pilots (including compensation modeling, implementation plans and PPS network recommendations)		Project		On Hold	01/31/2017	09/30/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Report Transitional payment model pilots with selected engaged/contracted partners (collect sources demonstration implementation of the compensation and performance management system, may include contract, reports, payment vouchers, other)		Project		In Progress	01/31/2018	03/31/2018	01/31/2018	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY3 Q4	Project	N/A	In Progress	09/30/2015	03/31/2018	09/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	09/30/2015	03/31/2018	09/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Project 2ai Stakeholders, PPS project management office and Project Leads to identify the Patient Engagement, Community Based Organization engagement opportunities and care management navigation requirements across DSRIP portfolio. (Team includes input from clinicians as well as community based orgs, individuals with communications/marketing backgrounds and experience with cultural sensitivity, diversity needs and training, and individuals		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3

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with lived behavioral health experience to be part of the project management team for 2ai to ensure appropriate attention to engagement strategies.)										
Task Step 2: Host directory of PPS partner Community Based Organizations of Suffolk Care Collaborative website for the public		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Cultural Competency & Health Literacy Strategy Finalized		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Begin Initiating contracts with PPS partner Community Based Organizations to support outreach and navigation activities for DSRIP projects.		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: PPS to identify roles, competencies and necessary resources for outreach and navigation activities. (e.g., assessing number of navigators to hire, defining roles of relevant stakeholder teams, training programs and resources, regional coordination strategy, etc.) across DSRIP portfolio		Project		Completed	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Create a quality control process with engaged/contracted community health workers to review and contribute to individual project team patient interventions or outreach activities to ensure that they are culturally sensitive and address the population's needs.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Education & Promotion: Include engaged/contracted Community Based Organizations in key Project Stakeholder meetings & engagements with external partners throughout DSRIP portfolio to educate on program and PPS on engagement/outcomes/lessoned learned		Project		Completed	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Form a Community Consumer Advisory Board to manage the quality control and effectiveness of Patient engagement efforts across the DSRIP portfolio (leveraging community health workers, peers, and culturally competent community-based organizations). This group will be supported by Project Stakeholders engaged in the patient engagement efforts. Recommendations to operations, materials, etc. will go back to their respective project workgroup/committee. Ongoing		Project		Completed	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
monitoring and management will reside within the Community Needs Assessment, Outreach and Cultural Competency & Health Literacy Governance Committee, who will report to the Board of Directors on all patient communication and outreach activities to ensure that they are appropriate.										
Task Step 9: Patient portal into PPS site and/or EHR. Initial phase of functionality expected earlier than full scope of portal, plus continual updates and maintenance will be needed throughout life of project and beyond		Project		In Progress	03/01/2016	12/31/2017	03/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 10: Collect documentation of partnerships with CBOs, evidence of community health worker hiring, co-location agreements from DSRIP project portfolio, and report on how many patients engaged with community health workers		Project		In Progress	01/31/2018	03/31/2018	01/31/2018	03/31/2018	03/31/2018	DY3 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	slin2	Other	16_DY3Q1_PROJ2ai_MDL2ai2_PRES1_OTH_IDS_Project_Narrative_16960.pdf	2ai Project Narrative	07/28/2017 05:17 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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

Milestone Review Status

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

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Milestone Review Status

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

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

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

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

Instructions :

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

PATIENT CHALLENGES 1) Lack of transportation results in missed follow-up appointments post hospital discharge. 2) Many patients need to be discharged to a SNF, however a number of long-term care facilities are reluctant to take Medicaid patients which delays the patient's disposition. 3) Homelessness places patients at risk of readmission due to increased difficulty of providing care management services to this population..
PATIENT REMEDIES: 1) Expansion of Suffolk County Accessible Transportation (SCAT) program; the PPS will work to streamline the process to make transportation services more accessible to the patient. 2) The PPS will forge collaborative relationships with all participating SNFs and ensure that the payment model creates alignment of the SNFs with the purpose of the PPS. 3) A Multi-disciplinary teaming process that includes a Social Worker from the time of admission will be built to address these potential issues. The social worker will work closely with PPS CBO's to reach patients in their communities in an effort to educate and engage them in their own health and monitor their progress towards adequate self-management of disease.

PROVIDER CHALLENGES: 1) Lack of available PCP or BH appointments for post-discharge visits. 2) Coordination of handoffs between multiple entities can be difficult and the patient may receive conflicting messages. 3) Providers might be at different stages of readiness for meeting project requirements
PROVIDER REMEDIES: 1) As relevant PPS providers move towards NCQA PCMH Level 3 status, additional appointments will be available as practices become more efficient. PCP recruiting efforts will occur and the collaborative with BH providers will ensure improved access. 2) Protocols will be established to ensure early notification of discharge and avoid duplication of effort. This will be accomplished in the following ways: a)Hospital must alert PCP office, Health Homes and CM b) Discharge summaries transmitted electronically within 24 hours c) The PCP – Hospitalist communication exceeds simply the discharge summary. 3) PPS will develop provider prioritization plan to provide the appropriate training to providers and develop plan for a staged roll-out project implementation

INFRASTRUCTURE CHALLENGES: 1) Difficulty redeploying or hiring the CMs required for the program 2) Lack of interconnectivity and use between existing EHRs and the RHIO.
INFRASTRUCTURE REMEDIES: 1) The PPS will leverage existing Health Homes capability/capacity and then work together as a PPS to identify sources of CM's to redeploy and to hire. Training resources will be made available through the creation of a Provider Engagement team to engage the redeployed staff in appropriate training programs (e.g., online, in person, etc.). Additionally, The PPS is actively searching, through collaboration with a vendor, for enough CM's to be effective in providing CM services across Suffolk County. Overarching management structure will ensure appropriate risk stratification and effective use of CM resources. 2) Effective implementation of the PPS's IDS IT strategy, and an emphasis on continual improvement, will enable the PPS to create this route for information sharing and communication.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY2,Q4	25,326

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	2,543	12,713	19,018	25,326
	Quarterly Update	7,194	0	0	0
	Percent(%) of Commitment	282.89%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ2biv_MDL2biv2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16767.docx	SCC will upload actual excel files in Q2	07/27/2017 03:47 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.iv.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify Project 2.b.iv Committee and Project 2.b.iv Hospital Workgroup Participants in concert with Project 2.b.ix		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2: Initiate Baseline Survey Questionnaire for Projects 2.b.ix and 2.b.iv for all hospital partners		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 3: Develop Project Charter in conjunction with the Project Leads and Project Committee		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Assess each partner's capabilities and development/resource needs to meet project requirements and milestones by doing a needs assessment on project scope against available resources		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Identify PPS partners including participating hospitals, partnering with a home care service or other appropriate community agency to evaluate current strengths and resources that can be leveraged as best practices for the project		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Develop Care Transitions Intervention Model (CTIM) which will standardize protocols with Project Lead & present to Project Committee		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Engage partners, including health homes, to promote project understanding and partner alignment		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 8: Convene Project Committee to aid in the development of the written training materials and workflow including responsible resource at each stage										
Task Step 9: Ensure protocols and procedures are in place that include a 30 day transition of care period is established & include care record transitions with timely updates provided to the members' providers especially, PCPs		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: CTIM is finalized by Project 2.b.ix Committee and incorporated into the CTIM		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Clinical Committee review and approval of CTIM, then PPS Board review and approval		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Engage Workforce Project Lead in training strategy		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Develop training documents with key project stakeholders		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Communicate and distribute CTIM to PPS Partners in preparation for implementation of the project		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow including responsible resources at each stage of the workflow; written training materials; training documentation		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordination of care strategies focused on care transition are in		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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place, in concert with Medicaid Managed Care groups and Health Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop MCO and Health Home (MCO/HH) Roster to be engaged in the project		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Include MCO/HH Stakeholders to Project 2.b.vii Committee Meetings for CTIM development and review		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Contract with PPS Partners(written attestation) and stakeholders ensuring coordination of care transition strategies with HH and supportive housing sites & implement protocols as applicable		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Develop a process to continually assess audit reports and recommendations adopted by partners engaged in the project		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Monitor MCO/HH adoption of CTIM to continually assess partner performance		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Develop a payment strategy with key stakeholders for the transition of care services developed in concert with Medicaid Managed Care Plans and Health Homes		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Engage MCO Team to develop TOC payment strategy for TOC services and incorporate the 30 day care transition period into payer agreements		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 8: Meet with MCOs during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination and gaps in care and redundant services within Suffolk County		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Execute payment agreements or MOU with MCO for TOC services and ensure payers provide coverage and coordination of service benefits		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Collect and maintain, in a centralized location, all		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
pertinent project artifacts such as Payment Agreements or MOUs with Managed Care Plans, Documentation of methodology and strategies including identification of responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations; Written attestation or evidence of coordination of care transition strategies with Health Homes and the supportive housing site, Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials; List of training dates along with number of staff trained"										
Task Step 1a: Prioritize HARP-eligible members for Health Home and MCO referral contingent on obtaining HARP-eligible member list from HH and MCOs		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure required social services participate in the project.	DY2 Q4	Project	N/A	Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Required network social services, including medically tailored home food services, are provided in care transitions.		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: With the support of the Project Lead and Project 2.b.iv Committee determine and identify necessary social services to be engaged in the project including network medically tailored home food services		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2: Develop Support Services (Social Services) Lists in concert with Project 2.d.i Community Navigation Program		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3: Develop Communication Plan & Communication Documents for Support Services		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Engage Hospital Partner Workgroup via baseline survey results and leverage key services in their TOC implementation		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Obtain participation agreements with Social Services Partners (Participation Agreements)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 6: Add Social Services Partnerships to Performance Reporting Program throughout the life of the project		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Collect and maintain, in a centralized location, all		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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pertinent project artifacts including Support Services Lists; Documentation of process and workflow including responsible resources at each stage of the workflow; Written attestation or evidence of agreement; Periodic self-audit reports and recommendations										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abselet Denise A Md										
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Christine Plante										
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Hospital	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Eastern Long Island Hospital										
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop workflow to operationalize CTIM with respect to early notification of planned discharges and ability of the transition care manager to visit the patient in the hospital		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Evaluate hospitals current TOC care management visitation procedures and engagements and determine gaps		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Organize System to document early notification of		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
planned discharge and implement										
Task Step 4: Develop training plan and engage Workforce Lead in development		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Approval of training, education and written training materials by the Project 2.b.iv Committee and Workforce Lead		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Endorse and recommend for approval by the Clinical Committee to the PPS Board		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Review and approval by the PPS Board		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Ensure training materials include cultural competency and health literacy content		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Determine necessary frequency of staff training, establish training dates, keep record of dates as well as number of staff trained at each session		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Develop a system to monitor programs in conjunction with the Performance Evaluation and Management Workgroup		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts that include documentation of early notification of planned discharge process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Contract; Vendor System Documentation; Documentation demonstrating that the care manager has access to visit their patients in the hospital		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage PCPs in communication plan for CTIM as well		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
as Project 2.b.iv Committee and Project 2.b.iv Workgroup										
Task Step 2: Schedule meetings with Project Leads and recurring standing meetings with Project Committee		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Assess PCPs, non-PCPs, and hospitals capabilities and development/resources needs to meet project requirements and milestones		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Identify PCP, non-PCP, and hospital current strengths and resources that can be leveraged as best practices for the project		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop Project Charter in conjunction with the Project Leads and Project Committee		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Add scope of work into CTIM & engage physicians and other stakeholders to review		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Develop workflow including responsible resources at each stage		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Work with Population Health IT to develop EMR is interoperable at all PPS partner sites so the care transition plan is in the patient's medical record		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Incorporate written training materials in reference to this project requirement into TOC training & education program		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Schedule training dates and keep a record of number of staff trained		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step11: Work with IT and the Performance Reporting and Evaluation Workgroup to develop strategy for periodic self audit reports and recommendations		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts including documentation of care record transition process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Periodic self-audit reports and		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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recommendations										
Task Step 4a: Ensure providers from different care settings are members of the Project Committee and define clinical data that needs to be exchanged in the care transition record as one patient transfers from one care setting to another		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Engage Project 2.b.iv Committee Participants and Project Lead		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop policies and procedures that reflect the requirement that 30 day transition of care period is implemented and utilized		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Hospital Partner Workgroup and other key stakeholders to develop implementation plan for 30 day transition period		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Ensure protocols and procedures are in place that include a 30 day transition of care period is established and included in CTIM		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Implement policies and procedures in concert with policies and procedures referenced in Milestone 1		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts including polices and procedures		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Engage Project Workgroup to monitor implementation of policies and procedures on an ongoing basis		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports reports using tactical solution as needed for quarterly report submission to the DOH (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		Completed	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: End date is shown for this task only for the purpose of		Project		Completed	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4

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IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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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.

The PPS conducted several surveys of the SNFs to inform project development. According to the survey results, 74% of the partner SNFs have some experience using the INTERACT program. Of these, however, not surprisingly, regular use of program tools varies greatly, and during project planning it became clear that most – if not all – of the SNFs that have experience with INTERACT tools have not thoroughly embedded the tools consistently within their operations to maximize impact. For example, some SNFs complete the SBAR only when a hospital transfer occurs, diluting its impact to avoid a hospital transfer. In summary, every SNF will benefit from a more thorough and robust training and monitoring protocol on the use of the various INTERACT tools. The following risks to the successful implementation of this project have been identified:

Issue: Of those who currently utilize INTERACT, most do so on paper. Additionally, wide variation in EMR systems exists among the PPS partners that have them. Among these facilities, many different EHR platforms are utilized.
Risk Mitigation: The PPS will develop a simple interface (e.g., using Direct Messaging, etc.) to link SNFs to hospital partners in the short term and this will be built upon as full connectivity becomes more or a reality. Consistent with PPS goals, electronic connectivity with hospital partners will be completed over the project lifetime. The SNFs will work with the local RHIO to ensure useful electronic communication. As INTERACT tools are embedded in EHR products, SNFs will move from paper to electronic use of these tools.

Issue: Efforts to engage the multiple staffing agencies relied upon by SNFs for weekend coverage to ensure that these weekend staff learn to properly use INTERACT tools may prove cumbersome
Risk Mitigation: The PPS will create and implement a Provider Engagement to train weekend staff in proper use of INTERACT tools and documentation through the PPS wide IT infrastructure.

Issue: Patients/families may be skeptical, or unaware, of the benefits from avoiding readmission
Risk Mitigation: All SNFs will provide orientation materials at facility admission outlining the policies and benefits of transfer avoidance, as well as materials on advance care planning.

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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**
DY2,Q4	1,914

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	478	957	1,435	1,914
	Quarterly Update	1,475	0	0	0
	Percent(%) of Commitment	308.58%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ2bvii_MDL2bvii2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16772.docx	SCC will upload the actual excel files in Q2	07/27/2017 03:52 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	

NYS Confidentiality – High

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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 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT principles implemented at each participating SNF.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Nursing home to hospital transfers reduced.		Provider	Nursing Home	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Affinity Skilled Living & Reh Ctr; Broadlawn Manor Nur & Rehab C										
Task INTERACT 3.0 Toolkit used at each SNF.		Provider	Nursing Home	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Affinity Skilled Living & Reh Ctr										
Task Step 1: Administer baseline assessment to SNFs to determine gap toward INTERACT implementation		Project		Completed	04/01/2015	05/20/2015	04/01/2015	05/20/2015	06/30/2015	DY1 Q1
Task Step 2: Determine implementation schedule to roll out program starting with SNF's at highest degree of readiness		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Execute the PPS participation agreements		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Develop training and communication plan		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop monitoring procedures and schedule		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify INTERACT 4.0 Toolkit principles and implementation plan		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Create process for quarterly report narrative demonstrating successfully implementation of project		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements										
Task Step 8: Formalize INTERACT principles and implementation plan		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Clinical Governance Committee approval of INTERACT principles and implementation plan		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: 2.b.vii Education & Training program and communication plan implemented at each PPS SNF		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Establish a system to monitor nursing home to hospital transfer rate		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Initiate data collection, aggregate data from partners and review gaps in data collection		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Analyze data against commitments in accordance with monitoring procedures and schedule		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Report baseline data from the partner SNFs to determine current nursing home to hospital transfer volume to key project stakeholders		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 15: Analyze data to determine baseline transfer rate		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect monthly reports in transfers from the SNF		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 17: Create Quarterly Report Narrative to be submitted to the DOH on a quarterly basis		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 19: Collect and maintain, in a centralized location, all pertinent project artifacts such as the quarterly report narrative demonstrating successful implementation of project requirements		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due 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 Facility champion identified for each SNF.		Provider	Nursing Home	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Providers Associated with Completion: Affinity Skilled Living & Reh Ctr; Apex Rehabilitation & Care Center; Avalon Gardens Reh & Hcc Adhc; Bellhaven Center Rehab & Nrs Care; Broadlawn Manor Nur & Rehab C; Brookhaven Hlth Care Snf; Carillon Nrs Rehab Ctr Adhc; Central Island Healthcare; Daleview Care Center; East Neck Nursing & Rehab Ctr; Good Samaritan Nursing Home; Gurwin Jewish Geri Ctr Lthhc; Hamptons Center Rehab And Nrs; Hilaire Farm Skilled Liv & Reh Ctr; Huntington Hills Ctr H&R Adhc; Island Nursing & Rehab Center; Jopal Sayville Llc; Li State Veterans Hm Adhc; Maria Regina Residence Snf; Mills Pond Nursing & Rehab Ctr; Nesconset Center Nursing & Rehab; Oak Hollow Nursing Ctr Corp; Our Lady Of Consoltation Gcc; Peconic Bay Skilled Nursing Facilit; Peconic Landing Southold Snf; Port Jefferson Hlth Care Fac; Riverhead Care Center; Ross Health Care Center; San Simeon Sound Ctr Nrs & Re; Smithtown Center Rehab & Nrs Care; St Catherine Of Siena Nrs Hm; St James Operating Llc; St Johnland Nursing Ctr Inc; Suffolk Center Rehabilitation & Nrs; Sunrise Manor Ctr Nrs & Rehab; Westhampton Care Ctr; Woodhaven Nursing Home Llc										
Task Step 1: Identify SNF Facility Champion Role Description		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2; Role description defined, standardized, and approved by Project Committee, Project Leads and Workforce		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Contract with SNF Partners within our PPS		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Role description of facility champion communicated to each PPS SNF		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5; Facility champion identified by each SNF and provided to SCC, including CV outlining experience with INTERACT principles		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as role description of the facility champion, CV (explaining experience with INTERACT principles), contract, individual trained INTERACT principles identified		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage key project stakeholders in developing a plan to		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
identify care pathways, clinical tool (s) to monitor chronically ill patients, and a tool to identify patients at highest risk for readmission leveraging INTERACT principles										
Task Step 2: Evaluate the use of care pathways and clinical tools at participating SNFs		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Engage the Workforce Project Lead, Project Leads, and Project Committee to incorporate care pathways and clinical tools into the education and training program for INTERACT		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Develop interventions aimed at avoiding hospital transfer including the development of escalation strategies, strategic plan for monitoring of chronically ill patients, and implementation plan with the Project Committee.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Standardize training materials, including written training materials, and have them approved by Project Committee		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Schedule training sessions with PPS contracted/engaged SNF staff		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of care pathway and clinical tool methodology, documented strategic plan for monitoring of chronically ill patients and hospital avoidance, implementation plan, written training materials, list of training dates along with number of staff trained		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Educate all staff on care pathways and INTERACT principles.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.		Provider	Nursing Home	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Affinity Skilled Living & Reh Ctr										
Task		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Step 1: Develop a training program for SNF staff, including the SNF Medical Director, encompassing care pathways and INTERACT principles with Project Leads, Project Committee and Workforce Lead										
Task Step 2: Include written training materials and define INTERACT trainer's scope of work and role definition		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage the Cultural Competency and Health Literacy Workgroup to include these components in the training and education program		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Finalize and approve training, education and written training materials by the Project Committee and hire INTERACT trainers		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Determine necessary frequency of staff training, establish training dates, host training sessions and keep record of training dates with number of staff trained at each SNF, and monitoring and reporting program to key stakeholders		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Incorporate Advance Care Planning tools into the project using MOLST (as evidenced by policies and procedures)		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and standardize Advance Care Planning tool using MOLST		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Formalize principles and obtain approval of MOLST by the Project Committee and Clinical Committee		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate MOLST into the education and training program to implement at SNFs		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Engage Director of Nursing Project Workgroup to monitor		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implementation and ongoing development to assure schedule and metrics are met										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of tool(s)/toolkit materials		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #6 Create coaching program to facilitate and support implementation.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task INTERACT coaching program established at each SNF.		Provider	Nursing Home	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Providers Associated with Completion: Affinity Skilled Living & Reh Ctr; Apex Rehabilitation & Care Center; Avalon Gardens Reh & Hcc Adhc; Bellhaven Center Rehab & Nrs Care; Brookhaven Hlth Care Snf; Carillon Nrs Rehab Ctr Adhc; Central Island Healthcare; Daleview Care Center; East Neck Nursing & Rehab Ctr; Good Samaritan Nursing Home; Gurwin Jewish Geri Ctr Lthhc; Hilaire Farm Skilled Liv & Reh Ctr; Huntington Hills Ctr H&R Adhc; Island Nursing & Rehab Center; Jopal Sayville Llc; Li State Veterans Hm Adhc; Maria Regina Residence Snf; Mills Pond Nursing & Rehab Ctr; Nesconset Center Nursing & Rehab; Oak Hollow Nursing Ctr Corp; Our Lady Of Consoltation Gcc; Peconic Landing Southold Snf; Port Jefferson Hlth Care Fac; Riverhead Care Center; Ross Health Care Center; San Simeon Sound Ctr Nrs & Re; Smithtown Center Rehab & Nrs Care; St Catherine Of Siena Nrs Hm; St James Operating Llc; St Johnland Nursing Ctr Inc; Suffolk Center Rehabilitation & Nrs; Sunrise Manor Ctr Nrs & Rehab; Westhampton Care Ctr; Woodhaven Nursing Home Llc										
Task Step 1: Create INTERACT coaching program in concert with INTERACT training program, ensure written training materials are developed		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Incorporate and develop written training materials into the education & training program with the Project Leads, Project Committee and Workforce Lead		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Identify, recruit, and train coaches from engaged SNFs within the PPS		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Finalize and approve training, education, and written training materials by the Project Committee		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Determine necessary frequency of staff training, establish training dates, host training sessions and keep record of training dates with number of staff trained at each SNF		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of written training materials, list of training dates, along with number of staff trained		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #7 Educate patient and family/caretakers, to facilitate participation in	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT principles.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the Directors of Nursing Workgroup to create INTERACT handout/pamphlet for patients, families, and caretakers with the assistance of the Project Leads and Project Committee		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Incorporate into INTERACT training program and schedule ways to educate the families and caretakers from the provider perspective		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Collect and maintain education materials that include formats that address health literacy and language concerns		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Engage Cultural Competency and Health Literacy Workgroup Advisory Board to review and approve materials		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of patient/family education methodology, and patient/family education materials		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	DY2 Q4	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Eastern Long Island Hospital										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Affinity Skilled Living & Reh Ctr										
Task Step 1: Practitioner Engagement Team to support development and communication plan to educate and support on-boarding of		Project		Completed	06/01/2015	12/31/2015	06/01/2015	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
engaged/contracted practices for this particular milestone.										
Task Step 2: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Conduct assessment of Engaged/Contracted partners' EMR for Meaningful Use and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.).		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create plan for how the PPS uses alerts and secure messaging functionality.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Develop written training materials on secure messaging,		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Step 12: Initiate roll-out to Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up).										
Task Step 13: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 14: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage Clinical Committee to participate and act as the Quality Improvement Committee and ensure that is representative of the PPS staff involved in quality improvement processes and other stakeholders, especially the Director's of Nursing		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 2: Document attendees from respective organization and staff title in the directory		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Clinical Committee identifies opportunities for quality improvement using rapid cycle and root cause analysis improvement methodologies		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Create quality improvement action plans and evaluate results of quality improvement initiatives as necessary		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Develop implementation reports from quality improvement results and present them at recurring Project 2.b.vii Committee & Clinical Committee Meetings		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Record meeting minutes from Clinical Committee Meetings		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Evaluate and create action plans based on key quality metrics, to include applicable metrics in Attachment J		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Report service and quality outcome measures to all stakeholders via newsletters, website URLs		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts including quality committee membership list with indication of organization represented and staff category, if applicable, Quality improvement plans; Root cause analysis; Implementation Reports; Implementation results; Meeting minutes, Meeting minutes; Clinical quality improvement action plan; Follow-up evaluation of action plans, Website URLs with published reports; Newsletters; Documentation demonstrating quality outcomes		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 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 Step 1: Meet with project stakeholders to iteratively define and		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

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refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		Completed	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Note: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 7: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 8: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	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	

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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	Mid-Point Assessment	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

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.ix – Implementation of observational programs in hospitals

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

Instructions :

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

INFRASTRUCTURE CHALLENGES: 1) Ability to implement best practices across the PPS. 2) Limited communication across diverse providers.
INFRASTRUCTURE REMEDIES: 1) The PPS will leverage existing processes that have proven to be effective as well as focusing on staff/physician training to ensure best practices are being utilized. Additionally, a performance management process within the Quality Assurance program will be developed to monitor the admitting process and look for ways to improve. 2) Through it's IT strategy, the PPS will optimize use of EHR and the RHIO to provide for better communication between hospital and PCP or SNF or Intermediate Care Facility will create better communication linkages across the PPS. To mitigate any potential risks with the development of the IT infrastructure, the PPS will work closely and continuously with the IT vendor as well as develop short-term contingency strategies for project implementation should the overall development be delayed.

PROVIDER CHALLENGES: 1) Significant variation between hospitals for definition of OBS status 2) Facilities where even a "virtual" OBS unit can create issues with staffing and economies of scale due to their low volume of admissions. 3) Limited access to primary care visits, particularly in underserved areas. 4) The need for effective communication with a population with limited health literacy. 5) Overall provider participation.
PROVIDER REMEDIES: 1) The PPS will establish protocols for identifying patients who qualify as OBS utilizing an IT system for decision-making for OBS status admission. To manage resources participating PPS providers will 2) Share best practices in the effective use of existing resources, including redeployed staff from other functions and 3) Increase primary care capacity through support by safety net PPS PCPs such as Hudson River Health. Additional PCP access will be available as practices become more efficient through implementation of PCMH/Advanced Medical Home. 4) The PPS will emphasize staff training on cultural competency, translate patient education materials and ensure 5th grade reading level. The PPS will emphasize a transition to value-based provider payments to more properly align financial incentives with the clinical goals of the DSRIP program. Finally, the Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation.

PATIENT CHALLENGES: 1) Challenging socio-economic barriers and disparities in care. 2) Potential patient "no-shows" for post discharge appointments. 3) Issues with transportation that may delay an effective discharge.
PATIENT REMEDIES: 1) Multidisciplinary teaming that includes a Social Worker from the time of admission can address these issues. 2) Link into an effective PPS 30-day TOC process. The PPS will leverage the relationship with Health Homes and with FQHCs who care for a significant volume of these patients. 3) Expansion of Suffolk County Accessible Transportation, help streamline the process to arrange transportation assistance to make it more accessible to the patients.

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	8,866

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	2,216	4,433	6,650	8,866
	Quarterly Update	886	0	0	0
	Percent(%) of Commitment	39.98%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (886) does not meet your committed amount (2,216) for 'DY3,Q1'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ2bix_MDL2bix2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16770.docx	SCC will upload the actual excel files in Q2	07/27/2017 03:49 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.ix.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	DY3 Q2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Observation units established in proximity to PPS' ED departments.		Provider	Hospital	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Care coordination is in place for patients routed outside of ED or OBS services.		Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1: Formation of the Project 2bix Hospital Partner Workgroup		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2: Project Manager assigned to DSRIP project		Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 3: Project Lead assigned to DSRIP Project		Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 4: Hospital and Article 31 participating partners staff Hospital Partner Workgroup		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Hospital Participating Partner Leadership invited to first Hospital Partner Workgroup		Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 6: Identify support staff for each Hospital/Article 31 Partner representative in project for a direct communication line to DSRIP Project Manager		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Identify external key stakeholders for engagement in Project 2bix Committee		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 8: Schedule recurring monthly Hospital Partner Workgroup meetings in concert with Project 2biv TOC		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task		Project		Completed	07/01/2015	09/15/2015	07/01/2015	09/15/2015	09/30/2015	DY1 Q2

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Step 9: Engage legal counsel on waiver requests necessary for project implementation at partner hospitals										
Task Step 10: Educate Hospital Partner Workgroup on project requirements and schedule		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 11: Hospital Partner Workgroup to establish standard definition of OBS status		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 12: Engage Medical Director, Executive Director and Finance Manager in financial and business planning for Hospital Observation Project requirements		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 13: Current assets and resources are identified and referenced as tools to be mobilized to support project		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 14: Initiate Baseline Survey Questionnaire for Projects 2bix and 2biv for all Hospital Partners		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 15: Gap analysis completed for Hospital Partners achievement towards DSRIP project requirements & Hospital representatives engaged in results (Opportunity assessment for OBS units)		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 16: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in hospitals		Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 17: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in participating Article 31 facilities		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 18: Develop a methodology or set of criteria of identifying ED patients who need further care but whose anticipated stay makes the patient a candidate for observation. This methodology will include an electronic tool to identify these patients based upon validated criteria such as the Emory Model and Milliman criteria.		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 19: Engage Hospital Partner Workgroup in implementation plan design, budget and schedule (scope of work in line with		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3

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proposed plans outlined in the Suffolk PPS Project Plan Application)										
Task Step 21: Finalize Implementation Schedule at Partner Hospitals (dependent on executed contract for funds flow)		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 22: Hospital Partners determination if any current Observation Programs meet DSRIP requirements: Are appropriately sized and staffed observation (OBS) units and in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must be added to Hospital Partner scope of work		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 23: Scope of work at each Hospital Partner determined		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 24: Hospital Partners initiate detailed work on implementation plan scope of work (Care Coordination Programs & Implementation plan for OBS units) with the goal of reducing inpatient admissions via the creation of dedicated observation (OBS) units for patients presenting to emergency departments (EDs) whose need for inpatient services is not clearly defined or who need limited extended services for stabilization and discharge.		Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 26: Hospital Partner representatives manage implementation plan in Performance Logic (SCC PMO Project Management Software Tool)		Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 27: Hospital Partner Workgroup engaged to monitor risks register, change control and project output during implementation phase		Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 28: Care coordination is in place for patients routed outside of ED or OBS services at participating Hospital Partners		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 29: Observation units established in proximity to PPS' ED departments.		Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 30: Project Committee to determine metrics to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle		Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2

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evaluation to enable review and adjustment of plan at regular intervals.										
Task Step 31: Collect Opportunity assessment for OBS units; Implementation plan for OBS units; Quarterly report narrative demonstrating successful implementation of project requirements; Care Coordination Methodology and submit to NYS DOH		Project		In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 20: Identify areas where incentives or contracts support PPS in ensuring milestones are achieved on time, scope and budget. Project manager to montior compliacne in concert with key project stakeholders throughout the life cycle of the agreements with engaged/contracted Hospitals.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 25: PPS support hospital partners in the recruitment and appropriate staffing of Observation Units		Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Create clinical and financial model to support the need for the unit.	DY3 Q2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols		Provider	Hospital	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1: Engage Hospital Partner Workgroup to develop specifications for the clinical and financial modeling		Project		Completed	09/30/2015	11/30/2015	09/30/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2: Submit request to Hospital Partner Workgroup for the clinical and financial modeling of their respective observation unit		Project		Completed	11/30/2015	06/30/2016	11/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Collect clinical and financial model for all engaged/contracted Hospitals participating in project		Project		Completed	02/28/2016	09/30/2016	02/28/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Evaluate valuable data sources such as the Suffolk PPS CNA 2014 data which indicates the need for additional medical		Project		Completed	02/28/2016	06/30/2016	02/28/2016	06/30/2016	06/30/2016	DY2 Q1

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observation units.										
Task Step 5: Project Manager to engage Hospitals on recurring basis for periodic updates demonstrating gap to clinical and financial goals of Observation Program at all participating hospitals		Project		In Progress	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Key project stakeholders are informed on DSRIP requirement, patient population demographics, and engaged to develop a Care Coordination Model for all participating Hospitals observation program.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Baseline assessment results of all participating Hospitals reveal trends in current state Care Coordination Models. Results leveraged and integrated into design of the scope of work.		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 3: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows, centralized bed admission process with level of care screening criteria).		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 4: Engage Hospital Partner Workgroup to develop specifications for the future state Care Coordination Model to include standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stays		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Hospital Partner Workgroup collect data analytics on short stay hospitalizations and the top ambulatory-sensitive diagnoses. Coordination program consideration of these admissions, which can be avoided with improved access to primary care and behavioral health services, as well as with		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1

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compliance to evidence-based clinical guidelines by the practitioner and patient.										
Task Step 6: Hospital Partner Workgroup is concurrently developing the Care Transition Model for Project 2biv TOC and project integration exercises are performed		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Each Hospital to engage key behavioral health and assisted living/SNF providers to discuss future state Care Coordination Model		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Key project stakeholders and subject matter experts are engaged in developing appropriate communication methodologies are design to assist with removing barriers. (Health literacy, community values, and language are considerable barriers to connectivity of the patient with necessary health care services.)		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: A methodology is designed to address managing patients that do not have a PCP. To assure we minimize the gaps that will be identified through the model. Key project stakeholders will look into directing unassigned patients to aligned high performing providers and have care coordinators follow these patients. A care coordination service is considered by the SCC Care Management program key stakeholders.		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Project 2bix Care Coordination Model is presented to the Project 2bix Committee and SCC Clinical Committee for review and approval		Project		Completed	03/31/2016	05/01/2016	03/31/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 11: PPS partners (PCP, SNF, Home Care, Health Homes, Behavioral Health, etc.) identified at each Hospital to be engaged in the Care Coordination Model		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Communication materials are developed to support training and education of model for all engaged PPS provider types		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: PPS to evaluate the engagement of key social services, care management, health home agencies to be engaged in Model		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Task Step 14: Communication Plan organized for the Project 2bix Care Coordination Model & Initiated		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Implementation Schedule for each Hospital finalized		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Training initiated at each Hospital for the Care Coordination Model		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Care Coordination Model implemented at Partner Hospital's engaged in Project		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Project Committee to determine measures to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3

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fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 11: Develop written training materials on secure messaging		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
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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Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners		Project		On Hold	03/01/2016	06/30/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify methodology for SCC Patient Engagement definition		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Identify options to collect SCC Patient Engagement Metric Data (immediate requirements for 2015 quarterly report & future state requirements of tracking system and interoperability)		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	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
Step 3: Engage key Project 2bix Stakeholders to finalize Patient Engagement Definition & Data Specifications										
Task Step 4: Hospital-partner-level timeline organized to engage in data collection for patient engagement metrics tracking system		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		Completed	06/01/2015	07/01/2015	06/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 6: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		Completed	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Reporting system is finalized, patient identification,		Project		Completed	09/30/2016	03/31/2017	09/30/2016	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
tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Patient scorecards are available for authorized/permissioned users.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. The active engagement definition for project 2.b.ix is defined as the number of participating patients who are utilizing the OBS services that meet project requirements.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	General Program Narrative: During DY3Q1, the Suffolk Care Collaborative team continued to engage the hospitals in the Observation Unit project through monthly facility champion meetings as well as workgroup and committee meetings. We were able to complete the collection of the Opportunity Assessment & Clinical and Financial Template for the Observation Project from all 11 hospitals.
Create clinical and financial model to support the need for the unit.	
Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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IPQR Module 2.b.ix.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.

The difficulty of activating and engaging the UI, LU and NU populations cannot be underestimated. It will require extensive coordination and communication across the system, dedication to all aspects of "case-finding", assessment, triage and case management, and ensuring that financially accessible primary care is available across the county. The actions taken to mitigate these risks will be as follows:

Case-finding Issue: The targeted population is difficulty to locate and build relationships with, which could result in difficulty engaging them in PAM.
Case-finding Risk Mitigation: Navigator-coaches will be recruited from and deployed to sites in hot-spots. They will be trained in outreach and PAM, and will have educational materials that are designed to address and improve health literacy. A special focus will be dedicated toward navigator-coaches developing relationships with CBOs in order to connect with patients in a more timely and sustainable manner. Additionally, all PPS partners will be engaged in identifying UI, LU and NU individuals, and linking them to navigators and/or case managers. Navigator-coaches, case managers and primary care staff will be trained in the use of PAM and the appropriate follow-up for individuals based on their PAM score.

Case management Issue: Current case management is siloed at the hospitals, CBOs and other PPS partners.
Case Management Risk Mitigation: Creating an overarching case management infrastructure will better equip the PPS to ensure such services are provided in an integrated fashion to individuals regardless of where they "touch" the system, and that resources are deployed to the venues where they are most needed. The PPS IT infrastructure is being developed to include a care management documentation tool that will enable the CM workforce to manage their patients in a timely and clinically appropriate fashion.

Provider Engagement Issue: Lack of participation and outreach from the necessary amount of providers
Provider Engagement Risk Mitigation: The PPS will need to engage PCPs across the county. Where gaps exist, the PPS will recruit practitioners and place them in those communities with a special focus placed on appropriately staffing ""hotspot"" communities. This will be done collaboratively with clinics, health centers and existing practices. To ensure that communication is maximized across the system, all partners will be linked electronically. The PPS will work toward connecting all providers through the RHIO, but will also develop a robust provider communication plan that allows the PPS provider network to provide input, insights and shared experiences to the appropriate stake holders (peers, administration, etc.). Regular meetings among CBOs, PCPs and case management will occur. Finally, the formation of a PPS wide MCO Relations team will utilize the provider feedback to better structure value-based provider payment methodologies to ensure that providers are being financially compensated for DSRIP participation.

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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	45,426

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	3,180	15,899	23,849	34,069
	Quarterly Update	5,638	0	0	0
	Percent(%) of Commitment	177.30%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ2di_MDL2di2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16798.docx	SCC will upload the actual excel files in Q2	07/27/2017 04:17 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.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
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		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Project implementation plan design series calls		Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project		Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 4: Confirm adequate representation on project stakeholder groups for initial pilot program		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 2D1 project plan		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders		Project		Completed	04/01/2015	08/01/2015	04/01/2015	08/01/2015	09/30/2015	DY1 Q2
Task Step 7: Create baseline assessment for CBO to identify key CBO partnerships to engage target populations using PAM® and other patient activation techniques.		Project		Completed	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1
Task Step 8: Initiate baseline assessment with key CBO partners		Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 9: Aggregate baseline data and evaluation against project requirements		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	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
Step 10: Identify CBO Partners to be engaged in project 2.d.i pilot program										
Task Step 11: Schedule weekly project 2.d.i workgroup meetings to plan day 1 of pilot program operations		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 12: Develop pilot program scope of work outline		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 13: Request and collect CBO partner budgets, surveys targets and proposals		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 14: Aggregate CBO partner proposals and engage SCC Executive Director, Project Lead, Director of PMO and Project Analyst to determine CBO patient activation program addendum to the SCC coalition partner participation agreement		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 15: Execute CBO agreement with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 16: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program Survey Encounter Decision Tree and list of locations and CBO partners in county to host Community Health Navigators to perform surveys.		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 17: Collaborate with engaged/contracted CBO partners to determine regional Suffolk County strategy and "hot spotting" for engagement efforts.		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 18: Announce initial pilot program. Initiate reporting, monitoring procedures by Project 2di Project Workgroup to ensure that engagement is sufficient and appropriate.		Project		Completed	08/01/2015	08/31/2015	08/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 19: Initiate collaboration with SCC project 2.d.i. workgroup and committee to identify contract and development pilot program by on-boarding additional "locations" and CBO partnerships		Project		In Progress	08/01/2015	01/01/2018	08/01/2015	01/01/2018	03/31/2018	DY3 Q4
Task Step 20: Update SCC CBO directory with newly on-boarded program partners		Project		In Progress	08/01/2015	01/01/2018	08/01/2015	01/01/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	08/01/2015	01/31/2018	08/01/2015	01/31/2018	03/31/2018	DY3 Q4

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Step 21: Ongoing monitoring by Project 2di Project Workgroup of program development on current and future engagement metrics to ensure project requirements are continuously met and oversight to ensure engagements are appropriate										
Task Step 22: Repeat steps 13-21 with each newly contracted/engaged CBO partner		Project		In Progress	08/01/2015	01/31/2018	08/01/2015	01/31/2018	03/31/2018	DY3 Q4
Task Step 23: Estalish appropriate quarterly reporting template for 2di for NYS DOH reporting. Including MOUs, contracts, letters of agreement or other partnership documentation.		Project		In Progress	08/01/2015	01/31/2018	08/01/2015	01/31/2018	03/31/2018	DY3 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	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Patient Activation Measure(R) (PAM(R)) training team established.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Engage Insignia to execute license agreement for PAM		Project		Completed	04/01/2015	07/15/2015	04/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Step 2: Identify initial set of staff from CBO engaged partner pilot to establish PAM training team ("Trainers")		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Engage PPS Workforce Project Lead in training design		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 4: Develop and engage Insignia representative to organize PAM written training materials to be consolidated into Project 2.d.i education/training handbook		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 6: Approval of training materials by Project 2di Workgroup		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 7: Determine necessary frequency of training, include training requirements and expectations in partnership agreements with CBO		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 8: Develop PPS-wide Project 2di Training Attestation to document training for monitoring by Project 2di Project		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	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
Workgroup										
Task Step 9: Initiate training program and oversight, collect name and roles of team staff who are trained in PAM (maintain in Project 2di Trained Staff Directory)		Project		Completed	04/01/2015	01/01/2016	04/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 10: Engage Project 2di Project Workgroup to continuously monitor training in accordance with SCC workforce objectives. Collect names and roles of team staff trained in PAM® or other patient activation methods; Copy of training materials and trainers.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Engage key project stakeholders to initiate "hot spot" analytics and determine data sources available to support Community Outreach/Navigation Program Development		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage SCC biomedical informatics team to develop hot-spot mapping to support strategy for contracted/engaged CBO's and their respective trained Community Health Workers for fieldwork. Consider output of "hot spot" analytics in the "locations" strategy of CBO Community Health Worker's survey.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Share maps with engaged/contracted CBO to collaborate on identify specific "locations" where our program can be delivered with these "hot spot" areas (e.g.. Food pantries, Shelters)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Create outreach plan for CBO strategy in each "hot spot" location. To include mechanism to track and quantify outreach at these locations.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Contract with CBO's to perform outreach within the identified "hot spot" areas		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 6: Develop master Project 2di PAM outreach locations and calendar for community engagement of targeted populations.										
Task Step 7: Assure "locations" which are identified for outreach are incorporated into the "Appendix" of the Project 2di CBO Participation Agreement for Project 2.d.i Patient Activation Measures		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Engage Community Engagement key stakeholders to support grass-roots efforts in "hot spot" locations. To include opportunities for PAM outreach at specific community events and forums.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Initiate recurring strategy sessions of the Project 2di Project Workgroup to continue to evaluate, determine new locations and monitor programs based on "hot spot" mapping strategy		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Engage Project 2di Project Workgroup to monitor outreach at designated locations, collect recurring reports demonstrating strategy by engaged/contracted CBOs. Collect "Hot spot" map delineated by UI, NU, LU types; Evidence of CBO outreach within appropriate "hot spot" areas; Outreach lists for UI, NU, and LU populations.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	DY2 Q4	Project	N/A	Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Community engagement forums and other information-gathering mechanisms established and performed.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Identify a SCC Community Engagement Lead		Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 2: Orient Community Engagement Project Lead to Project 2di requirements, program objectives and all key internal and external project stakeholders		Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 3: Project 2di Community Engagement opportunities are brainstormed. List of community events and CBO partners engagement opportunities is developed		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 5: Community Engagement opportunities are added to the outreach locations and calendar for Project 2di. Program agenda, marketing and promotional plan, speakers options are organized.										
Task Step 6: Other information-gathering mechanisms are brainstormed with Project 2di Workgroup and Community Engagement Project Stakeholders		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Survey tool is developed to understand healthcare needs in Suffolk County. Other ways to obtain data about the health care needs of Suffolk County is considered.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Cultural Competency & Health Literacy Advisory Group is engaged in milestone and review of survey tool		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Initiate surveys (or other options to collect data) and begin aggregating data and maintain data base of responses. Community engagement forums and other information-gathering mechanisms established and performed.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Present data to Project 2di Committee and other key project stakeholders		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Engage Project 2di Project Workgroup to collect and monitor list of community forums held, detailing locations, agenda, and presenters; Documentation surveys or other information- gathering techniques		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".		Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Engage Project 2di Workgroup, key internal project stakeholders to coordinate plan to develop written training materials and techniques		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage Insignia representative to collect PAM Tool		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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training materials										
Task Step 3: Training Materials developed for PAM survey outrach activities for community engagement, includes other training components such as motivational interviewing and other social work techniques, soft skills, PAM survey scripts/talking-points and a PAM survey Decision Tree		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Training Materials, Agenda and program designed is shared with Cultural Competency & Health Literacy Advisory Group, Project 2di Workgroup and Committee, Key internal and external project stakeholders for review and comment.		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Trainees identified in "hot spot" areas by Project Manager, Project Lead and Contracted/Engaged CBO partners.		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 6: Identify Project 2di PAM Trainers from SCC CBO engagement to support training of additional PAM providers. Project Manager to support coordination of training sessions.		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 7: Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. Use Project 2di Training Attestation to document training.		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 8: Project Manager to engage with Trainers following training sessions to collect lessons learned, risks, risk mitigation strategies and additional feedback to continue to support program developments.		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 9: Project Manager to collect and maintain list of PPS providers trained in PAM®; Training dates; Written training materials		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
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	DY2 Q4	Project	N/A	Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3

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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	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Engage VBP Team to orient on Project 2di Project Requirement and Objective to engage partnering MCO's within the program. Purpose to engage MCO's into Project 2di Community Navigation Program.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 2: Develop scope of work for MCO integration into program		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 3: Partnership and arrangements organized with partnering MCO's for Project 2di. This shall include 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	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Obtain list of PCPs assigned to NU and LU enrollees from engaged MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Initiate discussions with engaged MCOs and key PPS PCPs partners 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.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Engaged CBO's engaged and oriented to new		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3

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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.										
Task Step 7: Engage Practitioner Engagement Project Lead to review procedures and design. PCP communication and engagement plan for procedures are developed and promoted.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Appropriate consent is in place for new procedures. Including Information-exchange agreements between PPS and MCO		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Collect documented procedures and protocols, Information-exchange agreements between PPS and MCO for SCC records		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
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.	DY4 Q2	Project	N/A	In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
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		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Operationalize process for setting baselines and intervals towards improvement for each PAM activation level. Baselines and intervals towards improvement set for each cohort at the beginning of each performance period.		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 2: Engage key project stakeholders to identify method developed by state for baselining each beneficiary cohort		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 3: Agreement of method for data collection of baseline for each cohort and appropriate intake intervals towards improvement		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 4: Identify workflow and plan to set baseline for each beneficiary cohort.		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2

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Step 5: Prepare baseline, periodic and annual cohort reporting calendar										
Task Step 6: Educate key project stakeholders for baseline metric reporting		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 7: Project 2di Project Workgroup to monitor monthly engaged stakeholders for baseline and interval metric reporting for periodic and annual reports		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 8: Collect and maintian baseline, periodic and annual PAM® cohort reports and communicate results via presentations to key project stakeholders		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Milestone #8 Include beneficiaries in development team to promote preventive care.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage Project 2di workgroup to develop Community Navagation Program for post-PAM operations to include the promotion of preventive care and community-based resources.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: identify beneficiaries in development team to organize the Project 2di Community Navigation Program to promote preventive care. Beneficiaries to be used as a resource in program development and awareness efforts, communication efforts, health literacy efforts.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Document participation of beneficiaries in program development. Utilize creative engagement opportunities such as focus groups. Document participate of beneficiaries in awareness efforts.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Collect & Maintain list of contributing patient members participating in program development and on-going awareness efforts		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact	DY4 Q2	Project	N/A	In Progress	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4

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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.										
Task Performance measurement reports established, including but not limited to: - 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		Project		In Progress	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Completed	03/31/2016	05/01/2016	03/31/2016	05/01/2016	06/30/2016	DY2 Q1

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Step 1: Engage Project 2di Workgroup to organize the Project 2di PAM Tool Performance Measurement Program										
Task Step 2: Ensure Project 2di PAM Tool Performance Measurement Program includes how to operationalize the PAM Tool. Including: screening 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® survey and designate a PAM® score.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Ensure Project 2di PAM Tool Performance Measurement Program highlights how member's score must be averaged to calculate a baseline measure for that year's cohort.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Identify a method with Insignia to follow cohorts for the entirety of the DSRIP program. To include determining specifications for unique identifiers.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Following the initiation of the PAM pilot program, initiate a calendar to follow cohorts annually.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Develop program procedures for training whereby 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.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Engage partnering MCOs to develop procedures for determining 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.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Project Manager to organize method to provide the current contact information to the beneficiary's MCO for outreach purposes.		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Project Managers to provide member engagement lists to engaged/relevant insurance companies (for NU & LU		Project		In Progress	09/30/2016	12/31/2017	09/30/2016	12/31/2017	12/31/2017	DY3 Q3

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populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Step 10: Performance measurement reports established, including but not limited to: Number of patients screened, by engagement level, Number of clinicians trained in PAM® 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		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 11: Collect output of the Project 2di PAM Tool Performance Measurement Program, to include, performance measurement reports and presentations; Annual reports; Member engagement lists, by PAM® cohort		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	DY4 Q2	Project	N/A	In Progress	06/01/2015	09/30/2018	06/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Volume of non-emergent visits for UI, NU, and LU populations increased.		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Engage Project 2di Workgroup to brainstorm the Project 2di Community Navigator Program		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage key primary, behavioral and dental care providers in Community Navigation Program, to include planning the handoffs for individuals surveyed, through Wellness Coaching then navigated to a community-based resource		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Track the number of referrals made by PAM Providers into the Community Navigation Program (as new PAM Providers are on-boarded the number of referrals are expected to increase)		Project		In Progress	08/01/2015	09/30/2018	08/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 4: Determine how SCC and Health Home care management staff will be involved in the patient activation process.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Engage Project 2di Workgroup to monitor the referrals		Project		In Progress	08/01/2015	09/30/2018	08/01/2015	09/30/2018	09/30/2018	DY4 Q2

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made across the County for individuals who receive the PAM survey, receive Wellness Coaching though the CBO partnership and then receive a handoff/referral into the Community Navigation Program.										
Task Step 6: Engage SCC biomedical informatics key project stakeholders to monitor the ED usage of these cohorts. Monitor the usage of non-emergent care by the captive cohort.		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Enage SCC biomedical informatics team to develop a baseline of non-emergent volume. Develop in collaboration with the Project 2di Workgroup a method of periodic reports to demonstrating increase/trends in visits (specific to UI, NU, and LU patients)		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Project Manager to monitor, collect and report ongoing data acquisition to enhance program design and development		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
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.	DY4 Q2	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Community navigators identified and contracted.		Provider	PAM(R) Providers	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Provider	PAM(R) Providers	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program.		Project		Completed	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program to include a Community Navigator Program. This shall include FTE roles, responsibilities and staffing guidelines based on the project scale and speed schedule.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: PPS to identify CBO's with an interest in partnering to		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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develop a group of community navigators (community health workers, wellness coaches and navigators) who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Step 4: Project 2di Workgroup and key project stakeholders reviews and provides feedback on the Project 2di Community Navigator Program.		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Orient potential CBO partners on the term and scope of the Project 2di CBO partnership agreements, which defines roles of Community navigators		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify communication requirements for program		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 7: Engage Cultural Competency & Health Literacy Project Lead in program development		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Engage SCC Workforce Project Lead in development processes.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Project 2di Workgroup to develop training curriculum and procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Determine necessary training program, including frequency of training, re-training and competency evaluations, training dates, schedule training sessions.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 12: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 13: PPS to collect list of training dates along with number of		Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2

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staff trained; Written training materials, and Project 2di Training Attestations										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	DY2 Q4	Project	N/A	Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Policies and procedures for customer service complaints and appeals developed.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Engage key project stakeholders to develop process for Medicaid recipients and project participants to report complaints and receive customer service.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Draft protocols for customer service complaints and appeals.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Determine staffing requirements and modes for customer service to be engaged to support project requirement		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage Compliance Officer to review protocols for complaints. Add protocols to SCC enterprise complaints procedures.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Begin communicating protocols to key internal, external project stakeholders including posting to the SCC website		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Project Manager to initiate a method to monitor the effectiveness of the protocols for customer service complaints and appeals.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).		Provider	PAM(R) Providers	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Providers Associated with Completion:

Christine Plante; Cindy Bubla; Corie Crews; Crystal Carcione Comerchero; Debra Weissberg Skow; Dena Staria-Blaskopf; Diane Schiano-Sanchez; Heather Carmichael Shepherd; James Lahey; Jean Forrest; Jeanne Freed; Jennifer Dichiara; Karen Flanagan; Kathleen M Quinn; Kevin Lee; Laura Nerenberg Schlageter; Mark Pandolfi; Megan Arkinson; Melissa Coscia; Michael Diforti; Michael Starr; Rafaela Vasquez; Sarah Moodie; Suzanne Edelman; Victoria L Murphy; Abate Mersema Md; Abazari Azin; Abbasi Almas Md; Abbasi Sadia; Abeles Jay; Abidi Oana Olivia Md; Abola Ramon Eduardo; Abraham Veena; Abselet Denise A Md; Adler Howard L Md; Adsumelli Rishimani S Md; Afzal Syed Ali Md; Aguirri James A; Ahmad Sahar; Ahn Christine; Alam Abdulkader; Alarcon Kristen Eileen; Alcus Patricia Dwyer; Alderwish Edris Zaid; Aleyas Sajive; Alian Andrus; Almasry Ibrahim; Ambrose Mark D Md; Amin Anjumon A Md; Ammirata Jacqueline A Md; Ammirati Amanda; Ancona Keith; Ancona Richard Carmine Md; Anders Katie Leigh; Andraous Wesam Farouk; Andrew Zaw Lin; Andriola Mary Repole Md; Anthony Frederick Knott; Antis Satwatie; Aponte Alex Manuel Md; Arbeit Leonard A; Areman Russell

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
David Do; Arianas Paris Aristedes; Arif Nadia; Armand-Tassy Michaelle; Asaad Bassem Onsy; Asher Baer; Asofsky Steven M; Audiino Joseph Matthew Rpa; Auerbach Margery R Phd; Avcioglu Ayse; Avila Cecilia Md; Awadallah Morad; Azaz Mohammed Rafeuddin; Azim Syed Ali Md; Backus W William Md; Badia James Daniel Md; Baer Lea; Bagdasarov Emma; Bahou Wadie F Md; Bailey Alban; Baker David A Md; Bakhshoudeh Ramak; Balot Barry Hal Md; Balsam Dvorah W Md; Balter Richard R Md; Bangiyev Lev Y Rpac; Bao Philip Quy-Trung; Baram Daniel Md; Baram Lena Diane Md; Baranta Angela L; Barbera Saverio J Md; Barcia Tara Christine; Barnard Lawrence M Do; Barsi James Michael; Bashir Ahmed Md; Bazzi Lama; Beg Tazeen Md; Behar Jason Robert Dpm; Beller Patricia; Bello Bolanle; Bello Espinosa Lourdes Alicia Md; Bellovin Neil M Md; Bellucci Wayne; Beneri Christy; Benito Maryellen Versoza; Benson David Matthew Md; Benveniste Helene D Md; Bergeson Rachel Ann Md; Bernier Jayne M Md; Bernstein Cliff Md; Berrin Ozturk; Bevelaqua Frederick A Md; Bhaduri-Mcintosh Sumita; Bhashyam Sandeep R; Bhimani Subbarao Md; Bianchi-Berube Teresa; Bianchi-Hayes Josette M; Bigini Quinn Patricia E Md; Bilal Mohammad Ahmad Md; Bilfinger Thomas Victor Md; Bindra Tejwant; Blaber Jennifer Marie; Blaber John-Paul; Blair Robyn Jill Md; Blanco Miguel Luis Md; Bloom Michelle E; Bluestone Avraham Yakov; Blydenburgh Jessica; Blyznak Nestor D Md; Bobrow Robert S Md; Boccia Barbara A Md; Bock Jay Lawrence Md; Bollinger-Lunger Linda; Bonvino Lisa Marie Do; Bordonaro Deborah A; Boudreau Kathleen; Bowden Paul Brendan; Boykan Rachel Md; Boyle Nariman Sharara; Bracco Dominic A; Brandler Ethan S Md; Braverman Peter Edward Md; Brehm Anthony; Brian Nicholas Morelli; Bright Long Lory E Md; Bronson Brian Daniel; Bronson Richard A Md; Bruckner Richard Lance Md; Brunetti Valerie Ann Dpm; Bruno Peter F Jr; Bucobo Juan Carlos; Budnick Lauri E Md; Budorick Nancy Elizabeth Md; Bui Duc Tri Md; Bullitt Clarissa Phd; Buncke Filomena Massa; Burk Martyn Md; Burke Stephen M Md; Burns Denise; Butler Javed; Buttar Kamalpreet; Caiati Robert Paul; Calandra Krystle; Camacho Alicia Urmaza Md; Camarda Joanne; Canavire-Weber Carla C Md; Cangelosi Jeffrey; Capoccia Krystyna Rn; Caravella Salvatore Joseph Md; Cardinal Lucien John Ii Md; Carleo Christopher Md; Carlson Gabrielle A Md; Carlson Harold E Md; Carrucciu Joseph M Md; Castelli Jennifer Rpa; Catalano Lorraine E Md; Cataldo Rosa; Cebelenski Rosanne M Do; Cerniello Christine E Do; Cesa Christopher M Md; Chakravarty Rajarshi; Chakravarty Ramanuj; Chale Stuart N Md; Chan Enoch Chung Md; Chan Laura J Np; Chandrakantan Aravind; Chandran Latha Md; Chao Bo Md; Chappelle Joseph A; Charitou Marina M Md; Charlot Karine; Chaudry Aziz Ur Rehman Md; Chawla Anupama Md; Chawla Opkar S Md; Chen Chun Md; Cherian Julie; Cherian Varghese P Md; Chernilas Joseph Z; Chernyavskiy Igor Md; Chesler David Andrew; Chicaiza Henry; Chimpiri Annapurneswara Rao; Chitkara Maribeth Bambino Md; Chitkara Nisha B; Choi Dennis; Choi Minsig; Chou Timothy Yound Md; Choy Cara; Chryssos Emanuel Demetrios; Chung Grace; Chung Jaeah; Clark Richard A Md; Cohen David B Md; Cohen Jason; Cohen Jules Md; Cohen Madeline; Cohn Peter F Md; Cokinos Christine E Md; Coleman Cathy Marie Md; Colleen Smalley; Collins Louise Mary Md; Colucci Robert D Do; Concepcion Carlos Alberto; Connolly Gene; Connolly Margaret A; Constantine Matthew Wayne Md; Constantino Eduardo A Md; Contovasilis Jesse; Conway Christine A Md; Cooper Meredith Gayle; Corcoran Anthony; Corman Marvin L Md; Corrado Thomas; Costa Ana Cristina; Costa-Kules Maribeth; Courtney Ann Np; Cox Lincoln Irvington Jr Md; Coyle Patricia K Md; Craig Shoshana Beth; Cramer Elizabeth M; Creighton Jill S; Crowell Judith Ann Md; Cruickshank Brian Donald; Cummings Candace Ayeshia Md; Cunningham Pascucci Robin; Cusumano Barbara Jane Md; Czulada Laura Beth; D'Orazi Francis T; Dabhi Rameshchandra Md; Dagum Alexander Bee Md; Dalal Hema; Dalal Prateek Vinod Md; Daly Richard A; Dantes Araceli R Md; Dao Uyen K; Daroowalla Feroza M Md; Darras Frank S Md; Daus Diana; Davidson Dennis Md; Davis James E; Davis Raphael P Md; Dawson Dawn Michelle; De Grauw Roosje Suzanne; Debevoise Susan D Md; Decristofaro Joseph D Md; Defraia Charles J; Delemos Michelle Md; Delgado Miguel Angel Md; Delores Bocklet; Demishev Michael; Dempsey George P Md; Denise Collin; Denise Engrassia; Denoya Paula Irina Md; Derespina Kim; Dervan John P Md; Desai Alpa G; Desanti-Siska Lara Anne Md; Deutsch Andrea J; Diaz Fredie Colon Md; Dicanio Gary G Md; Dickinson Richard D Md; Diener Barry Lawrence; Difalco Janet Patricia Np; Diot Laureen Anne Np; Divaris Nicholas Md; Donarummo Laura; Donelan Susan V Md; Dong Jinwen; Donowitz Denise; Doobinin Kathleen A Md; Dowdy Christopher Lamont; Dowling Frank G Md; Driscoll Denise; Dulce Milagros Almanzar Md Pllc; Dunkin Jared Michael Md; Durkin Brian Thomas Md; Daniel Hartnett, Lcsw; Danielle Belluci; Earl James L; Easow Babu Md; Ebarb Raymond Louis Md; Edelman Norman H Md; Ednick Mathew; Egnor Michael R Md; Ehlers Robert; Ehrlich Dareie; Eisenberg Jason Zeus; Elbaba Fadi Z Md; Elfiky Ahmed Md; Elham Safaie; Elkoulily Ahmed Moustafa Md; Ellis Lori Md; Elrich Susan Maria; Engelhardt Loreane M; Enterlin Nancy Ann; Eschler Deirdre Cocks; Esposito Carol A; Ezer Gay Elana Do; Edington, Jeremiah; Falkner Evangelia S; Fan Roger Md; Farrelly Patricia A Md; Fast Noam; Faszczewski Linda A; Fattibene Gina; Favichia Clarissa; Fein Allen Lawrence Md; Feldman Edward L Csw; Feldmann Eric; Fengshuo Lan; Fenton Kimberly Erin Md; Fernandez Harold A Md; Fernando Rajeev Santiago; Ferrand Ramon E Md; Ferraro Denise M; Ferrer Charles Joseph; Ferretti John A Md; Field Keith C Rpa; Fields Suzanne D Md; Figlo Dawn Olsen Dpm; Filatov Alexander; Findletar Heather Cnm; Fine Richard N Md; Fingergut Judy E; Fiorella David John Md; Fiorello Janine; Fisher Maria; Fisher Paul Ryan Md; Fitzgerald John; Fleischer Lauren H Md; Florence Frank Barry Md; Floyd Thomas; Flynn-Richards Eileen B; Fochtmann Laura J Md; Foda Hussein D Md; Fontecha Hernandez Jeisson; Ford Sheri Lee Md; Forde Michelle A; Forletti Damian Md; Fortin Nancy; Foucher Marc Andrew Dpm; Fox Brianne A; Franceschi Dinko Md; Franko David M Md; Fraser-Farmer Gail A; Fratepietro Jillian Marie; Freed Sylvia; Freiberg Evan; Fries Bettina C J Md; Frischer Zelik I Md; Fritz Paul G Md; Fruth Giacobbe Christine Md; Fuhrer Jack Md; Gaber Abdelaziz Aly Elsenouss; Gabig Theodore Gregory Md; Gaffney-Adams Alexea Makiya; Gagliano Joseph Michael Csw; Gagne Jennifer A Np; Galanakis Dennis Md; Gallagher Christopher J Md; Galler Robert Michael Md; Galloy Mary; Galvin-Parton Patricia A Md; Gan Tong Joo Md; Ganz Jason; Garas Nageh Ayoob; Garcia Mildred; Gardner Amy Md; Garduno Elizabeth; Garson Paul D Md; Gasparis Antonios P Md; Gathungu Grace N K; Gatti Lisa; Gavilanes Nycholle; Geehreng Wendy Ann; Gelato Marie C Md; Gelfand Mark; Genereux Michael Timothy; Georgopoulos Steve Kiriako; Geralemou Sofia; Gerardi Eugene; Giacobbe Robert C Md; Gill Anita; Gill Gagandeep; Gill Rupinder K; Gilmartin William Md; Gluck Charles; Go Roderick Au Yeung Md; Gold Avram R Md; Goldfine Andrew Michael; Golinowski Steven C Md; Goodrich David J Md; Goolsarran Nirvani; Gor Chirayu; Gottlieb Robert Joseph Md; Gould Elaine S Md; Gracia Gerald; Graham David; Green David; Greene Alice; Gressin Scott M Rpa; Griesing Margaret Mrs.; Griffel Martin I Md; Griffin Jennifer; Griffin Todd Russell Md; Griffith Rosemary; Grigoryants Karine; Grossman Devin Scott Md; Groth Maritza Lastra Md; Gruberg Luis Md; Gruen Amy Beth; Guida Charles Vincent Md; Guido Michael Iii Md; Gunduz Susan; Gunjupali Padmaja; Guo Xiaojun Md; Gupta Amit; Gupta Sandeep; Gursoy Nurcan Md; Gutierrez-Lazo Eleonor Piquer; Gutman Frederick B Md; Haber Shari; Haensly Brian; Hahn Gary M Md; Hajduk-Bennett Ann; Halbert Caitlin; Halegoua Jason; Halitsky Alexandra Md; Hallarman Lynn Ellen Md; Haltiwanger Kimberly S Md; Hamdani Mohammad Adnaan; Hamill Susan; Han In Ho Md; Hanna-Talbot Cathy A; Hanson Raymond; Haque Tehmina Md; Harrington Donald P Md; Harth Cara E Md; Hasaneen Nadia A; Hassanain Ehab; Haughton Adrienne Moore Md; Hayes Tamara F Rpa; Heard Amanda D; Heimann Alan Md; Heinemann Donna F Md; Hellman Harriet L Cpnp; Henretta Melissa Susan; Henry Mark C Md; Hensley Jennifer Macmillan Md; Herfel Thitima Jane; Herlihy Darragh A; Hernandez Angelica Maria; Hershey Joel; Heuschneider Stacy L; Hilsenroth Jessica Cnm; Hiltzik Yuval; Hindes Jill B; Hinestroza Howard Md; Hirsch Kenneth A Md; Hitner Jason; Hoda Syed Tanvir; Hoffert Gaylord Thomas Md; Hoffman Helen R Phd; Hogan Laura; Holzer Stuart Marc; Hom Jeffrey Md; Homchaudhuri Angana; Honkanen Robert Anthony Md; Hoverkamp Douglas K Md; Huang Minquin; Hunte Frederick Sinclair; Hurst Lawrence Md; Huston Katherine Barth; Huston Tara; Hwang Sonya Jimi Md; Hwu Irene; Hymes Saul R; Hymowitz Genna Faith; Imperato Michael T Md; Ingenito Eileen; Inkeles Sharon Lee Md; Ioannou Constantine Md; Iqbal Adeel Azmat; Iype Jay Md; Izrailtyan Igor Md; Jackson Lisa; Jacob Zvi C Md; Jaglall Neil D; Jasiewicz Ronald C Md; Jawa Randeep Singh Md; Jean-Philippe Ronie; Jeffrey N Chen; Jennifer Ann Nastasi; Jeremias Allen Md; Jeremias Elisabeth Md; Jessica Vassallo; Jivani Aslam Aziz Md; John T Reilly; Johnson Sabrina Md; Johnson Scott Edward Md; Johnston Jean Madinger Md; Jonathan M Buscaglia; Jones Evan; Jones Stephanie Renee; Jose Annamma; Joseph H Quercia; Juan C Espinoza Md Pc; Judge Peter Adam Md; Jurak Margarita; Janet Espinoza; Joan Taylor; Kacherski Deborah A; Kalabacas Erika; Kallus Lester Md; Kamadoll Riyaz; Kanagala Neelima; Kanth Pooja; Kaplan Carl Philip Md; Kaplan Cynthia Gordon Md; Kaplan Michael A Md; Kaplowitz Kevin; Kapoor Shruti; Karant Marsha Tanenberg Md; Karis Elaine; Kass Dan M Md; Kathuria Parampreet K; Katz Jordan P Md; Katz Steven Michael Md; Kaufmann Tara L; Kavita Mariwalla; Kearney Kevin J; Keckeisen George D Md; Keckeisen Paul Mr.; Kee Mei Yuk Md; Keegan Nancy Patricia; Keirns Carla; Keith Webb Harris Ii; Kelly Gerald John Md; Kelly Lawrence William Md; Kelly Michele; Kenneth L Ramirez Rpa; Kenneth R Shroyer; Keresztes Roger S Md; Kevill Katherine Anne Md; Khan Fazel A; Khan Muhammad Tariq; Khan Sami U Md; Khan Sardar Ali Md; Khiani Komal; Khokhar Asim Saeed Md; Khwaja Melina Josephine Md; Kier Catherine; Kim Bong Soon Md; Kim Jason M; Kim Kyung Ho Md; Kiner-Strachan Bonnie Md; Kirmani Yasmeen Md; Klages Daniel R Md; Klassert Anne Marie; Klein-Ritter Diane Md; Kleopoulos Nicholas Md; Klingenberger Jennifer Lynn; Kluge Jennifer Elaine Rpa;										

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Kneessy Lori-Ann; Koch Pamela; Kochar Jasjit Singh Md; Kocis Christina M Cnm; Kogan Anna; Kokkosis Angela Amalia; Kolanko Nicholas Michael; Kolasa Alice Janet Md; Kolomick Deborah J; Korlipara Giridhav; Kort Smadar Md; Korzenko Adam; Kottmeier Stephen Anton Md; Kowal Renata; Kowalska Agnieszka; Kowalska Dorota; Kramer Robert Md; Kranz Kimberly Ann; Kravets Igor; Kristy L Stanfield; Kruh Alain Edwin Md; Krupp Lauren B Md; Ksovreli Olena Md; Kudelka Andrzej Piotr Md; Kugler David Bruce Do; Kulkarni Veena Avinash; Kunkel Laura; Kunkov Sergey Md; Kurtz Arthur Samuel Md; Kvilekval Kara H V Md; Labarca Robyn; Lacy Roxane Evonne Md; Lado David Christopher; Lagade Maria Rosario G Md; Lago Christina Alicia; Landau David Stuart; Landman Ursula N Do; Landres Inna; Lane Andrew Harry; Lane Bernard P Md; Lane Susan Wallace Md; Lascarides Chris Emanuel Md; Laskina Natalya Rpa; Lau Bernard Md; Laver Joseph Md; Lawrence David; Lawson William E Md; Leanne Ferretti; Lederman Steven Md; Lee Christopher C Md; Lee Susan Y Md; Lee Thomas Kang-Ming Md; Leeman-Markowski Mason; Legrande Dana; Lehner George Jack Md; Leiboff Arnold R Md Pc; Lense Lloyd David Pc Md; Lepore Marissa D; Lerias Edgar F Md; Lerman Mark; Leskiv Anna; Lester Denise E Md; Levchuck Sean Gerard Md; Levites Kenneth B Md; Levy Robert Stuart Md; Li Ellen; Li Fangqin F Md; Liberman Aleksandra; Lieberthal Wilfred Md; Lieblich Lawrence Martin Md; Lien Kenny; Limsuvanrot Lily; Lin Juan; Lin Jun Md; Lindsay Scott Richard; Lindsey Rose Grober; Lindwall Lauren Marie; Lingam Veena; Liu Jingxuan Md; Liu Lixin Md; Lizogubenko Igor Rpa; Lizogubenko Linda I Rpa; Lobrutto Paul T; Lockhart Maria E Md; Loh Shang Arvin; Lokshina Irina; Longjohn Data Md; Luft Benjamin James Md; Luxenberg Douglas; Lynch Patrick; Lyons Charlene; Ma Yupo Md; Mack Helen; Macron Donald Scott; Maduekwe Echezona Thankgod; Maghsoudlou Behzad Md; Maiorino William Md; Maizel Rahkil; Maldonado Luis Md; Maleson Andrew; Malik Raabeaa A; Mallipattu Sandeep; Malone Jane D; Maneksha Farrokh Rustom Md; Manetta Frank Md; Manganas Louis Nicholas; Mangiameli Susan Walker Md; Mani Anil John Md; Mankes Seth O Md; Mann Noelle N Md; Mansour Mohamed; Mantia Augustus G Md; Mantovani Raymond Peter; Manu Lucian Miron; Margaret Elizabeth Garland; Margulies David M Md; Marino Kristen; Mariwalla Rajesh Md; Mark F Marzouk; Marmor Maury Md Pc; Marquis Belinda Agharese Md; Marrese Damian; Marszalek Joi; Martin Danielle; Martin Jeanne Marie; Mason Maryanna Md; Massasati Lamah; Mastrandrea Iris R; Mathew Alex; Mathew Jasilin; Matilsky Michael Alan; Matkovic Mara Elizabeth; Matthew Adam Barish; Matthews Robert Md; Matuszak Ronald Richard; Maxis Christina Pardo; Maxwell Carolyn; Mcabee Olga L; Mcbrearty Thomas Edward Md; Mcbride Goldieann D Cnm; Mccarthy Mary Sullivan; Mccormick Kerry Mrs.; Mcginley John Mr.; Mckay Erin Maureen; Mclarty Allison Joan Md; Mclehose Linda Elizabeth; Mcloughlin Kammy; Mcmahon Brian Md; Mcmanus Maria A; Meah Fatema Patricia Md; Medin Karen Louise; Mele Patricia Colleen; Melissa A Strafford; Melissa Mullins; Melnick Susan; Meltzer Donna I Md; Meltzer-Krief Eve; Melville Patricia M; Mennella Anthony Michael; Mercado Ray Anthony Md; Meritet Bill Rene; Meyers Susanne; Michael Beck James; Michael P Oliveri; Mielenhausen Kristin F; Milana Carolyn M Md; Miles E Driscoll Md; Miller Charles; Miller Joshua David; Miller-Horn Jill Wallis Md; Mintzer Jonathan P; Mirras Kathryn Demetra; Mishail Alek; Mitchell Lisa Elizabeth; Mitra Raghu N; Mitrani Paul Anthony; Moawad Alaaeldin Md; Mockler Daniel; Mockler Gretchen Md; Mokhtari Forough B Md; Moller Daryn H Md; Molnar Rene; Monahan Laura Jean Md; Monahan Linda; Monahan Sally; Montellese Daniel Ralph; Monthie Paul John; Moore William Md; Morelli Jeanine Murphy; Morgan Maxine P Md; Morganstern Jeffrey Md; Morley Eric; Morrison Mary C Md; Mortensen Melissa M Md; Morvitz Edward; Mourad Mervat A; Muhlrad Jeffrey S Md Pc; Muhlrad Samantha; Muller Douglas Edward Rpa; Munira Husainy Md; Murdocco Richard V Csw; Murphy Noreen; Muse Jill Anne; Mustafa Bina; Mustafa Tanzia; Myo Myat; Nabi Saiqa Haque; Nachman Sharon Appelbaum Md; Nadal Mayra Esther Md; Nadkarni Anand D Md; Nagengast Samantha Haley; Nagpal Inderjeet Singh Md; Nagula Satish Md; Nagula Shreya M; Nasim Javeria; Naso Kristin Patrick Md; Nedelea Dana; Neha S Pawar Md; Nelson Emily G; Nelson Lisa A; Neuman Regina Md; Neuschotz Frieda Md; Newman Robert Michael Pa; Newton Erika Hallett Md; Ng Joseph; Ng Lauren Elizabeth; Nicastri Catherine Md; Nicolescu-Nichols Juliet A Md; Nielsen James Cordry Md; Nord Edward Philip Md; Norman Cruz; Nouvini Rosa; Novotny Howard Seth Md; O'Hea Brian James Md; O'Neill Peter; Obrien Marie Bernadette; Ohenry Jennifer Elizabeth; Oleszak Magdalena Maria; Oleszak Slawomir P Md; Olster Meredith; Opatich Juliana; Osikowicz Donna Marie Md; Osipoff Jennifer N; Ottavio Peter; Paccione Michael Francis Md; Pacheco-Stabile Gretchen; Pachter Jarid Scott; Paci James Michael; Packard William S Md; Packy Theodore F Md; Page Christopher Robin Md; Pak Sang Ik Md; Palamidessi Nicholas; Palermo Roxanne Bernedetta Md; Pallotta John Anthony Md; Palma-Aquino Bethzaida C; Palmer Lucy Md; Palmieri Marco; Pandolfi Jacqueline; Panebianco Richard J Md; Pang Peng; Paniccia Megan; Panzer Arnold D Md; Parasmo Frank J Jr Md Pc; Parekh Aruna J Md; Parikh Purvi; Park Tae Lyong Md; Parker Margaret M Md; Parles James G Md; Parles Stephen Md; Parnia Sam; Parrinello Michael Christopher; Parsey Ramin; Patalano Gina Guastella; Patel Jignesh K; Patel Kalpana M Md; Patel Mandeep K R; Patel Neal; Patel Nick Do; Patel Priti Md; Patel Pruthvi; Patel Rajeev Balwant; Patel Rajoo C Md; Patel Shobha R Md; Pati Susmita; Patnaik Asha; Paul Arunava; Pearl Michael L Md; Pecoraro Philip John Md; Pediatric Professional Care P; Pedrazzi Marianne; Penna James Md; Perera Rohan G; Perera Thushanthi; Perkins Candice G Md; Perrotta Jennifer; Perry Anthony; Perry Shapiro Do; Persheff Nadine A Md; Pesce Steven John Md; Pestieau Sarah; Petersen Matthew L Rpa; Petersen Michael J Md; Pettick Donna F; Peyster Robert G Md; Philip Jasmine; Phillips Jedan Paul Md; Phyllis Macchio; Pileta Lourdes X; Pilip Adalbert; Pillitteri Mark C Do; Plank April; Platnik Bruce H Md; Pollack Vivian; Pomerantz Janet Roberta Md; Pomeroy John Charles Md; Poon Michael Md; Poovathoor Shaji P Md; Pourmand Rahman Md; Pourtaheri Neema; Powell James R Jr. Md; Price Michelle Pegelow; Probst Stephen A Md; Profitlich Laurie E Md; Pryor Aurora; Pushchinska Galyna; Pynn Jennifer Marie; Que Lalaine T Md; Quinn Joseph B Md; Quinn Leslie M Md; Quirk J Gerald Jr Md; Qureshi Muhammad; Raanan Jonathan Lee Md; Radhakrisanan Ravi; Raeder Ernst A Md; Rahman Mohammad Mujibur Md; Rahul Singh Panesar; Rajapakse Ramona O Md; Rakowska Urszula Krystyna Md; Ramesh Nadia S; Ramjisingh Nirupa Ramkumarie; Rany Rafik Makaryus; Rashba Eric Jay Md; Raynor Jayne; Reardon Jennifer; Redmond Martin James Md; Regenbogen Elliot Md; Reilly James Md; Reitano John Michael; Reiter Michael Jason; Reives-Bright Patrice Lanette Md; Reynolds Dorothy Md; Reznyk Yevhen; Ribaudo Thomas P Md; Rich Jennifer Md; Richards Robert J Md; Richman Deborah Chereen Md; Richman Paul S Md; Richter Jessica Jean; Rigas Basil Md; Rimpel Lisa Minerva Md; Rina Meyer; Riordan Haley Anne; Ripton-Snyder Jennifer Faye; Rizk Christine Md; Rizzi Angelo Victor; Roberto Cm Bergamaschi; Roberts Lloyd; Rodriguez Ii Roberto; Rodriguez Jose I Md; Rogu George D Md; Rogu Nicholas; Romano Eleanor J Md; Romano Jeffrey Patrick; Romano Rosario J Md; Ronald Flores Augustine A; Roppelt Heidi J Md; Rosenbloom Ella; Rosenfeld Kenneth I Md; Rosiello Arthur P Md; Rosser Nicole; Rossi Steven A; Rothschild Jordana; Roye Lani; Rutigliano Daniel; Ryder Lycia Maniscalco Do; Ryu Samuel Md; Ryzova-Vaysman Yekaterina; Sadean Mihai R Md; Sadigh Kaveh; Sadlofsky Jason; Salvato Vitina; Salz Michelle; Sam Stanley Md; Samara Ghassan Joseph Md; Sampson Steven Md; Sanchez David Efrain Md; Sandoval Steven Md; Santos Elisa Maria Md; Saradoff Christopher V Md; Satish Magery Nagaraja Md; Saunders Mitchell Alan Md; Saunders Tracie A Md; Sawhney Harinder S Md; Schabel Joy Emma-Lee Md; Scharf Mildred F Np; Scherpirro Jodi Helene; Schery Alexandra; Scherzer Alfred L Md; Schessel David Arthur; Schiavone Frederick M Md; Schleifer Randi Hart; Schneck Gideon L Md; Schonfeld Gail A Md; Schulsinger David A Md; Schuster Michael W Md; Schuval Susan J Md; Schwartz Guy J Md; Schweitzer Mark Eliot Md; Schwinge Genine; Schwinn Hans Dieter Md; Scott Bharathi Md; Scott Herfel; Scotti Alphonso A; Scriven Richard Joseph Md; Sean M Donahoe; Sedler Mark Jeffrey Md; Seidl Corinne Marie; Seidman Peggy A Md; Seidman Roberta J Md; Seifert Frank C Md; Semeisberger Carrie F; Semenyuk Natalie; Serafino Margaret Ann; Seshadri Sangeetha; Shaer Jennifer L Md; Shah Syed Younus Ali Md; Shams Rizwana; Shapiro Marc Jerome Md; Shapiro Nancy G; Sheena C Apun Md Pc; Shenouda David; Sherwin Rhea Elena Md; Sheynkin Yefim R Md; Shoten Stephen Md; Shukla Dinesh Md; Shultz Barbara Ann Phd; Sial Tahira N Md; Sibony Patrick A Md; Sidhu Jasmine Kaur; Sill Elizabeth A; Silverstein David; Silvestro Jerelyn Anne; Simon Lloyd Md; Simon Nina Jill; Simons Gerald Mr.; Sinclair Christopher Michael; Singer Adam; Singh Meenakshi Md; Sini Amanda; Sivadas Rekha; Sklarek Howard Michael Md; Skopicki Hal Andrew Md; Skow Dennis; Skrezec Allison Alexandria; Sloboda Janet Mrs.; Sloniewsky Daniel E Md; Slutsky Jordan Barry; Smaldone Gerald C Md; Smith Letty C; Smithy William B Md; Sneller Hannah Marie; Snow Amorita Migdalia Md; Sodano Rose; Sokol Jacob D Md; Soliman Manal; Solomita Mario; Sommo William Md; Sood Deepika Md; Southard Robert; Speer Esther; Sperandeo Vincent Robert; Spiegel Louis R; Spiegel Rebecca Md; Spinelli Pasqua; Spinnato Tracey; Spinner Warren Daniel Md; Spitzer Eric D Md; Sposito Krystal Lynn; Sprafkin Joyce N Phd; Sridhar Shanthy; Stables-Carney Teresa M; Stanca Carmen Magdalena; Stanley Susan Mary; Steigbigel Roy T Md; Stein Scott Alexander; Steinberg Alan L Md; Steinberg Ellen S Md; Stelea Carmen Felica Md; Stellaccio Francis S Md; Stengel Andrea Curnett; Stephen Bibiana Dudra; Stephen Mark E Md; Stergiopoulos Kathleen Md; Stern Michael R; Stessin Alexander Michael; Steve Sihao Chen; Stoebe Christopher Michael; Stopeck Alison T Md; Strachan Paul M; Strano-Paul Lisa Ann Md; Stratemeier Mike Md; Subramaniam Sampath; Suh Heesuck Md; Sultana Rebeka; Supe-Markovina Katarina Md; Suprenant Valmore; Sushma Kapur Pa; Sussman Howard Robert Md; Sussman Scott E; Suzanne Russell; Svitek Scott; Swoboda Eva Md; Szafran Martin; Stephen Neverbski; Tafuri										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Kimberly Sue; Taglienti Jenna L; Tahmeena Ahmed; Talamini Mark Adams; Tamboli Zeel; Tassiopoulos Apostolos K Md; Taylor James Roy Md; Telem Dana; Tellechea Natasha A Md; Teressa Getu G; Teves-Mani Milagros D; Tewari Neera Kumari; Tharakan Mathew Md; Theoharakis Spiro Md; Thompson Christina; Tique Liliana Md; Titarenko Nataliya; Tito Matthew Frank; Tofano Michael Eward; Tolentino Jonathan Lee; Tomasetti Michelle Marie Rpa; Tonnesen Marcia G Md; Tornos Carmen Md; Torres Luz Idalia; Trabosh Janet Lynn Rpa; Trifaro Pamela; Tsouris John Dpm; Tsui Patricia; Tully Michael J; Tychnowitz Janelle; Umar Mohammed; Utnick Lenore; Vadhan Nehal Pravin; Valdes Edna K Md; Valenti Vanessa; Valentine Edward S Md; Valentino Patrick Paul Do; Vallone Donna Ceil; Valmassoi Janice Md; Van De Vegte G Lucy Md; Vanarsdale Daniel Martin; Vargas-Chen Nubia S Md; Varughese-Raju Joyce; Verardo Louis T; Verga Trevor Anthony; Veronica Ann Marciano; Viccellio Asa William Md; Vincent Robert O Md; Visident Dental Services Pc; Visser Ann Cnm; Vitkun Stephen A Md; Vlay Stephen C Md; Vollmer Vivica Dade Md; Von Althen-Dagum Isabelle M Md; Vosswinkel James Alexander Md; Voutsas Andrea K Md; Vuong William Minh; Wackett Andrew Md; Wadhwa Nand K Md; Wahrheit Denise Elizabeth; Walker Stanford L Md; Wallach David Mitchell Md; Walsh Kathleen; Waltzer Wayne C Md; Wang Edward David Md; Wang Meng; Wang Shu Hsien Md; Wasnick Robert J Md; Watkins Kristine; Wecker Nora Elizabeth Md; Weingart Scott D Md; Weinstein Jonathan Brett; Weisbrot Deborah M Md; Weiss Lee Md; Weiss Tamara Esther Md; Weisz Karen Beth; Wellins Anna-Marie; Wertheim William A Md; West Steven Frederick Md; Westermann Christian Md; White Doris; White-Fricker Elizabeth Post; Wightman Katherine G Md; Wilkerson Sharon; Wilks-Gallo Lisa Sara; Williams Daryl Wesley; Williams Jr Jeffrey Slaney; Willoughby Paul H Md; Willox Debra Mary; Wilson Thomas A Md; Winik Alan M; Winik Sheldon E Dmd; Witek Malgorzata Wieslawa; Woehrle John J Rpa; Woletsky Ira P Md; Wolf Sandra M; Wong Rachel G; Wong Ryan Joshua; Wong Stanley Ping; Woo Henry H Md; Woroch Luboslav; Wos Adam Francis Md; Wright Brian J Md; Wright Megan; Wruck Michelle M; Wu Maoxin Md; Wu Shenhong Md; Wynne Linda; Xikis Renee; Yacoub Adeeb E Md; Yaddanapudi Kavitha; Yadin Zvi; Yan Zengmin; Yang Vincent; Yee Maria; Yel Ilana; Yellon Daniel H Md; Yeung Pomin; Yoon Hannah; Young Shug-Hong; Yu Leesa Yen Yoan; Zacharia Jennie J; Zainul Bibi N Md; Zanolin Domenico Md; Zawin Marlene L Md; Zee Sui Yung Md; Zhang Yue; Zillmann Catharine A; Zoeb Shabnam; Zotto Nicholas Paul Md									
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners contract includes Train the Trainer responsibilities to educate future PAM providers in how to appropriately assist project beneficiaries using PAM.		Project		Completed	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: SCC to identify additional CBO partnerships and county-based resources to be engaged as Community Navigators and trained in PAM		Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Project 2di Workgroup to develop training curriculum and procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: PPS to organize a training strategy with engaged/Contracted CBO partners, listing a schedule, logistics and a trainer directory		Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Community navigators trained in including how to appropriately assist project beneficiaries using the PAM®.		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: PPS to collect description including the following components: the names and roles of team staff trained in PAM®, by whom they were trained, copy of training agenda materials, and team staff roles who will be engaged in patient activation		Project		Completed	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	DY4 Q2	Project	N/A	In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.		Provider	PAM(R) Providers	In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Project Manager engage key project stakeholders to evaluate initial data collected with Project 2di Pilot CBO partnerships to organize Community Navigator strategy needs		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Community navigator needs and scope of work further defined. To include education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Program materials developed to promote education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. Materials are reviewed by the cultural competency & health literacy advisory group.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Project 2di Workgroup to identify key partnerships with CBO's whereby Community Navigators will be readily available to assume direct hand-offs. Will include SCC and Health Home Care managers in the partnerships.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Community Navigators trained		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Contracted CBO's place Community Navigators in key locations (with high visibility) identified "hot spot" areas. Direct handoffs are operationalized based on grass-roots relationships within the contracted CBOs.		Project		Completed	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Project Manager maintain reports from CBO partners as evidence of navigator placement by location		Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 8: Project 2di Committee monitor program logistics and data		Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to ensure project requirements are met										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	DY4 Q2	Project	N/A	In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Navigators educated about insurance options and healthcare resources available to populations in this project.		Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Evaluation of PPS network yields development of resource pool for populations engaged in this project.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Community navigator needs and scope of work further defined. To include education about insurance options and healthcare resources available to UI, NU, and LU populations.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Program materials developed to promote education regarding health insurance coverage. Materials are reviewed by the cultural competency & health literacy advisory group.		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Engaged Community Navigators trained educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Project Manager maintain reports from CBO partners, List of navigators trained by PPS; List of the PPS trainers; Training dates; Written training materials		Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	DY4 Q2	Project	N/A	In Progress	09/30/2015	09/30/2018	09/30/2015	09/30/2018	09/30/2018	DY4 Q2
Task Timely access for navigator when connecting members to services.		Project		In Progress	09/30/2015	09/30/2018	09/30/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Project 2di Workgroup to engage CBO's in a series of planning discussions around Community Navigators access to County-based resources. Objective to ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify network of healthcare providers, and provide list		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3

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to Community Navigators as resource to connect members to primary/preventive care services										
Task Step 3: Policies and procedures for intake and/or scheduling staff to receive navigator calls		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Identify initial set of Community Navigator staff to roll-out strategy		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Train Community Navigators, initial set will be used as future "trainers"		Project		Completed	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Regional strategy organized for engaged/contracted CBO's across the County		Project		Completed	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Strategy is rolled out across all engaged/contracted CBO's and incorporated into on-boarding of all newly engaged/contracted CBO's and PAM Providers		Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 9: Project Manager manintain policies and procedures for intake and/or scheduling staff to receive navigator calls; director and list of provider intake staff trained by the PPS		Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 5: Key Project Stakeholders engaged to develop program strategy outlining how the PPS will monitor and ensure timely access for navigators (eg. What data is being collected, who is reviewing, log, reporting procedures) mange in relation to contractual requirements for engaged/contracted partners		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports as needed for submission of quarterly reports.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying		Project		Completed	09/30/2016	03/31/2017	09/30/2016	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
targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 13: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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.	General Program Narrative: During DY3Q1, the SCC Community Partners have continued to engage the DSRIP community in PAM surveys, primary care navigation, and wellness coaching. These efforts are led primarily by the Economic Opportunity Council, The Association for Mental Health and Wellness, Hudson River Healthcare, Planned Parenthood Hudson Peconic and Northwell Health System. The SCC and its partners have completed 5,527 PAM Surveys in Suffolk County and have exceeded the DY3Q1 patient engagement goal of 3,180 PAM surveys by 73 percent. The SCC finalized the CHAP Development Plan during DY3Q1 to identify and then operationalize strategies to increase patient engagement in DY3 and subsequently DY4 and DY5. In anticipation of increasing patient engagement numbers beginning in DY3, the SCC is working to secure additional partner agreements in the coming quarter. These agreements will allow greater community engagement in PAM survey, navigation, and coaching efforts. Additionally, as the SCC secures additional partners in the upcoming quarter, additional training of providers, staff, students, and others in Project 2di Patient Activation Measure (PAM®) & the PAM® Survey Tool, Project 2di PAM® Coaching for Activation, and Project 2di Community Navigation Program will occur. Currently over 350 people have received this training DYTD. The SCC continues its successful partnership with CipherHealth in developing their View platform for the purposes of documentation and reporting of CHAP Community Navigation and Wellness Coaching activities. Currently, representatives of Cipher and SCC internal stakeholders meet on a weekly basis to customize the View platform to meet the needs of the CHAP project. These updates to the View platform will allow SCC to generate reports on engagement, coaching efforts, as well as referrals to primary care providers and other community resources, which will inform and guide the program as it continues to expand. SCC recently introduced a new method of managing both program and performance activities in conjunction with Hub partners through Project Management Teams. The CHAP Project Management team met on June 22, 2017 and will meet regularly with a goal of implementing special projects and monitoring performance and program metrics.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	The SCC has also developed a screening tool and a Protocol for Engaging Low/Non-Medicaid Users through Self-Reporting. The protocol outlines the procedures for engaging the low/non-Medicaid users to ensure they meet the criteria before engagement. Engagement of the low/non utilizers will increase the ability of SCC and its partners to survey and engage this critical population in coaching and navigation supports.
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). • 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.	
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: • 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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
• 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.	
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.	
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.	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Complete	
Milestone #13	Pass & Complete	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
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	Mid-Point Assessment Narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Results for CG-CAHPS Survey of the uninsured	Completed	Results for CG-CAHPS Survey of the uninsured	12/01/2016	12/31/2016	12/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Submit Pam Data Submission Template for MY Years	Completed	Submit Pam Data Submission Template for MY Years	12/01/2016	12/31/2016	12/01/2016	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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	
Results for CG-CAHPS Survey of the uninsured	
Submit Pam Data Submission Template for MY Years	

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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.

INFRASTRUCTURE CHALLENGES: 1) The PPS will need to properly manage workforce transitions, including the hiring of more BH staff and retraining existing staff to adjust to new model. 2) Agencies may not be able to meet the demand as additional people in need are identified. 3) Demand for CM outstrips supply.
INFRASTRUCTURE REMEDIES:1) Experienced current staff within the PPS will train providers and develop curricula for future workforce. Stony Brook's Psychiatry Residency is developing a community-based Residency to expand the number of psychiatrists. The PPS will seek out interested participating partners to identify opportunities for collaboration while developing this program. The PPS will actively pursue collaborative relationships with labor unions 2) Address through workforce training and developing a web-based platform for disease self-management and telepsychiatry as an alternative solution for providing care. 3) As a part of the 2.a.i project, the PPS is developing a CM staffing plan to increase the care management capacity across Suffolk County to meet patient demand.

PROVIDER CHALLENGES: 1)Participating PCPs/FQHCs within the PPS may struggle with meeting and maintaining PCMH standards. 2) PCPs lack understanding of antidepressant medication management (AMM), documentation and treatment of BH conditions. 3) Lack of overall provider participation.
PROVIDER REMEDIES: 1) Leverage Current PCMH providers to provide technical assistance. Stony Brook practices have already achieved 2011 PCMH certification and will be relied upon to advise other practice partners on transitioning to Level 3. 2) Engage prescribing experts to provide education and work with payers to improve AMM HEDIS measures. 3) The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives. The Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation. Finally, the formation of a PPS wide MCO Relations team will utilize the provider feedback to better structure value-based provider payment methodologies so that providers are being appropriately compensated for DSRIP participation.

PATIENT CHALLENGES: 1) Language, health literacy, cultural competency barriers prevent patients from receiving the care that they need in a timely manner 2) Food/housing issues for target population lead to increased likelihood of decreased health status 3) Transportation and health care access challenges.
PATIENT REMEDIES: 1) The PPS will provide access to Spanish speaking providers, patient materials translated, and at 5th grade reading level. The PPS will also emphasize staff training on cultural competency 2) The PPS will address food/housing issues through geographic collaborative linking sites with CM, housing providers, food pantries. 3) CM Service Dollars for legacy providers available for medical/non-medical transportation, but will build or expand additional resource.

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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**
DY4,Q4	45,059

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	3,598	17,991	23,849	33,734
	Quarterly Update	14,739	0	0	0
	Percent(%) of Commitment	409.64%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ3ai_MDL3ai2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16777.docx	SCC will upload the actual excel files in Q2	07/27/2017 03:53 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Models Selected		
Model 1	Model 2	Model 3

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Determine which practices will participate in Model 1 including co-location of a Behavioral Health Specialist			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for behavioral health practitioner			Project		Completed	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Finalize contract template for contracting with BH Providers and PCP practices participating in Model 1 - contract on ongoing basis			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals). Workgroup to include			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	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
providers from all service categories including project specific categories: behavioral health (substance use disorder, mental health) and CBOs											
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process			Project		Completed	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)			Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, Current Integrated BH and SUD practices, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.			Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners			Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing			Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices			Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 13: Establish policies and procedures to achieve			Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites											
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes			Project		Completed	08/01/2015	07/31/2016	08/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 16: Collect and monitor current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Collect and maintain current list of practitioners and licensure performing services at PCMH sites and Behavioral health and SUD practice schedules			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress			Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)			Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met			Project		In Progress	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices			Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.											
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants			Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project			Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs			Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan			Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders			Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis			Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)			Project		Completed	04/01/2015	10/31/2016	04/01/2015	10/31/2016	12/31/2016	DY2 Q3
Task Step 9: Create baseline survey for engaged Primary Care Providers to assess readiness for project implementation			Project		Completed	06/01/2015	08/30/2015	06/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols			Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers			Project		Completed	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.			Project		Completed	06/01/2015	11/30/2015	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.			Project		Completed	05/01/2015	07/31/2016	05/01/2015	07/31/2016	09/30/2016	DY2 Q2
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q4	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).											
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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of BH specialists.			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Begin contracting with providers and Behavioral Health Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule			Project		Completed	09/30/2015	11/30/2015	09/30/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 4: Identify Waiver Needs for Article 28 clinics to allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers			Project		Completed	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Develop procedures to document screenings			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Primary Care Practices to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Identify initial set of staff from identified PCP			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
practices who require training and determine training schedule											
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained			Project		Completed	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 15: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
basis											
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.			Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task			Project		Completed	06/01/2015	09/30/2016	06/01/2015	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
Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.											
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.			Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral			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

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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
Health practices and are available.											
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Determine which behavioral health practices will participate in Model 2 including co-location of Primary Care Services			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for primary care practitioner			Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 3: Finalize contract template for contracting BH Providers and PCP practices participating in Model 2 - contract on ongoing basis			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).			Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process			Project		Completed	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment) and Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings			Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use			Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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Readiness and Resource allocation readiness.											
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing			Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices			Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites			Project		Completed	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 16: Collect and maintain current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Collect and maintain current list of primary care practitioners and services including licensure performing services at behavioral health site and Behavioral health practice schedules			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress			Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop process to promote and ensure			Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)											
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met			Project		In Progress	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices			Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6a: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation			Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7a: Conduct assessment of Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings			Project		Completed	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants			Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project			Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Confirm adequate representation on project			Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2

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stakeholder groups from provider community and CBOs representing all areas including physical health, mental health and substance use disorder											
Task Step 5: Develop project 3.a.i project plan			Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders			Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis			Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, standard workflows)			Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 9: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation			Project		Completed	06/01/2015	07/31/2015	06/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling			Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data			Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based standards of care, medication management, care engagement processes, practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols			Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based standards			Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

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of care, medication management and care engagement process, and practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers											
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.			Project		Completed	06/01/2015	11/30/2015	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.			Project		Completed	06/01/2015	07/31/2016	06/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 16: Implementation plan initiated with engaged/contracted partners			Project		Completed	06/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 17: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met			Project		Completed	06/01/2016	12/31/2016	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 18: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary			Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY3 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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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).											
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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of Primary Care services			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Begin contracting with BH providers and Primary Care Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule			Project		Completed	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 4: Confirm authority or waivers that allow on-site preventive and evaluation management services by Article 31 clinics			Project		Completed	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Develop procedures to document screenings			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	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy											
Task Step 8: Behavioral Health sites to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Identify initial set of staff from identified Behavioral Health sites and PCP providers who require training			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained			Project		Completed	05/01/2016	09/30/2016	05/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 15: Participating Behavioral Health Sites are implementing evidence based screening tools in workflow, screening all patients			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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demonstrating that warm transfers have occurred											
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.			Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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will transition into the longer term strategic reporting solution when it becomes available.)											
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.			Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

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Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.											
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q4	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants			Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project			Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders			Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs			Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan			Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders			Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis			Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 8: Educate key project stakeholders engaged in project on the methodologies utilizing IMPACT Model resources. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Create baseline survey for Primary Care Providers to assess readiness for project			Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3

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implementation											
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling			Project		Completed	06/01/2015	04/30/2016	06/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data			Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Implementation plan initiated with engaged/contracted partners			Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met			Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 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	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage key project stakeholders in IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.			Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 2: Confirm adequate representation on project stakeholder groups from provider community and CBOs			Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Develop project 3.a.i project plan			Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 4: Organize weekly communications and meeting series with key project stakeholders			Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 5: Charge 3ai workgroup to develop and approve collaborative care practices including: practice guidelines to ensure evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician & care manager and policies and procedures regarding frequency of updates to guidelines and protocols			Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Utilize IMPACT model collaborative care standards as a resource in designing evidence based policies and procedures for consulting with Psychiatrist.			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Develop Clinical Guidelines Summary, evidence based practice guidelines to be included in IMPACT model Implementation Plan to serve as guide for participating providers			Project		Completed	04/01/2015	05/31/2016	04/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task Step 8: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.			Project		Completed	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 9: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines;			Project		Completed	06/01/2015	07/31/2016	06/01/2015	07/31/2016	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
Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.											
Task Step 10: Incorporate IMPACT Model strategies into 3ai Model 3 Implementation training and schedule			Project		Completed	06/01/2015	07/31/2016	06/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 11: 3ai Workgroup engaged to monitor implementation of IMPACT Model strategies to assure schedule and metrics are met			Project		Completed	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage PPS care management key stakeholders to determine how PPS Care managers will support IMPACT model requirements including qualifications for Depression Care Managers			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Engage with IT PMO to develop options for how PPS partners will identify Depression Care Manager via Electronic Health Records			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PPS Workforce Project Lead to assist in development of training program			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Task Step 5: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook, utilizing existing IMPACT model training resources to in preparation to provide evidence of IMPACT model training			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Engage Cultural Competency and Health Literacy Project Lead for material review			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Gain approval of training materials by Project 3.a.i Workgroup			Project		Completed	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Initiate training program and oversight, collect name and roles of team staff who are trained to provide evidence of IMPACT model training			Project		Completed	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Participating Primary Care Practices and Care Managers are implementing evidence based screening tools in workflow, screening all patients			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: IT capabilities are in place to document screenings, prevention plans, patient coaching, and other IMPACT interventions Electronic Health Record.			Project		Completed	07/01/2015	03/30/2017	07/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 11: Monitor Depression Care managers to ensure program expectations are being met			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Implementation plan initiated with engaged/contracted partners			Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met			Project		Completed	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary			Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12	DY2 Q4	Model 3	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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Designate a Psychiatrist meeting requirements of the IMPACT Model.											
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Present IMPACT model definition of designated Psychiatrist to 3ai workgroup			Project		Completed	06/01/2015	10/31/2015	06/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage 3ai workgroup and workforce lead to identify workforce needs of psychiatrists			Project		Completed	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 3: Develop plan for meeting the project needs for BH clinicians to assure all IMPACT participants have a designated psychiatrist			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Create registry of IMPACT model participants			Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Begin contracting and on-boarding with providers and supporting psychiatrists using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training			Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Engage PPS Workforce Project Lead to assist in development of training program			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i procedures and scope of work for psychiatrists			Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Engage Cultural Competency and Health Literacy Project Lead for material review			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: IT PMO to initiate planning for EHR Identification of psychiatrists for eligible patients			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step: 11: Key project stakeholders to confirm EHR scope of work			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 12: Gain approval of orientation materials for on-boarded psychiatrists by Project 3.a.i Workgroup			Project		Completed	11/30/2015	09/30/2016	11/30/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Initiate program oversight to monitor policies and procedures for follow up care with psychiatrist			Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Develop method to collect and data warehouse to store roster of patients screened			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients proving at least 90% of patients are receiving screenings			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3: Ensure IT capabilities are in place to document screenings Electronic Health Record.			Project		Completed	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 4: Ensure coordinated evidence-based care protocols are in place including that warm transfers have occurred			Project		Completed	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 5: Collect roster of patients screened			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: Aggregate necessary data sources from participating practices and report to state on quarterly			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
basis											
Task Step 6a: Using patient health records and information from Care Managers and Primary Care team, ensure patients receive adequate treatment and referrals			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6b: Utilize established 3ai Technical Assistance and learning collaborative to move all practices towards use of IMPACT at highest fidelity level			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7a: Monitor and Evaluate partners Using the IMPACT Fidelity Scale, assess success in implementing IMPACT model among PPS partners			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Present IMPACT model definition "stepped care" including SCC approved practice guidelines to key stakeholders			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Initiate Suffolk Care Collaborative evidence based practice guidelines to provide "stepped care" at participating PCP sites			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3: Incorporate Suffolk Care Collaborative IMPACT Model Implementation budget and schedule into 3ai Implementation Plan			Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Monitor providers to ensure stepped care, using IMPACT model requirements and DSRIP Clinical Improvement metrics			Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5: Collect documentation of evidence-based practice guidelines for stepped care			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 Step 6: Aggregate necessary data sources from participating practices and report to state on quarterly basis			Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	Completed	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.			Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries,			Project		Completed	06/01/2015	09/30/2016	06/01/2015	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
HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.											
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.			Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).			Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.			Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	slin2	Other	16_DY3Q1_PROJ3ai_MDL3ai3_PRES1_OTH_3ai_project_narrative_16799.pdf	3ai General Project Narratives	07/27/2017 04:26 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including physical and behavioral health screenings.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Complete	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Complete	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Complete	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Complete	

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

The PPS has identified the following challenges that stand in the way of successful implementation of this project:

PATIENT CHALLENGES: 1) Within Suffolk County, large disparities in race, ethnicity, language and other cultural factors results in the need for diverse health literacy and patient education materials. 2) Lack of public transportation and limited transportation provided by community organizations results in missed follow-up appointments.
PATIENT REMEDIES: 1) Develop patient education materials at a 5th grade reading level. Translation services at health screenings and workshops. Use available resources such as Dr. Harold Fernandez, co-director of Stony Brook University Heart Institute, who can provide assistance in partnering with community leaders regarding solutions to address disparities. 2) Expansion of Suffolk County Accessible Transportation (SCAT), streamline process to make it more accessible. Outreach and educational efforts will be held in the community where these patients live.

PROVIDER CHALLENGES: 1) Lack of standardized communication and coordination processes when facilitating handoffs between multiple entities who will touch the patient. 2) Providers have difficulty impacting smoking; other attempts to address blood pressure are likely to be unsuccessful without addressing smoking first. 3) Obtaining PCP participation in progressing towards meeting project requirements 4) Lack of willingness to participate in additional IT training or delayed rollout of IT training programs
PROVIDER REMEDIES: 1)Develop a more effective OP CM structure and documentation platform with a dedicated practice support team to ensure accurate tracking, care coordination and follow-up of all targeted patients across the continuum of PPS providers. 2) Partner with community organizations that currently have successful smoking cessation programs. 3) The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives.4) PPS to engage providers to receive their input and insights on best practices for implementing IT training programs across the PPS.

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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**
DY4,Q4	14,556

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	1,163	5,814	8,734	11,628
	Quarterly Update	320	0	0	0
	Percent(%) of Commitment	27.52%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Warning: PPS Reported - Please note that your patients engaged to date (320) does not meet your committed amount (1,163) for 'DY3,Q1'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ3bi_MDL3bi2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16779.docx	SCC will upload the actual excel files in Q2	07/27/2017 03:54 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	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of key project stakeholders (including SMEs, internal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.b.i care coordination model		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and adapt evidence based guidelines		Project		Completed	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Project 3.b.i Committee to review evidence based materials and strategies		Project		Completed	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the cardiovascular program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings		Project		Completed	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Identify PPS PCP partners for engagement, timeline, and schedule to implement evidence based strategies		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts such as quarterly report narrative		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
demonstrating successful implementation of project requirements										
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.		Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider		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
concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)		Project		Completed	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 11: Develop written training materials on secure messaging		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners		Project		On Hold	03/01/2016	06/30/2017	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.		Project		Completed	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging,		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3

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alerts and patient record look up)										
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	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 Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2 (IT): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

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contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners		Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process		Project		Completed	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation		Project		Completed	08/31/2015	09/30/2016	08/31/2015	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
of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing		Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices		Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this 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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Sep 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	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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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	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).	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage the Population Health Management Operating Workgroup along with internal and external Project Stakeholders to create a plan for facilitating the use of tobacco control protocols across the PPS		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 2: Create a plan to embed the 5 A's of tobacco control into the electronic medical record		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3: Develop and Document the written materials that will be used by the Suffolk PPS to train providers as needed.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4: Conduct training and develop a system to track all training dates, the number of staff and providers trained.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5: Collect and maintain, in a centralized location, all pertinent project documents including vendor system documentation, periodic self audit reports, list of training dates along with number of staff trained, and written training materials		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish a team of key project stakeholders (including SMEs, internal and external stakeholders) to develop and review treatment protocols for hypertension and elevated cholesterol ensuring they align with national guidelines including the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force (USPSTF)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and adapt treatment protocols for hypertension and elevated cholesterol		Project		Completed	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Enrollment and onboarding of PPS PCPs, Non-PCP, BH into 3.b.i Project by obtaining signed agreements to implement consistent standardized treatment protocols		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Implementation of treatment protocols by contracted and engaged PPS PCPs, Non-PCP, and BH		Project		Completed	03/01/2016	03/01/2017	03/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Step 5: Develop training curriculum as well as written training materials in reference to standardized protocols for hypertension and elevated cholesterol for PPS PCPs, non-PCPs, and BH		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Engage Workforce Project Lead to review training plan and strategy for all identified providers		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Present training curriculum to Project 3.b.i Committee for review		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Present training curriculum to PPS Board for review and approval		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task		Project		Completed	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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Step 10: Identify expert trainers to support needs assessment results for training										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Identify training needs if any from baseline assessment		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol, list of training dates along with number of staff trained, written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols		Project		Completed	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.b.i Committee for Project 3.b.i Care Coordination Model		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.b.i care coordination model. The team should include but is not limited to, contracted/engaged participating partners, cardiovascular educators, nursing staff,		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3

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behavioral health providers, pharmacy, community health workers, and Health Home care managers										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.b.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Identify and formalize policies and procedures for Project 3.b.i care coordination model		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present policies and procedures to Project 3.b.i committee for review		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify team members to collect information on hypertension training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Aggregate and develop written training materials		Project		Completed	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Present training curriculum to Project 3.b.i committee for review		Project		Completed	09/30/2015	12/31/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Present training curriculum to PPS Board for review and approval		Project		Completed	09/30/2015	12/31/2016	09/30/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 11: Identify expert trainer/trainers		Project		Completed	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Keep record of training dates and number of staff trained at each PCP practice		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Monitor efficacy of curriculum by Project 3.b.i Workgroup		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number of staff trained										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of stakeholders to brainstorm opportunities for follow up blood pressure checks without a copayment or advanced appointment and potential partner relationships		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create workflow for providing opportunities for follow up blood pressure checks without copayment or advanced appointment		Project		Completed	11/01/2015	03/01/2016	11/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement and engage external key stakeholders		Project		Completed	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 4: Develop policies and procedures related to blood pressure checks		Project		Completed	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols		Project		Completed	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 6: Present training curriculum to PPS Board for review and approval		Project		Completed	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 7: Engage IT PMO to ensure PPS PCP, non-PCP, and BH practices and care managers are connected electronically to generate rosters of patients, by PCP practice, and provide follow up		Project		Completed	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 8: Implementation of protocols at PPS PCP, non-PCP, and BH practices ensuring all staff can practice to the top of their		Project		In Progress	12/31/2016	12/31/2017	12/31/2016	12/31/2017	12/31/2017	DY3 Q3

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license to provide BP checks with out copayment or advanced appointment										
Task Step 9: Monitor project and collect roster of patients engaged		Project		In Progress	12/31/2016	03/31/2018	12/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met		Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to blood pressure checks, roster of patients, by PCP practice, who have received follow up blood pressure checks		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of stakeholders to develop policies and procedures that ensure blood pressure measurements are taken correctly with correct equipment		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Coordinate and develop training and communication plan with other training requirements for Project 3.b.i establishing policies and procedures for accurate BP measurement		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Incorporate into training blood pressure protocols, parameters, and indicators for physician notification and appropriate technique and use of equipment		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Develop strategy to implement policies and procedures as well as training		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Engage Workforce Project Lead to review training plan for all identified providers		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Task Step 7: Present training curriculum to PPS Board for review and approve		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Incorporate training curriculum into Project 3.b.i Training Program		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Present training curriculum to Project 3.b.i Committee for review		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Present training curriculum to Clinical Governance Committee for review		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 11: Present training curriculum to PPS Board for review and approval		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 12: Identify expert trainers		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record training dates and number of staff trained		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, list of training dates with number of staff trained		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of stakeholders including representatives		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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from the PPS Population Health Management Operations Workgroup to incorporate the Care Management Program into the risk assessment tool, risk assessment documentation and patient stratification protocols for patient follow up										
Task Step 2: Ensure follow up protocols include patient stratification system to identify patients with repeated elevated BP but no diagnosis of hypertension		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Engage Project 3.b.i and Clinical Governance Committee to review and approve protocols for patient follow up		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Engage IT PMO to ensure PPS PCP practices and care managers are connected electronically to identify and schedule patients who have a diagnosis of hypertension and schedule them for a visit		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Identify PCP, non-PCP, and BH PPS partners who have vendor system documentation in place for strategies for implementation		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Identify PPS PCP, non-PCP, and BH partners to be engaged in the project and ensure vendor system documentation is in place and implemented at PPS partner sites		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Develop training curriculum to ensure effective patient identification and hypertension visit scheduling		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Incorporate training curriculum into Project 3.b.i Training Program		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Present training curriculum to Project 3.b.i Committee for review		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 11: Present training curriculum to Clinical Governance Committee for review		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 12: Present training curriculum to PPS Board for review and		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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approval										
Task Step 13: Identify expert trainers		Project		Completed	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 14: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Keep record training dates and number of staff trained		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Establish team of stakeholders including key providers types such as pharmacy to develop policies and procedures that are in place and reflect preferential drugs based on ease of medication where there are no other significant non-differentiating factors		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create policies and procedures for once daily regimens or fixed dose combination pills when appropriate		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Develop strategy to implement policies and procedures at PPS PCPs, non-PCP, and BH		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Engage Project 3.b.i and Clinical Governance Committee to review protocols		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Engage Workforce Project Lead to review training plan for all identified and engaged providers		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedure		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Self-management goals are documented in the clinical record.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Incorporate identification of self management goals, including referral to the PPS Stanford Chronic Disease Self Management program into assessment, education and clinical record documentation process		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Ensure that at least 1 self management goal is documented, reviewed at each visit, and patient progress toward goal, include in 3.b.i training curriculum		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Engage Workforce project lead to review training plan for all identified providers and include person centered methods that include documentation of self management goals		Project		Completed	03/01/2016	05/01/2016	03/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 4: Develop training curriculum that includes self management goals documentation as well as written training materials in reference to home blood pressure monitoring and warm handoff		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Engage Workforce Project Lead to review training curriculum		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Incorporate training curriculum into Project 3.b.i Training Program		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Step 7: Present training curriculum to Project 3.b.i Committee for review										
Task Step 8: Present training curriculum to Clinical Governance Committee for review		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Present training curriculum to PPS Board for review and approval		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Identify expert trainers		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Keep record raining dates and number of staff trained		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish a team of experts/stakeholders to develop a referral and follow-up process to refer patients to community based programs, to document participation and BH status changes, and periodic training to staff on warm hand off		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Task Step 2: Adapt, identify, and incorporate policies and procedures of referral process including warm transfer protocols from Project 3.a.i Project Plan		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Develop strategy to implement referral and follow up process with IT PMO		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Create communication strategy and ensure there is bidirectional communication		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Establish processes to produce documentation of process and workflow including responsible resources at each stage of the workflow		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Obtain written participation agreements with CBOs as applicable		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: Develop training curriculum as well as written training materials		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Present training curriculum to Project 3.b.i Committee for review		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Present training curriculum to PPS Board for review and approval		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 11: Incorporate training curriculum into Project 3.b.i Training Program		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 12: Identify expert trainers		Project		Completed	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		In Progress	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 14: Keep record training dates and number of staff trained		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as polices and procedures of		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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referral process including warm transfer protocols, list of training dates along with number of staff trained, written training materials, written attestation, documentation of process and workflow including responsible resources at each stage of the workflow										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Establish a team of experts/stakeholders to develop and review protocols for home blood pressure monitoring with follow up support, process and workflow including responsible resources at each stage and periodic audit reports and recommendations		Project		Completed	04/01/2015	12/01/2015	04/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create policies and procedures		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Develop strategy to implement home blood pressure monitoring with follow up support		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Determine necessary equipment to be used in the home blood pressure monitoring in conjunction with project budget		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Develop a process to implement monitoring procedures and collect baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 6: Create process to terminate blood pressure equipment from patient's home, daily communication between the device number and the practice or care manager		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Step 7: Engage IT PMO to automate blood pressure monitoring through the electronic medical record in order to provide periodic updates exhibiting an increase of monitoring.. Ensure that receipt of home BP readings is a process built into care manager work flow and coordinates seamlessly with the PCP										
Task Step 8: Develop specific alerts including non-business hours, documentation and integration with the electronic medical record		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Develop training curriculum as well as written training materials in reference to home blood pressure monitoring and warm handoff		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Engage Workforce Project Lead to review training plan for all identified providers		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 11: Present training curriculum to PPS Board for review and approval		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 12: Incorporate training curriculum into Project 3.b.i Training Program		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 13: Present training curriculum to Project 3.b.i Committee for review		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 14: Identify expert trainers		Project		Completed	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 15: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 16: Keep record training dates and number of staff trained		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 17: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring and parodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the IT Population Health Team to design, develop, and implement an automated work driver and scheduling system at PPS partner sites within the electronic medical record		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 2: Engage SCC Care Management Program representatives in the roll out and design of the project		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Determine feasibility of scheduling interoperability at PPS PCP, non-PCP, and BH partner sites		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Generate roster of identified patients with hypertension who have not had a recent visit and schedule them for a visit		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as vendor system documentation, implementation of the system, and roster of identified patients		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Establish team of key stakeholders, including representatives from NY Smoker's Quitline to develop and determine policies and procedures including warm transfer protocols for referrals to the NYS Smoker's Quitline, development of referral and follow-up process		Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2: Present policies and procedures to Project 3.b.i Committee for review and approval		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 3: Organize communication strategy and implementation scope of work, schedule and budget		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Implement policies and procedures at engaged/contracted participating PCP practices		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Task Step 5: Monitor utilization of referral process		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures of referral process including warm transfer protocols		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engaged with Project 3.b.i Committee, health homes, BMI and other identified pertinent stakeholders to define objective and measure to collect for support of hot spot strategy		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Implement collection of valid and reliable REAL (RACE, Ethnicity, and Language) data to develop hot spotting strategy		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Utilize Community Needs Assessment to support hot spotting strategy		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations		Project		Completed	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Initiate agreements with Home Health Organizations for Project 3.b.i (Stanford Model)		Project		Completed	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Design and document process and workflow including responsible resources at each stage		Project		Completed	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3

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Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 8: Adapt written training materials		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Engage Workforce Project Lead in training curriculum design		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training materials to Workforce Committee and Project 3.b.i Committee for review		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to Clinical Governance for review		Project		Completed	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Identify expert trainer/trainers for Project 3.b.i (Stanford Model)		Project		Completed	12/31/2015	09/30/2016	12/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record raining dates and number of staff trained		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Identify locations for Stanford Model to be implemented in hot spot communities		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Contract partner organizations for use of space to hold classes (if applicable) and schedules classes		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Conduct Cardiovascular Self-Management classes on ongoing basis		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 19: Make recommendations based on audit findings by Project 3.b.i Committee		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community patrons										
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abselet Denise A Md										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Non-Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Christine Plante										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abidi Oana Olivia Md										
Task Step 1: Establish team of key stakeholders to develop policies and procedures which reflect principles and initiatives of the Million Hearts Campaign, which include workflow processes written training materials, and the home blood pressure monitoring program		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure policies and procedures include baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Develop communication strategy for the Million Hearts Campaign		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Step 4: Engage Workforce Project Lead to review training curriculum										
Task Step 5: Present policies and procedures that reflect the Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Project 3.b.i Committee for review		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Present policies and procedures the reflect that Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Clinical Governance Committee for review		Project		Completed	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Present policies and procedures to PPS Board for review and approval		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Identify, evaluate, prioritize a list of trainers to train staff at PPS practices engaged in the project		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Determine frequency of staff training and establish calendar of training dates with locations to train staff		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Implement policies and procedures that reflect the Million Hearts Campaign and the home blood pressure monitoring program at PPS partner sites		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Engage Project Committee to monitor, risk mitigation, promote program, and change control Million Hearts Campaign		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring program, documentation of process and workflow including responsible resources at each stage of the workflow and written training materials		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task Step 1: Develop MCO Stakeholder Roster to be engaged in the project		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 2: Include MCO Stakeholders in Project Committee Meetings for Cardiovascular Protocol development for the coordination of services for high risk populations including smoking cessation services and cholesterol screening		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3: Engage MCO Team to develop Cardiovascular Payment Strategy for Cardiovascular related services into MCO strategy		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4: Meet with payers during the planning phase to evaluate triggers and processes for payer care coordination and chronic care services to ensure coordination of care, eliminate gaps in care, and avoid redundant services		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5: Execute Payment Agreements or MOU with MCO for Cardiovascular related services and ensure payers provide coverage and coordination of services benefit		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Collect and maintain all pertinent project artifacts such as written attestation or evidence of agreements		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abselet Denise A Md										
Task Step 1: Develop implementation plan and project specific communications to educate and inform engaged and contracted PCPs, non-PCPs, and BH		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Identify metrics and the method of collection to create baseline assessment		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 3: Initiate Baseline Assessment by the Project 3.b.i Committee		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Collect and aggregate baseline data and determine baseline at each PCP		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.b.i		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Maintain directory of engaged and contracted PCPs		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Initiate Implementation plan and schedule to engage PCPs		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Project Manager presents progress to Project 3.b.i Committee lay project stakeholders		Project		Completed	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met		Project		Completed	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Collect and maintain all pertinent project artifacts such as list of total PCPs in the PPS and list of PCPs engaged in this activity		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	General Program Narrative: The 3bi project focused on the remaining DSRIP project requirements due 3/31/18. The 3bi project committee held a quarterly meeting on 5/12/17. The committee was updated on the progress of the Better Choices, Better Health®- Chronic Disease self-management education workshops, learned about the Clinical Documentation Improvement Program, and viewed the new SCC Community Engagement webpage.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	The 3bi project workgroup convened its last meeting on 4/28/17 and the new Chronic Disease Program Implementation Team met on 6/16/17 for their first meeting. The objectives of this new team meeting include program operations and process improvement, performance improvement, and any additional functions to reach and maintain project goals for the 3 clinical projects (cardio, diabetes and asthma). Team contributors consist of PPS leadership, clinical project leads, and representation from each hub from the program management, performance improvement, and PCMH transformation staff. The project team learned about solutions in progress by major EHR vendors for the 5 A's of Tobacco Control project requirement. To meet the requirement deadline, the team developed a plan to analyze the PPS landscape of practice EHR's, understand the system capabilities and alignment with the project requirement, determine if additional modules need to be integrated into the workflow and what that requires, and prioritize practice EHR integration with completion dates. The PPS tasked this plan to each hub. The Project Manager of Clinical Improvement Strategies, Leslie Vicale, and the Director of Clinical Innovations, Zafar Dalimov, attended a Self-Measured Blood Pressure (SMBP) meeting in Albany, NY on June 13, 2017 to learn more about the current efforts and programs in development around New York state to meet the SMBP need. The PPS signed a partnership agreement with the Suffolk Independent Living Organization to deliver the Better Choices, Better Health Chronic Disease workshops. The Northwell Health hub signed an agreement with the Young Men's Christian Association to deliver the chronic disease self-management workshops. The Director of Clinical Innovations provided informative overviews and instructions to primary care practices for the referrals of patients to the Better Choices, Better Health workshops. The project manager communicated with hospital community outreach directors, case management supervisors, and discharge planners about how to refer patients to the self-management education programs. A Community-Based Organization (CBO) Workgroup convened its first meeting in April 2017. The objective of this workgroup is to address the details and challenges of the Better Choices, Better Health Chronic Disease and Diabetes workshop series by developing solutions and plans of action. Topics include peer leading training opportunities for English and Spanish, increasing referral networks, creating appropriate marketing materials, and developing a web-based workshop registration solution.
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	
Document patient driven self-management goals in the medical record and review with patients at each visit.	
Follow up with referrals to community based programs to document 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	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Ongoing	
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 & Complete	
Milestone #18	Pass & Complete	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Complete	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative	04/01/2016	07/31/2016	04/01/2016	07/31/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

The PPS has identified the following challenges that stand in the way of successful implementation of this project:

PROVIDER CHALLENGES: 1) Difficulty in engaging at least 80% of primary care practices within the PPS. 2) Difficulty addressing issues with medication errors: omissions, duplications, dosing errors or drug interactions. Medication errors are a large driver of readmissions, which will negatively impact the performance of the PPS 3) Ability to achieve PMCH Level 3 recognition by DY 03. The process requires a high degree of coordination and is a key deliverable of project 2.a.i, in addition to this project. 4) Address growing epidemic of Diabetes and Obesity. There is potential difficulty in identifying and engaging the appropriate patients. 5) Engaging PCPs to participate in this project. PCP participation is a key driver of success across all projects and a lack of participation among PCPs will negatively impact achievement of Speed and Scale commitments.

PROVIDER REMEDIES: 1) Show value to PCPs by improving access to comprehensive diabetes education and point-of-care testing (POC-HbA1c). Provide effective care management support. 2) Build medication reconciliation into diabetes care management program to occur at every transition of care: when new medications are ordered, existing orders are adjusted or patients report non-prescriptive medications. Medication adherence will be embedded in all case management protocols, pharmacist support, and will be part of the Stanford Chronic Care educational platform. 3) Provide practice support teams to engage PPS primary care practices to redesign their care delivery processes to move to Level 3 and Advanced Medical Home model. 4)Increase Stanford education resources and also increase CDE resources at a ratio of 2 CDEs to 1,000 people with diabetes in the target population (doubling current capacity in the county) 5)The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives.

PATIENT CHALLENGES: 1) Lack of available public transportation prevents patients from being able to access the necessary care at the appropriate time
PATIENT REMEDIES: 1) Deployment of POC-testing will prevent patients from extra traveling to physician's offices or clinical laboratories, enhancing compliance with national guidelines for regular testing/monitoring. The PPS will also look to partner with existing transportation resources within Suffolk County, such as Suffolk County Accessible Transportation (SCAT), to provide additional transportation resources to patients

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	12,094

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	1,209	6,044	9,066	12,094
	Quarterly Update	4,085	0	0	0
	Percent(%) of Commitment	337.88%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ3ci_MDL3ci2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16785.docx	SCC will upload the actual excel files in Q2	07/27/2017 04:02 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of key project stakeholders (including SMEs, interal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.c.i care coordination model for the managemnt and control of diabetes		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Determine clear work flow processes for the care management/care coordination function that will support the diabetes program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Identify treatment protocols and develop project 3.c.i care coordination model policies and procedures		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Present policies and procedures to Project 3.c.i committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present policies and procedures to Clinical Governance Committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Implement policies and procedures at engaged/contracted particiating PCP practices		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Establish team of experts to develop training process and		Project		Completed	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
workflow for engaged providers plan										
Task Step 8: Monitor development of written training materials		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Engage workforce lead to review training program plan		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Present training materials to Project 3.c.i committee for review		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Present training materials to Clinical Governance Committee for review		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Keep record of process and workflow, including responsible resources at each stage of the workflow		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Identify expert trainer/trainers for project 3.c.i care coordination model		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Determine necessary frequency of staff training and create calendar of training dates with site locations to train staff and train staff for project 3.c.i care coordination model		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 15: Keep record of training dates and number of staff trained at each engaged/contracted PCP partner		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: Create and utilize an audit checklist to determine the status of all forms and supporting documentation		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Make recommendations based on audit findings by project 3.c.i workgroup		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect and maintain, in a centralized location, all pertinent project artifacts such as disease management protocols, documentation of process and workflow, list of training dates along with number of staff trained, written training materials and self-audit reports and recommendations		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Provider	Practitioner - Primary Care	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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PPS has engaged at least 80% of their PCPs in this activity.			Provider (PCP)							
Providers Associated with Completion: Abselet Denise A Md										
Task Step 1: Develop implementation plan and schedule for selected PCPs		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Identify metrics and the method of collection to create baseline assessment		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Initiate Baseline Assessment by project 3.c.i workgroup		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Collect and Aggregate baseline data and determine baseline for each selected PCP		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.c.i		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Maintain directories of engaged/contracted PCPs		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Inititate implemention plan and schedule to engage PCPs		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Monitor plan by Project 3.c.i workgroup		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts such list of total PCPs in the PPS and list of PCPs engaged in this activity		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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 Care coordination processes are established and implemented.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.c.i workgroup for Project 3.d.i care coordination model		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.c.ii care coordination model. The team should include but is not limited to, contracted/engaged particpating partners, diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage Workforce project lead to review training plan for all identified providers		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.c.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Identify and formalize policies and procedures for Project 3.c.i care coordination mode		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Present policies and procedures to Project 3.c.i committee for review		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Present training program to Clinical Governance Committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Identify team members to collect information on diabetic training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Aggregate and develop written training materials		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training curriculum to Project 3.c.i committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to Clinical Governance Committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 12: Identify expert trainer/trainers		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Monitor efficacy of curriculum by Project 3.c.i workgroup		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number for staff trained		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage with Project 3.c.i workgroup, health homes, BMI and other identified pertinent stakeholders to define objective and measures to collect for the support of hot spot strategy		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Implement collection of valid and reliable REAL (Race, Ethnicity, and Language) data to develop Hot Spotting strategy		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Utilize Community Needs Assessment to support hot spot		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
strategy										
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Initiate agreements with Home Health Organizations for project 3.c.i (Stanford model)		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Design and document process and workflow including responsible resources at each stage		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 8: Develop written training materials		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Engage Workforce project lead in training materials development		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training materials to Workforce Committee and Project 3.c.i committee for review		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Present training materials to Clinical Governance for review		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Identify expert trainer/trainers for project 3.c.i (Stanford model)		Project		Completed	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of training dates and number of staff trained		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Identify locations for Stanford Model to be implemented in Hot Spot communities		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Contract with partner organizations for use of space to hold classes (if applicable) and schedule classes		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task Step 17: Conduct Diabetes Self-Management classes on ongoing basis		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 19: Make recommendations based on audit findings by project 3.c.i workgroup		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community partners		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has 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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Develop MCO Stakeholder Roster to be engaged in the project		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2: Include MCO Stakeholders to Project Committee Meetings for Diabetes Protocol development for the coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Engage MCO Team to develop Diabetes Payment Strategy for Diabetes-related Services into payer agreements		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Meet with payers during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 5: Execute Payment Agreements or MOU with MCO for Diabetes-related Services and ensure payers provide coverage and coordination of service benefits										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written attestation or evidence of agreements		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		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	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task EHR meets connectivity to RHIO/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 Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2 (IT): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards		Project		Completed	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7 (IT): Health Information Technology - Create a planned		Project		In Progress	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process		Project		Completed	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)		Project		Completed	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.		Project		Completed	08/31/2015	09/30/2016	08/31/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing		Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
documentation to DOH on progress										
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)		Project		Completed	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices		Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	General Program Narrative: The 3ci project focused on the remaining DSRIP project requirements due 3/31/18. The 3ci project committee held a quarterly meeting on 6/6/17. The committee was updated on the progress of the Better Choices, Better Health®- Diabetes self-management education workshops, learned about the Clinical Documentation Improvement Program, and viewed the new SCC Community Engagement webpage. The 3bi project workgroup convened its last meeting on 4/28/17 and the new Chronic Disease Program Implementation Team met on 6/16/17 for their first meeting. The objectives of this new team meeting include program operations and process improvement, performance improvement, and any additional functions to reach and maintain project goals for the 3 clinical projects (cardio, diabetes and asthma). Team contributors consist of PPS leadership, clinical project leads, and representation from each hub from the program management, performance improvement, and PCMH transformation staff. Ms. Vicale and Mr. Dalimov joined the 3.c.i project lead, Joshua Miller, MD, with the Regional Vice President of the American Diabetes Association, James Sheridan, and Barbara Ortiz of the ADA for a discussion on the creation of a regional diabetes resource webpage. The goal is for the SCC and the ADA to work in partnership to create a single place where clinicians and patients can access local diabetes resources, such as where to obtain diabetes testing materials and patient education. The PPS signed a partnership agreement with the Suffolk Independent Living Organization to deliver the Better Choices, Better Health Diabetes workshops. The Director of Clinical Innovations provided informative overviews and instructions to primary care practices for the referrals of patients to the Better Choices, Better Health workshops. The project manager communicated with hospital community outreach directors, case management supervisors, and discharge planners about how to refer patients to the

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	self-management education programs. A Community-Based Organization (CBO) Workgroup convened its first meeting in April 2017. The objective of this workgroup is to address the details and challenges of the Better Choices, Better Health Chronic Disease and Diabetes workshop series by developing solutions and plans of action. Topics include peer leading training opportunities for English and Spanish, increasing referral networks, creating appropriate marketing materials, and developing a web-based workshop registration solution.
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	

Milestone Review Status

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

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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

Instructions :

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

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

Instructions :

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

The PPS has identified the following challenges that stand in the way of successful implementation of this project:

PATIENT CHALLENGES: Families eligible for Medicaid/uninsured are more likely to have challenges (e.g., low health literacy, difficulty obtaining medications, transportation problems, etc.) that contribute to increased risk for poor asthma-related health outcomes.
PATIENT REMEDIES: Our multi-disciplinary teams will provide consistent asthma education at each encounter within the PPS (i.e. hospital/ED, office, home visit) and tailor interventions to address the unique challenges faced by each patient.

PROVIDER CHALLENGES: 1) Some PPS providers will experience barriers in implementing NHLBI asthma guidelines. 2) Some PPS providers may not have resources to address the cultural/linguistic needs of the diverse Suffolk County population. 3) Provider participation
PROVIDER REMEDIES: 1) The project team will offer all PPS providers education and care redesign support required to meet project goals. This support will include a readiness assessment and guidance on best practices for achieving PCMH Level 3 status, including centralized scheduling, practitioners working at top of license, etc. 2) The PCP practice support teams will offer cultural competency training, including interpretation services use, for all practice staff. 3) Align providers through pay for performance incentives. The Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation.

INFRASTRUCTURE CHALLENGES: 1) Consistency in hiring, training, and supervision of CHWs. 2) Potential difficulty exists in developing collaborative relationships across a diverse group of providers and community partners. If experienced, this could delay patients from receiving appropriate care in a timely manner.
INFRASTRUCTURE REMEDIES: 1) Building upon our existing program, we will hire and train additional management personnel to provide consistent workforce training and supervision. 2) The project team will hold monthly meetings with all project participants, including community partners, to monitor progress and implement shared governance.

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

Instructions :

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

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	6,751

	Year,Quarter	DY3,Q1	DY3,Q2	DY3,Q3	DY3,Q4
PPS Reported	Baseline Commitment	674	3,371	5,065	6,751
	Quarterly Update	2,392	0	0	0
	Percent(%) of Commitment	354.90%	0.00%	0.00%	0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment	0.00%	0.00%	0.00%	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ktambure	Other	16_DY3Q1_PROJ3dii_MDL3dii2_PES_OTH_SCC_DY3Q1_ActivelyEngaged_16781.docx	SCC will upload the actual excel files in Q2	07/27/2017 03:58 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	

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.d.ii workgroup and committee for an asthma home assessment program that will include, but is not limited to: home-based self- management recognition and reduction of environmental triggers; and patient educational materials.		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Present scope of work to Project 3.d.ii Committee		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 4: Present scope of work to Clinical Governance committee for review and approval		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Identify and create list of community medical and social service providers to engage for Project 3.d.ii		Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 6: Develop budget and schedule for the collaboration of community medical and social services providers		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Identify metrics and deliverables to measure and monitor program, which will include, but is not limited to, rosters of patients that received home-care interventions		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		Completed	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Step 8: Identify eligible patients to receive home-assessments										
Task Step 9: Engage community medical and social services providers to present proposals for the assessment of the patient's home environment and supply self-management educational materials to the patient		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Finalize agreements with partners and initiate terms		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Coordinate with contracted CHW Supervisor to monitor schedule for home assessments		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Keep record of asthma patients that receive assessment		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of CHWs who perform home assessments and the frequency of the assessments they perform		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Engage key stakeholders to monitor efficacy of program including provider performance against identified metrics, budget and schedule		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documented agreements with partners, patient educational materials and patient rosters of individuals who received home-based interventions		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1: Identify and establish team of experts to develop		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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intervention protocols, which include workflow processes, staff training materials and patient educational materials to reduce patient's exposure to environmental triggers. Team of experts to include the availability of care support resources such as care managers and specialist access										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Workforce project lead to review training curriculum		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Present intervention protocols and training materials to Project 3.d.ii Committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present intervention protocols and training materials to Clinical Governance committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify areas of high asthma prevalence to strategize training roll-out		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify, evaluate and prioritize a list of trainers to train staff of community medical and social service providers		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Determine frequency of staff training and establish calendar of training dates with locations to train staff		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Collect and consolidate patient education materials for distribution		Project		Completed	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow, written training materials, list of training dates along with number of staff trained and patient educational materials		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Develop and implement evidence-based asthma management guidelines.	DY2 Q4	Project	N/A	Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Task Step 1: Establish team of experts to develop and review evidence-based guidelines (Project Leads, Project Workgroup, & Project Teams)		Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create evidence-based guidelines incorporating NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma as the basis for implementing evidence-based asthma management care, together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Develop strategy to implement and monitor the efficacy of the guidelines		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the asthma program. Ensure seamless coordination of patient outreach and care management effort across all involved providers.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Present evidence-based guidelines and implementation plan to Project 3.d.ii Committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present evidence-based guidelines and implementation plan to Clinical Governance Committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Implement evidence-based guidelines		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Monitor and document the efficacy of the guidelines		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Present results and recommendations as needed for revisions of the guidelines to the Clinical Governance Committee for review		Project		Completed	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as standard clinical protocols, treatment plans and reviewed and revised guidelines		Project		Completed	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of experts to develop training materials for patient education, ensuring that training is comprehensive and utilizes national guidelines for asthma self-management education, with Project 3.d.ii Workgroup		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage Workforce project lead to review training materials		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Present training materials to Project 3.d.ii Committee for review		Project		Completed	01/01/2016	07/31/2016	01/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task Step 5: Present training materials to Clinical Governance Committee for review		Project		Completed	01/01/2016	07/31/2016	01/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task Step 6: Identify and engage with expert Community Health Worker trainer/trainers to determine scope of work for vendors		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Determine scope of work, budget, schedule and the appropriate stakeholders to engage for the implementation of the training and asthma self- management education services		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Task Step 9: Identify and engage vendors to contract for defined scope of work		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Determine frequency of staff training and create calendar of training dates with locations on an ongoing basis to train staff		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Keep record of training dates and attendance roster		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as staff training rosters and patient educational materials		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and conducted training of all providers, including social services and support.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has assembled a care coordination team that includes use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.d.ii workgroup for Project 3.d.ii care coordination model.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.d.ii care coordination model. The team should include but is not limited to, contracted/engaged participating partners, Health Home CMs and SCC CMs (some of whom may be embedded in PCMHs)		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Create and formalize policies and procedures for Project 3.d.ii care coordination model, ensuring coordinated care for asthma patients include social support		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Task Step 4: Present policies and procedures to Project 3.d.ii committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present policies and procedures to Clinical Governance Committee for review		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Engage IDS Workgroup to align Project 2.a.i and Project 3.d.ii objectives of integrating all PPS practices in the PPS with a clinical interoperability system		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify team members to collect information on asthma training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians and community health workers		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Aggregate and develop written training materials		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Engage Workforce project lead to review training plan for all identified providers		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Present training program to Project 3.d.ii committee for review		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 11: Present training program to Clinical Governance Committee for review		Project		Completed	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: Identify expert trainer/trainers		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Monitor efficacy of curriculum by Project 3.d.ii workgroup		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect and maintain, in a centralized location, all		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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pertinent project artifacts such as care coordination team rosters, written training materials, list of training dates and staff trained, contracts, reports, vendor system documentation and process and workflow documentation										
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify and engage key project stakeholders (both internal and external) to develop plan for follow-up services; methods of when and how to perform and document root cause analysis; and as communicating findings with patients and families		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient-facing materials		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Present plan to Clinical Governance committee for review		Project		Completed	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Implementation of Project 3.d.ii post discharge follow-up plan with engaged contracted partners		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain record of post discharge follow-up data which may include follow-up dates and details of follow-up		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such rosters demonstrating follow-up is conducted, and materials supporting that root cause analysis was conducted and shared with family		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	DY2 Q4	Project	N/A	Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has		Project		Completed	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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established agreements with health home care managers, PCPs, and specialty providers.										
Task Step 1: Develop MCO, Health Home care managers, primary care providers, and specialty providers stakeholder Roster to be engaged in the project		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2: Include MCO Health Home care managers, primary care providers, and specialty providers stakeholders to care coordination model development		Project		Completed	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3: Engage MCO Team to develop Asthma Payment Strategy for Asthma-related Services into payer agreements		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Engage with stakeholder group to identify triggers and processes for care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Execute Payment Agreements or MOU with MCO for Asthma-related Services and ensure payers provide coverage and coordination of service benefits		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written agreements		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		Completed	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		Completed	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.		Project		Completed	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	
Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	
Develop and implement evidence-based asthma management guidelines.	
Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	
Ensure coordinated care for asthma patients includes social services and support.	
Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	
Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

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

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Milestone Review Status

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

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

Instructions :

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

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

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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Project 4.a.ii – Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

IPQR Module 4.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.

INFRASTRUCTURE CHALLENGES: 1) Recruiting staff to meet demand and staff's adjustment to Project ASSERT/SBIRT will take time. To be addressed through existing/future workforce training, ongoing mentoring/technical assistance, engagement of Peers and establishment of web-based platform for disease self-management/tele-health. 2) Workflow issues in ED settings where time is a significant factor in throughput. IT can be leveraged to help. 3) The project will need to consider the role of parents/ caregivers/coalitions /teachers/lawmakers/ pastors/youth /peers, etc.

INFRASTRUCTURE RISK MITIGATION a) Work with schools to promote prevention activities/referral relationships. b) Leverage existing health educators to raise awareness of available resources. c) Leverage existing community health workers to address health literacy. d) Leverage community coalitions/prevention providers to support environmental strategies and the building of protective factors while reducing risk factors. e) Leverage a nationally competitive Drug Free Communities grants to promote sustainability.

PROVIDER CHALLENGES: 1) ED/Hospital physicians will need re-training about documentation of SUD/MEB to properly include screening/intervention processes on claims. 2) Difficulties engaging teens in treatment for SUDs. 3) Overcoming myths/attitudes about smoking cessation among those with mental illness. 4) Psychiatrists/Psychiatric Nurse Practitioners will need education about smoking cessation medications/prescriptions. 5) Encouraging overall provider participation.
PROVIDER RISK MITIGATION: 1) Integration/coding/billing experts will be engaged to provide consultation and training for PPS billing and coding staff. 2) Targeted Patient Engagement programs will be aimed at engaging teens in treatment. 3) Contingency Management/Harm Reduction approaches will be used as possible solutions/motivators. 4) Psychiatrists/Psychiatric Nurse Practitioners will need education about smoking cessation medications/prescriptions. 5) Providers will be encouraged and supported to participate through financial incentives, e.g. pay for performance.

PATIENT CHALLENGES: 1) Encouraging people to accept help and/or education (i.e. risking drinking/signs of depression needing to be addressed). 2) Language, health literacy, cultural competency barriers need to be overcome. 3) Transportation to/from appointments in order to engage in care. Capacity to conduct offsite/home visits will be developed by treatment providers.

PATIENT RISK MITIGATION 1)The PPS will develop a Patient Engagement team focused on helping and educating targeted populations 2)The PPS will provide access to Spanish speaking providers, translated patient materials and materials at a 5th grade reading level. Provide staff training on cultural competency. 3)Capacity to conduct offsite/home visits will be developed by treatment providers.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone 1: Identification and engagement of community partners to collaborate in the SBIRT drug and alcohol abuse prevention efforts	Completed	Model 1: SBIRT	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 1: Invite community partners including local health departments to take part in planning	Completed	Step 1: Invite community partners including local health departments to take part in planning	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Develop specific program objectives	Completed	Step 2: Develop specific program objectives	05/01/2015	07/31/2015	05/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Engage with community partners and key project stakeholders who can support project implementation	Completed	Step 3: Engage with community partners and key project stakeholders who can support project implementation	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Developing SBIRT Implementation Plan and Schedule for Suffolk County participating hospital	Completed	Step 4: Developing SBIRT Implementation Plan and Schedule for Suffolk County participating hospital	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Suffolk Care Collaborative to sponsor individuals to attend the OASAS SBIRT Train the Trainer Certification	Completed	Step 5: Suffolk Care Collaborative to sponsor individuals to attend the OASAS SBIRT Train the Trainer Certification	09/01/2015	11/30/2015	09/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 6: Develop geographical collaborations among partners to ensure adequate supports are in place	Completed	Step 6: Develop geographical collaborations among partners to ensure adequate supports are in place	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Develop tracking system to measure number of Individuals screened and engaged in early interventions.	Completed	Step 7: Develop tracking system to measure number of Individuals screened and engaged in early interventions.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Milestone 2: Implement SBIRT protocols in Suffolk County Hospital Emergency Departments to identify residents at high risk for substance misuse	In Progress	Model 1: SBIRT	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and abuse.								
Task Step 1: Formalize SBIRT Implementation Team, ensuring adequate representation from PPS partners participating in project	Completed	Step 1: Formalize SBIRT Implementation Team, ensuring adequate representation from PPS partners participating in project	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Establish learning collaborative within implementation team, leveraging partners already implementing SBIRT protocol	Completed	Step 2: Establish learning collaborative within implementation team, leveraging partners already implementing SBIRT protocol	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Host meetings with implementation team to share best practices and implementation considerations; Track meeting agendas, minutes and attendance on ongoing basis	Completed	Step 3: Host meetings with implementation team to share best practices and implementation considerations; Track meeting agendas, minutes and attendance on ongoing basis	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 4: Develop SBIRT training plan to staff to ensure effective implementation and identification of patients at high risk / in need of further interventions	In Progress	Step 4: Develop SBIRT training plan to staff to ensure effective implementation and identification of patients at high risk / in need of further interventions	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 5: Collect list of training dates along with number of staff trained	In Progress	Step 5: Collect list of training dates along with number of staff trained	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 6: Assist each hospital partner in early implementation following best practices put forth by OASAS	In Progress	Step 6: Assist each hospital partner in early implementation following best practices put forth by OASAS	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 7: Participating partners implement SBIRT protocol in Emergency Departments	In Progress	Step 7: Participating partners implement SBIRT protocol in Emergency Departments	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 8: Measure Number of Individuals Screened and engaged in early interventions as identified by SBIRT protocol	In Progress	Step 8: Measure Number of Individuals Screened and engaged in early interventions as identified by SBIRT protocol	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9: Operationalize tracking system to monitor project implementation, monitor risk and develop risk mitigation strategies	In Progress	Step 9: Operationalize tracking system to monitor project implementation, monitor risk and develop risk mitigation strategies	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone 3: Engage with Prevention Resource Center to design and implement program to reduce	In Progress	Model 2: Underage Drinking	04/01/2015	03/31/2019	04/01/2015	03/31/2019	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
underage drinking among Suffolk County youth following the National Strategic Prevention Planning Framework								
Task Step 1: Identify appropriate point of contact at PRC	Completed	Step 1: Identify appropriate point of contact at PRC	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Engage point of contact at PRC to establish scope of work, program objectives & goals, and fee structure for contracting	Completed	Step 2: Engage point of contact at PRC to establish scope of work, program objectives & goals, and fee structure for contracting	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Establish metrics to measure project goals	Completed	Step 3: Establish metrics to measure project goals	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Collaborate with PRC to write detailed Implementation Plan	Completed	Step 4: Collaborate with PRC to write detailed Implementation Plan	01/01/2016	07/31/2016	01/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task Step 5: PRC implements project	In Progress	Step 5: PRC implements project	11/30/2015	03/31/2019	11/30/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 4: Monitor Prevention Resource Center implementation of program to reduce underage drinking among Suffolk County Youth	In Progress	Model 2: Underage Drinking	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Collect list of training dates along with number of staff trained	In Progress	Step 1: Collect list of training dates along with number of staff trained	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 2: Collect project metrics and data from PRC to monitor program	In Progress	Step 2: Collect project metrics and data from PRC to monitor program	08/01/2016	12/31/2018	08/01/2016	12/31/2018	12/31/2018	DY4 Q3
Task Step 3: Measure Number of youth who received support services associated with underage drinking prevention	In Progress	Step 3: Measure Number of youth who received support services associated with underage drinking prevention	03/31/2018	03/31/2019	03/31/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 5: Engage and implement tobacco-free regulations at participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health	In Progress	Model 3: Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Invite community partners including local health department to take part in planning program initiatives and formalize Tobacco Cessation Workgroup	Completed	Step 1: Invite community partners including local health department to take part in planning program initiatives and formalize Tobacco Cessation Workgroup	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 2: Formalize meeting schedule with Tobacco Cessation Workgroup; Track meeting agendas, minutes and attendance on ongoing basis	Completed	Step 2: Formalize meeting schedule with Tobacco Cessation Workgroup; Track meeting agendas, minutes and attendance on ongoing basis	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Identify and engage with OMH facilities to develop participating provider registry	Completed	Step 3: Identify and engage with OMH facilities to develop participating provider registry	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 4: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	In Progress	Step 4: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 5: Implement tobacco-free regulations in participating OMH facilities	In Progress	Step 5: Implement tobacco-free regulations in participating OMH facilities	08/01/2016	12/31/2018	08/01/2016	12/31/2018	12/31/2018	DY4 Q3
Task Step 6: Track number of OMH facilities that adopt tobacco-free regulations	In Progress	Step 6: Track number of OMH facilities that adopt tobacco-free regulations	12/31/2018	03/31/2019	12/31/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 6: Engage and implement evidence based smoking cessation practices participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health.	In Progress	Model 3: Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Identify and engage with participating OMH facilities	Completed	Step 1: Identify and engage with participating OMH facilities	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify current smoking cessation practices for those with mental illness	Completed	Step 2: Identify current smoking cessation practices for those with mental illness	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	Completed	Step 3: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Engage with workforce lead and project workgroup to design training program for OMH facilities using evidence based guidelines	Completed	Step 4: Engage with workforce lead and project workgroup to design training program for OMH facilities using evidence based guidelines	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Initiate training with engaged OMH facilities	Completed	Step 5: Initiate training with engaged OMH facilities	11/01/2016	06/30/2017	11/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task	In Progress	Step 6: Implement evidence based smoking cessation practices	03/31/2017	12/31/2018	03/31/2017	12/31/2018	12/31/2018	DY4 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
Step 6: Implement evidence based smoking cessation practices participating Office of Mental Health (OMH) facilities implement evidence based smoking cessation practices to reduce tobacco use among adults who report poor mental health		participating Office of Mental Health (OMH) facilities implement evidence based smoking cessation practices to reduce tobacco use among adults who report poor mental health						
Task Step 7: Track number of OMH facilities that adopt tobacco-free regulations	In Progress	Step 7: Track number of OMH facilities that adopt tobacco-free regulations	12/31/2018	03/31/2019	12/31/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1: Identification and engagement of community partners to collaborate in the SBIRT drug and alcohol abuse prevention efforts	General Program Narrative: There are currently 10 Suffolk County hospitals who have gone live with the program, and have implemented the SBIRT screenings in their ED: Brookhaven Memorial Hospital Medical Center, Good Samaritan Hospital, Huntington Hospital, John T. Mather Memorial Hospital, Peconic Bay Medical Center, Southampton Hospital, Southside Hospital, St. Charles Hospital, and Stony Brook Medicine. It is anticipated that St. Catherine of Sienna will fully implement the SBIRT program in their emergency department before the end of DY3Q3. The Stony Brook HUB has drafted an addendum which speaks to the SBIRT services that will be performed at John T. Mather Memorial Hospital, Stony Brook Medicine, Brookhaven Memorial Hospital, Southampton Hospital, and Eastern long Island Hospital. Through this addendum, these hospitals will be given the opportunity to hire an additional full time staff member to support the SBIRT program in the ED. The Stony Brook HUB recognized that these hospitals may need additional staffing to support initiation of this program, and will therefore provide funding for 2 years to finance this individual, after which the hospital will take over this responsibility. A reporting procedure has been created to ensure that these funds are used appropriately, and the hospitals taking advantage of this support will need to submit a financial sustainability plan to demonstrate their commitment to funding this position after the two years of HUB funding is over. Meetings are scheduled for the month of January for the Hospital to review and sign the addendums. To date, Stony Brook Hospital, John T. Mather Memorial Hospital, Brookhaven Memorial Hospital Center, and Eastern Long Island Hospital have signed the addendum. Southampton Hospital will sign their addendum when they are able to secure staff for this position. This quarter, the hospitals that are live with the SBIRT program will be submitting their second quarter SBIRT data to the SCC. In accordance with the consensus reached at our last SBIRT Workgroup meeting, the data fields have been amended. Each hospital will be reporting: Total Number of SBIRT Eligible ED Visits, Number of Individuals Who Refuse Pre-Screening Questions, Number of Positive Pre-Screens; Number of Negative Pre-Screens; Number of Individuals Unable to be Screened; Total Number of

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	Individuals Screened with Full Screen; Number of Individuals Eligible to Receive Full Screen, but Refuse; Number of Positive Full-Screens; Number of Negative Full-Screens; Number of Individuals Eligible for Brief Intervention, but Refuse; Number of Individuals Engaged in Brief Intervention; Number of Passive Referrals; Number of Individuals Referred to Treatment through Warm Handoff; Number of Individuals with Follow-up Appointment Scheduled. This information will be aggregated and shared with the SBIRT Committee each quarter, and will be used to inform quality improvement initiatives for each hospital in order to ensure the success and sustainability of the program.
Milestone 2: Implement SBIRT protocols in Suffolk County Hospital Emergency Departments to identify residents at high risk for substance misuse and abuse.	
Milestone 3: Engage with Prevention Resource Center to design and implement program to reduce underage drinking among Suffolk County youth following the National Strategic Prevention Planning Framework	
Milestone 4: Monitor Prevention Resource Center implementation of program to reduce underage drinking among Suffolk County Youth	
Milestone 5: Engage and implement tobacco-free regulations at participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health	General Program Narrative: Tobacco Cessation Coalition meetings were held in April and June this past quarter. The SCC continues to work closely with Northwell Health's Center for Tobacco Control and the Tobacco Action Coalition of LI to implement the Tobacco Free Campus at Behavioral Health Site initiative. A kick-off breakfast was held on April 25th for participating behavioral health sites. The implementation toolkit, which includes guidelines on how to create tobacco free policies, provide sample policies from different states, technical assistance that the coalition will offer to sites, as well as provider and patient resources for the sites to leverage and use was distributed at the kick-off breakfast. At the kick-off breakfast representatives from the behavioral health sites were asked to complete a Site Readiness Survey to help the initiative leads understand the level of tobacco cessation and education taking place at each site. Using the results from the Site Readiness Survey, individual dashboards were created for each site. These dashboards were presented and explained by the initiative leads at in-person site visits. Areas of improvement and types of assistance needed were discussed during these site visits. The Tobacco Cessation Coalition continues to have a monthly feature in Synergy which featured the kick-off breakfast in April's issue. The SCC continues to work with Patricia Bax at the NYS Smoker's Quitline to promote referrals and engage facilities in the opt-to-quit program.
Milestone 6: Engage and implement evidence based smoking cessation practices participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health.	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

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

Instructions :

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

PATIENT/SOCIOECONOMIC ISSUES RISK #1Limited public transportation results in patients not receiving preventive services, cancer prevention screenings, and missing follow-up appointments.
SOLUTION: Convenient locations developed for on-site education/screening events, leverage the use of mobile screening resources, and engagement of transportation companies to expand availability of transport resources. Through expansion of Suffolk County Accessible Transportation (SCAT) program; the PPS will work to streamline the process to make transportation services more accessible to the patient.
PATIENT/SOCIOECONOMIC ISSUES RISK #2 Large disparities in Race/Ethnicity/Language and other cultural factors results in need for diverse health literacy/patient education materials that are not being met.
SOLUTION: Explore and obtain existing resources and develop those needed with the assistance of national/state experts and PPS partners who know the community.

PRACTICE EFFECTIVENESS RISK #1 Lack of expanded hours to help improve access to education and screening services. Providers might also be resistant to changing their way of operating (e.g., expanded hours, delegating decision making, etc.)
SOLUTION: Work with providers to expand access/hours through the efficiencies recognized within the implementation of the Patient Centered Medical Home model; leverage on-call systems and telehealth options. If providers are not currently using, or familiar with, telehealth technologies, they will receive additional training from the PPS Provider Engagement team. Provider Engagement Team also to work closely with PPS provider network throughout training process to ensure that feedback from the provider community is received and utilized, when appropriate.
PRACTICE EFFECTIVENESS RISK #2 Trend of clinical office staff not practicing at "top of license" to do education and schedule necessary screenings, which contributes to access issues.
SOLUTION: Workforce training/mentoring and build efficiencies into workflows with clearer role definitions to be sure that the necessary education and screenings get accomplished.
PRACTICE EFFECTIVENESS RISK #3 Lack of education and awareness on the part of providers of current best practice prevention recommendations and community resources.
SOLUTION: Provider and office staff education on current recommendations; create tool kits that providers can use to refer patients to available free or low cost education and screening resources in the community.
PRACTICE EFFECTIVENESS RISK #4 Lack of resources for PCPs to tackle myriad issues.
SOLUTION: Align PCPs through pay for performance incentives. The PPS wide Provider Engagement Team will also work with the PPS provider network to identify alternative solutions (non-financial) for incentivizing providers to increase participation. This will occur through the two-way communication strategy and will seek input and insights from the PPS provider network.

CARE MANAGEMENT RISK #1
1) Few warm handoffs or standard routes of communication or registries regarding patients who may be in need of education or screenings.
SOLUTION: Leverage a PPS-wide care management documentation platform that includes a registry function and ultimately links with

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EHRs/RHIO. This will ensure that at every opportunity an individual who is in need of services can be easily identified.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone 1: Identify and engage those at high risk for obesity in an effort to decrease the number of Suffolk County Residents who are obese	In Progress	Obesity	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Invite community partners including local health departments to take part in planning program initiatives and formalize Project 4b2 Obesity Prevention Workgroup	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning. Workgroup will be also include representation from local CBO's whose mission is obesity prevention	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Formalize meeting schedule with Project 4b2 Obesity Prevention Workgroup; Track meeting agendas, and attendance on ongoing basis	Completed	Meeting schedule to be posted on PPS website and sent to all committee members	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Identify current programs in the community which share common objective of reducing the prevalence of obesity in Suffolk County	Completed	The committee will help to identify the programs through use of a survey tool	06/01/2015	11/30/2015	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 4: Develop specific programs objectives	Completed	Leveraging the committee's expertise in this field, the PPS plans to refine the program objectives	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Identify and engage with community partners to support project implementation such as PPS Primary Care Practitioners, Hudson River Health Care, and Cornell Cooperative Extension	Completed	There are many under utilized obesity prevention programs in the county - the PPS plans to spread awareness among partners to ensure those at risk are made aware of programs	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Designated partners implement project initiatives	In Progress	Participating primary care providers and PPS care managers to implement risk assessment and being referral activity	01/01/2017	12/31/2018	01/01/2017	12/31/2018	12/31/2018	DY4 Q3
Task Step 7: Collect and monitor identified metrics to measure progress of implementation	In Progress	Step 7: Collect and monitor identified metrics to measure progress of implementation	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 2: Promote community based programs	In Progress	Obesity	04/01/2015	03/31/2019	04/01/2015	03/31/2019	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
which support nutrition and weight loss in an effort to decrease in the number of Suffolk County Residents who are obese								
Task Step 1: Engage Project 4b2 Obesity Prevention Workgroup to develop comprehensive resource guide and calendar of events, educational activities and health fairs highlighting those which share common objectives of reducing the prevalence of obesity in Suffolk County	Completed	Develop a centralized resource including as many known resources as possible to distribute to care management and provider community	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Suffolk Care Collaborative Obesity Prevention Resource Guide and events calendar is published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients who are engaged in PAM project as well when necessary	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 3: Resources to be reviewed periodically and updated as information becomes available to connect patients with established programs	In Progress	Step 3: Resources to be reviewed periodically and updated as information becomes available to connect patients with established programs	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 4: Collaborate with care management, community based organizations and other members of care team to coordinate care for identified patients	In Progress	Step 4: Collaborate with care management, community based organizations and other members of care team to coordinate care for identified patients	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 3: Identify and engage Suffolk County residents who may have a desire to quit smoking in an effort to decrease the number of adults 18+ who use tobacco products	In Progress	Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Invite community partners including local health departments to take part in planning program initiatives and formalize Tobacco Cessation Workgroup	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Formalize meeting schedule with Tobacco Cessation Workgroup; Track meeting agendas, and attendance on ongoing basis	Completed	Meeting schedule to be posted on PPS website and sent to all committee members	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 3: Develop clinical goals to reflect evidence based tools such as the 5 A's of tobacco control	Completed	Step 3: Develop clinical goals to reflect evidence based tools such as the 5 A's of tobacco control	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Develop strategy to incorporate 5 A's of tobacco control into EMR of participating PPS providers to identify Suffolk County residents who may have a desire to quit smoking	In Progress	PPS will collaborate with internal IT department to explore how 5 A's will be incorporated	06/01/2015	12/31/2017	06/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 5: Develop strategy to assist in the adoption of electronic NYS Quitline "opt to quit" protocol by participating PPS providers to engage Suffolk County residents who may have a desire to quit smoking	In Progress	Collaboration from PPS internal IT department and NYS Quitline	06/01/2015	12/31/2017	06/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 6: Connect with the NYS Quitline and patient care team, including care management, to ensure adequate follow up and patient navigation. This may include utilizing Quiline's Trained Quit Coaches to provide cessation counseling.	In Progress	The goal is to partner with NYS Quitline to ensure patient receives adequate but not duplicative care	12/31/2015	03/31/2019	12/31/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 4: Promote community based programs which support smoking cessation in an effort to decrease the number of adults 18+ who use tobacco products in Suffolk County	In Progress	Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Engage Tobacco Cessation Workgroup to develop comprehensive resource guide to connect patients to community based smoking cessation resources including group counseling, medication assistance and other evidence based smoking cessation options	Completed	Resource guide to include all current smoking cessation programs in the county including Suffolk County's "Learn to be Tobacco Free"	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Suffolk Care Collaborative Tobacco Cessation Resource Guide published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients who are engaged in PAM project as well when necessary	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task	In Progress	Step 3: Resources to be reviewed periodically and updated as information	11/01/2015	03/31/2019	11/01/2015	03/31/2019	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
Step 3: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs		becomes available to connect patients with established screening programs						
Task Step 4: Collaborate with care management and community based organizations to coordinate patient navigation utilizing established resource guide	In Progress	Step 4: Collaborate with care management and community based organizations to coordinate patient navigation utilizing established resource guide	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 5: Identify Suffolk County residents who are at risk for Lung Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	In Progress	Lung Cancer	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1: Develop Lung Cancer Screening workgroup to assist in planning project initiatives and objectives	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning	04/01/2015	09/01/2015	04/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 2: Determine criteria for those at risk and eligible for Lung cancer screening using current evidence based recommendations	Completed	Workgroup will assist in developing evidence-based Clinical Guidelines for PPS care managers and PCPs	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Determine target areas using hotspot mapping and community needs assessment findings and engage with partners in those areas to begin identifying Suffolk County residents who are at risk and eligible for Lung cancer screening	Completed	The workgroup will collaborate with the PPS practitioner engagement group to target those providers who serve patients at highest risk. Efforts will continue to be spread across entire PPS.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Initiate Project 4b2 Lung Cancer Screening Identification efforts among identified PPS partners including Primary Care Practitioners and Care Management	Completed	Identified partners will begin to identify Suffolk County residents who are at risk for Lung Cancer through pre-screening initiatives	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	11/01/2015	03/31/2020	11/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 6: Promote early detection of Lung Cancer through current screening programs in an	In Progress	Lung Cancer	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
effort to increase percentage of patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Lung Cancer Screening								
Task Step 1: Engage Lung Cancer Screening workgroup to develop comprehensive resource guide to refer patients to current Lung Cancer Screening programs and community screening events	Completed	Resource guide to include Lung Cancer Screening programs in the county which meet the standards endorsed by workgroup	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure materials are developed and delivered in a culturally sensitive manner by consulting with cultural competency committee for review and approval of materials	Completed	Cultural competency committee will review resources to ensure unique patient needs are addressed	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Suffolk Care Collaborative Lung Cancer Screening Resource Guide and educational materials are published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients engaged in PAM project as well	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 4: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	In Progress	Workgroup will be engaged to review and make necessary edits to resources	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 5: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation	In Progress	Resource guide will be utilized by participating providers and partners	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 6: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Workgroup and PPS staff along with IT will look into various options for a means to track patient activity	03/31/2016	03/31/2020	03/31/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 7: Identify Suffolk County residents who are at risk for Breast Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	In Progress	Breast Cancer	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
Task Step 1: Develop Breast Cancer Screening workgroup to assist in planning project initiatives and objectives	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning.	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Determine criteria for those at risk and eligible for Breast cancer screening using current evidence based recommendations	Completed	Workgroup will assist in developing evidence-based Clinical Guidelines for PPS care managers and PCPs	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Determine target areas using hotspot mapping and community needs assessment findings and engage with partners in those areas to begin identifying Suffolk County residents who are at risk and eligible for Breast cancer screening	Completed	The workgroup will collaborate with the PPS practitioner engagement group to target those providers who serve patients at highest risk. Efforts will continue to be spread across entire PPS.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Initiate Project 4b2 Breast Cancer Screening Identification efforts among identified PPS partners including Primary Care Practitioners and Care Management	Completed	Identified partners will begin to identify Suffolk County residents who are at risk for Breast Cancer through pre-screening initiatives	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	11/01/2015	03/31/2020	11/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 8: Promote early detection of Breast Cancer through current screening programs in an effort to increase percentage of patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Breast Cancer Screening	In Progress	Breast Cancer	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1: Engage Breast Cancer Screening workgroup to develop comprehensive resource guide to refer patients to current Breast Cancer Screening programs and community screening events	Completed	Resource guide to include Breast Cancer Screening programs in the county which meet the standards endorsed by workgroup including the NYSDOH Cancer Screening Program Suffolk Contractor	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure materials are developed and delivered in a culturally sensitive manner by consulting with cultural competency committee for	Completed	Cultural competency committee will review resources to ensure unique patient needs are addressed	09/01/2015	10/31/2015	09/01/2015	10/31/2015	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
review and approval of materials								
Task Step 3: Suffolk Care Collaborative Breast Cancer Screening Resource Guide and educational materials are published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients engaged in PAM project as well	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 4: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	In Progress	Workgroup will be engaged to review and make necessary edits to resources	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 5: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation	In Progress	Resource guide will be utilized by participating providers and partners	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 6: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Workgroup and PPS staff along with IT will look into various options for a means to track patient activity	03/31/2016	03/31/2020	03/31/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 9: Promote early detection of Colorectal Cancer through education about the importance of screening and about current screening options and programs available in the Suffolk County Community in an effort to help increase prevalence of early detection of Colorectal Cancer	In Progress	Colorectal Cancer Screening Education	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Develop Colorectal Cancer Screening Education workgroup to assist in planning project initiatives and objectives	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Engage Colorectal Cancer Screening Education workgroup to develop accurate resource guide to connect patients to current Colorectal Cancer Screening programs	Completed	Resource guide to include Colorectal Cancer Screening programs in the county which meet the standards endorsed by workgroup including the NYSDOH Cancer Screening Program Suffolk Contractor	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Develop or adopt evidence based patient	Completed	Step 3: Develop or adopt evidence based patient and provider education materials to educate patients about Colorectal Cancer Screening	07/01/2015	10/31/2015	07/01/2015	10/31/2015	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
and provider education materials to educate patients about Colorectal Cancer Screening importance and screening options as well as available screening resources		importance and screening options as well as available screening resources						
Task Step 4: Ensure materials are developed and delivered in a culturally sensitive manner by consulting with cultural competency committee for review and approval of materials	Completed	Step 4: Ensure materials are developed and delivered in a culturally sensitive manner by consulting with cultural competency committee for review and approval of materials	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 5: Publish resource guide to PPS website and distribute among PPS partners including Primary Care Providers and Care Managers	In Progress	Step 5: Publish resource guide to PPS website and distribute among PPS partners including Primary Care Providers and Care Managers	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 6: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	In Progress	Workgroup will be engaged to review and make necessary edits to resources.	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 7: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation utilizing resource guides	In Progress	Step 7: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation utilizing resource guides	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Mid-Point Assessment	Completed	Mid-Point Assessment Narrative	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1: Identify and engage those at high risk for obesity in an effort to decrease the number of Suffolk County Residents who are obese	General Program Narrative: Project 4bii's quarterly committee meeting was on May 30, 2017. During this quarter key organizations became new members of the 4bii Committee and breast cancer subgroup: the Witness Project of Long Island, Cancer Services Program, and Good Samaritan Hospital Breast Center. The committee continues to aggregate and develop resources for Project 4bii agenda.

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	Project 4bii partners discussed the development of a disease specific resource guide for patient education materials and screening site information for targeted communities. The resource guide is intended to be shared at medical facilities, hospitals, provider practice sites, community based organizations and any other patient engagement site. In addition the Obesity Prevention subgroup lead suggested the use of nutrition focused templated language documents at patient engaging practice sites. The language templated documents are intended to guide the clinician in covering nutritional questions and will be considered as part of strategy for obesity prevention agenda. The documents will be presented to the committee for further review and discussion at the next quarterly project 4bii Committee meeting. In May 2017, some Committee members participated in the Suffolk County Office of Minority Health, Breast Cancer Health Forum. This forum provided patient education breast health material from various well known county breast health educators, which was collected and taken back to share with the entire committee for feedback. The committee members agreed with the content and marketing style of the breast cancer documents; the materials were shared with SCC's CCHL Workgroup for further review and feedback. The quarterly agenda discussion also included strategies to implement a tracking system for referrals and screenings. As a result, 4bii committee members are contemplating the use of a website tracker via SCC's webpage services. The committee will continue to meet on a quarterly basis, with its sub-content leads meeting as needed. In DY3Q1, SCC community engagement webpage has been shared PPS-wide among partners and interested community audiences. As part of Project 4bii's plan, the patient educational materials featured on the community engagement webpage provide members with self-management health resources and tools. This past quarter updated colorectal patient education documents from The Centers of Disease Control and Prevention replaced the outdated colorectal education documents. The 4bii program continues to include and expand its regional outreach, via participation and its presence in partnership and events.
Milestone 2: Promote community based programs which support nutrition and weight loss in an effort to decrease in the number of Suffolk County Residents who are obese	
Milestone 3: Identify and engage Suffolk County residents who may have a desire to quit smoking in an effort to decrease the number of adults 18+ who use tobacco products	
Milestone 4: Promote community based programs which support smoking cessation in an effort to decrease the number of adults 18+ who use tobacco products in Suffolk County	
Milestone 5: Identify Suffolk County residents who are at risk for Lung Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	
Milestone 6: Promote early detection of Lung Cancer through current screening programs in an effort to increase percentage of patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Lung Cancer Screening	
Milestone 7: Identify Suffolk County residents who are at risk for Breast Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	
Milestone 8: Promote early detection of Breast Cancer through current screening programs in an effort to increase percentage of	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Breast Cancer Screening	
Milestone 9: Promote early detection of Colorectal Cancer through education about the importance of screening and about current screening options and programs available in the Suffolk County Community in an effort to help increase prevalence of early detection of Colorectal Cancer	
Mid-Point Assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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Attestation

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

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

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

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 'State University of New York at Stony Brook University Hospital', 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:	UNIVERSITY HOSPITAL
Secondary Lead PPS Provider:	
Lead Representative:	Kevin M Bozza
Submission Date:	09/01/2017 02:28 PM

Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY3, Q1	Adjudicated	Kevin M Bozza	sacolema	09/29/2017 01:52 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The DY3Q1 Quarterly Report has been adjudicated by the IA.	sacolema	09/29/2017 01:52 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.iv	IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iv.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.iv.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.iv.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iv.5 - IA Monitoring	
2.b.ix	IPQR Module 2.b.ix.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.ix.2 - Patient Engagement Speed	Completed
	IPQR Module 2.b.ix.3 - Prescribed Milestones	Completed
	IPQR Module 2.b.ix.4 - PPS Defined Milestones	Completed
	IPQR Module 2.b.ix.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.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.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.c.i	IPQR Module 3.c.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.c.i.2 - Patient Engagement Speed	Completed
	IPQR Module 3.c.i.3 - Prescribed Milestones	Completed
	IPQR Module 3.c.i.4 - PPS Defined Milestones	Completed
	IPQR Module 3.c.i.5 - IA Monitoring	
3.d.ii	IPQR Module 3.d.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.d.ii.2 - Patient Engagement Speed	Completed
	IPQR Module 3.d.ii.3 - Prescribed Milestones	Completed
	IPQR Module 3.d.ii.4 - PPS Defined Milestones	Completed
	IPQR Module 3.d.ii.5 - IA Monitoring	
4.a.ii	IPQR Module 4.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.a.ii.2 - PPS Defined Milestones	Completed
	IPQR Module 4.a.ii.3 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.b.ii.2 - PPS Defined Milestones	Completed
	IPQR Module 4.b.ii.3 - IA Monitoring	

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Section	Module Name / Milestone #	Review 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 & Ongoing	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing	
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 & Complete	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Complete	
	Milestone #7 VBP Milestones TBD	Pass & Ongoing	
	Milestone #8 VBP Milestones TBD	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 & Complete	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Complete	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Complete	

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

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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 & Complete	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all eligible participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Complete	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iv.3 - Prescribed Milestones		
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Complete	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Complete	
	Milestone #3 Ensure required social services participate in the project.	Pass & Complete	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Complete	

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	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Complete	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Complete	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.b.ix	Module 2.b.ix.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.ix.3 - Prescribed Milestones		
	Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	Pass & Ongoing	
	Milestone #2 Create clinical and financial model to support the need for the unit.	Pass & Ongoing	
	Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	Pass & Complete	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	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.	Pass & Complete	
	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	

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Project ID	Module Name / Milestone #	Review Status	
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 & Ongoing	
	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 & Ongoing	
	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) 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.	Pass & Ongoing	
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Complete	
	Milestone #9 Measure PAM(R) components, including: • 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.	Pass & Ongoing	

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	• 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.		
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Ongoing	
	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 & Ongoing	
	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 & Ongoing	
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Ongoing	
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Ongoing	
	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	
	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	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Complete	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Complete	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Complete	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
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 & Ongoing	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Complete	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Ongoing	
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Complete	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Ongoing	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	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 & Complete	
	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.c.i	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.c.i.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Ongoing	
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Complete	
	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Pass & Complete	
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Pass & Complete	
	Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Pass & Ongoing	
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Pass & Ongoing	
3.d.ii	Module 3.d.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.d.ii.3 - Prescribed Milestones		
	Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	Pass & Complete	
	Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	Pass & Complete	
	Milestone #3 Develop and implement evidence-based asthma management guidelines.	Pass & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Pass & Complete	
	Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	Pass & Complete	
	Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	Pass & Complete	
	Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	Pass & Complete	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
4.a.ii	Module 4.a.ii.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing	

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Providers Participating in Projects

	Selected Projects										
	Project 2.a.i	**Project 2.b.iv**	**Project 2.b.ix**	**Project 2.b.vii**	**Project 2.d.i**	**Project 3.a.i**	**Project 3.b.i**	**Project 3.c.i**	**Project 3.d.ii**	**Project 4.a.ii**	**Project 4.b.ii**
Provider Speed Commitments	DY3 Q4	DY2 Q4	DY3 Q2	DY2 Q4	DY4 Q2	DY3 Q4	DY3 Q4	DY3 Q4	DY2 Q4		

Provider Category		**Project 2.a.i**		**Project 2.b.iv**		**Project 2.b.ix**		**Project 2.b.vii**		**Project 2.d.i**		**Project 3.a.i**		**Project 3.b.i**		**Project 3.c.i**		**Project 3.d.ii**		**Project 4.a.ii**		**Project 4.b.ii**	
		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	275	511	232	408	232	408	232	-	232	-	275	408	263	408	263	408	256	408	232	-	232	-
	Safety Net	73	64	69	64	69	64	69	-	69	64	73	64	71	64	71	64	71	64	69	-	69	-
Practitioner - Non-Primary Care Provider (PCP)	Total	1,022	1,615	1,008	1,615	1,008	-	1,008	-	1,008	-	1,022	1,615	1,021	1,615	1,021	1,615	1,014	1,615	1,008	-	1,008	-
	Safety Net	91	128	91	128	91	-	91	-	91	128	91	128	91	128	91	128	91	128	91	-	91	-
Hospital	Total	9	8	9	6	9	6	7	-	7	-	8	-	7	-	7	-	8	-	7	-	7	-
	Safety Net	6	6	6	5	6	5	5	5	5	5	6	-	5	-	5	-	6	-	5	-	5	-
Clinic	Total	11	15	10	-	10	15	8	-	8	-	10	15	9	15	9	15	9	15	8	-	8	-
	Safety Net	9	12	8	-	8	12	7	-	7	12	9	12	8	12	8	12	8	12	7	-	7	-
Case Management / Health Home	Total	2	10	2	10	2	10	2	-	3	-	2	-	2	10	2	10	2	10	2	-	2	-
	Safety Net	2	7	2	7	2	7	2	-	3	-	2	-	2	7	2	7	2	7	2	-	2	-
Mental Health	Total	114	126	114	-	113	126	111	-	111	-	112	126	111	126	111	126	111	-	111	-	111	-
	Safety Net	35	47	35	-	34	47	33	-	33	-	34	47	33	47	33	47	33	-	33	-	33	-
Substance Abuse	Total	5	19	5	-	4	19	4	-	4	-	5	19	4	19	4	19	4	-	4	-	4	-
	Safety Net	5	19	5	-	4	19	4	-	4	-	5	19	4	19	4	19	4	-	4	-	4	-
Nursing Home	Total	37	38	35	-	35	38	37	-	35	-	35	-	35	-	35	-	35	-	35	-	35	-
	Safety Net	35	33	34	-	34	33	35	33	34	-	34	-	34	-	34	-	34	-	34	-	34	-
Pharmacy	Total	0	95	0	-	0	-	0	-	0	-	0	-	0	95	0	95	0	95	0	-	0	-
	Safety Net	0	1	0	-	0	-	0	-	0	1	0	-	0	1	0	1	0	1	0	-	0	-
Hospice	Total	0	1	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-

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Provider Category		Project 2.a.i		Project 2.b.iv		Project 2.b.ix		Project 2.b.vii		Project 2.d.i		Project 3.a.i		Project 3.b.i		Project 3.c.i		Project 3.d.ii		Project 4.a.ii		Project 4.b.ii	
		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	-
Community Based Organizations	Total	12	38	12	38	12	-	12	-	12	-	12	38	12	38	12	38	12	38	12	-	12	-
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
All Other	Total	683	1,079	632	1,079	631	1,079	629	-	629	-	681	1,079	668	1,079	668	1,079	658	1,079	629	-	628	-
	Safety Net	123	176	118	176	117	176	116	-	116	176	122	176	119	176	119	176	119	176	116	-	116	-
Uncategorized	Total	39	-	39	-	39	-	39	-	39	-	39	-	39	-	39	-	39	-	39	-	39	-
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
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
PAM(R) Providers	2.d.i	365	350

* Safety Net Providers in Green

Participating in Projects												
Provider Name	Provider Category	2.a.i	2.b.iv	2.b.ix	2.b.vii	2.d.i	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.ii	4.b.ii
Cooperman Leslie B Md	Practitioner - Primary Care Provider (PCP)											
Pascual Margarita C Pc Md	Practitioner - Primary Care Provider (PCP)											
Pollak Harvey B Md	Practitioner - Primary Care Provider (PCP)											
Kaganowicz Eliza G Md	Practitioner - Primary Care Provider (PCP)											
Grijnsztein Jacob M Md	Practitioner - Primary Care Provider (PCP)											
Bass Lewis Do	Practitioner - Primary Care Provider (PCP)											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iv**	**2.b.ix**	**2.b.vii**	**2.d.i**	**3.a.i**	**3.b.i**	**3.c.i**	**3.d.ii**	**4.a.ii**	**4.b.ii**
Levine Cary L Md	Practitioner - Primary Care Provider (PCP)											
Monetti Henry J Do	Practitioner - Primary Care Provider (PCP)											
Sacher Howard L Do	Practitioner - Primary Care Provider (PCP)											
Chaudry Aziz Ur Rehman Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Platnik Bruce H Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Falkove Michael Pc Md	Practitioner - Primary Care Provider (PCP)											
Mandell Barbara Md	Practitioner - Primary Care Provider (PCP)											
Belding Alfred Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Mantia Augustus G Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nussbaum Michael Md	Practitioner - Primary Care Provider (PCP)											
Hwang Yuan T Md	Practitioner - Primary Care Provider (PCP)											
Fishkin Michael M Do	Practitioner - Primary Care Provider (PCP)											
Kaplan Michael A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bateman Lewis Lee	Practitioner - Primary Care Provider (PCP)											
Zirin Heddy Md	Practitioner - Primary Care Provider (PCP)											
Archer Herbert M Md	Practitioner - Primary Care Provider (PCP)											
Brodsky Paul K Md	Practitioner - Primary Care Provider (PCP)											
Gould Eric Franklin Md	Practitioner - Primary Care Provider (PCP)											
Kaplan Martin P Md	Practitioner - Primary Care Provider (PCP)											
Bradford Michael Jay Md	Practitioner - Primary Care Provider (PCP)											
Ruggiero Robert F Md	Practitioner - Primary Care Provider (PCP)											
Levine Steven M Md	Practitioner - Primary Care Provider (PCP)											
Levites Kenneth B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amityville Internal Medicine	Practitioner - Primary Care Provider (PCP)											
Augustine Viruppamattam M Md	Practitioner - Primary Care Provider (PCP)											
Chin Yin Lee Md	Practitioner - Primary Care Provider (PCP)											
Bevelaqua Frederick A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weinberg Marc Md	Practitioner - Primary Care Provider (PCP)											
Tchao Paul P Md	Practitioner - Primary Care Provider (PCP)											
Tocher Alexander A Md	Practitioner - Primary Care Provider (PCP)											
Weindorf Stanley Md	Practitioner - Primary Care Provider (PCP)											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iv**	**2.b.ix**	**2.b.vii**	**2.d.i**	**3.a.i**	**3.b.i**	**3.c.i**	**3.d.ii**	**4.a.ii**	**4.b.ii**
Consigliere Gino Anthony Md	Practitioner - Primary Care Provider (PCP)											
Gill Devendra K Md	Practitioner - Primary Care Provider (PCP)											
Gill Iqbal Singh Md	Practitioner - Primary Care Provider (PCP)											
Weingarten Clifford M Pc Md	Practitioner - Primary Care Provider (PCP)											
Dantes Araceli R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
German Harold Pc Md	Practitioner - Primary Care Provider (PCP)											
Mathew Kolathu A	Practitioner - Primary Care Provider (PCP)											
Yambo Edwardo M Md	Practitioner - Primary Care Provider (PCP)											
Lao Rogelio S Md	Practitioner - Primary Care Provider (PCP)											
Anto Maliakal Joseph	Practitioner - Primary Care Provider (PCP)											
Panebianco Richard J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwinn Hans Dieter Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karp Michael E Md	Practitioner - Primary Care Provider (PCP)											
Ancona Richard Carmine Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Selter Steven Gerald Md	Practitioner - Primary Care Provider (PCP)											
Cohen Martin Benjamin Md	Practitioner - Primary Care Provider (PCP)											
Boccia Barbara A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Camacho Alicia Urmaza Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tokar Stanley W Md	Practitioner - Primary Care Provider (PCP)											
Altman Stuart J Md	Practitioner - Primary Care Provider (PCP)											
Lin Matthew M Md	Practitioner - Primary Care Provider (PCP)											
Boswell Robert J Md	Practitioner - Primary Care Provider (PCP)											
Parles Stephen Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huang David Md	Practitioner - Primary Care Provider (PCP)											
Rehman Hafiz Ur Md	Practitioner - Primary Care Provider (PCP)											
Celentano John V Md	Practitioner - Primary Care Provider (PCP)											
Hauer David I Md	Practitioner - Primary Care Provider (PCP)											
Sosulski Richard Md	Practitioner - Primary Care Provider (PCP)											
Ludemann Eve Patricia Md	Practitioner - Primary Care Provider (PCP)											
Parasmo Frank J Jr Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schonfeld Gail A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.i**	**2.b.iv**	**2.b.ix**	**2.b.vii**	**2.d.i**	**3.a.i**	**3.b.i**	**3.c.i**	**3.d.ii**	**4.a.ii**	**4.b.ii**
Loiodice Joseph Md	Practitioner - Primary Care Provider (PCP)											
Bautista Orlando	Practitioner - Primary Care Provider (PCP)											
George Usha Md	Practitioner - Primary Care Provider (PCP)											
Hazan Marc B Md	Practitioner - Primary Care Provider (PCP)											
Aaron Michael L Md	Practitioner - Primary Care Provider (PCP)											
Simon Lloyd Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thies Harold L Md	Practitioner - Primary Care Provider (PCP)											
Kleinberg Mitchell Md	Practitioner - Primary Care Provider (PCP)											
Young Shug-Hong	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boughal Richard Patrick Md Pc	Practitioner - Primary Care Provider (PCP)											
O'Brien Dennis Sean Md	Practitioner - Primary Care Provider (PCP)											
Siegelheim Mark Roy	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Bernstein Stephen Glenn Md	Practitioner - Primary Care Provider (PCP)											
Berman Stuart M Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Hertz Howard M Md	Practitioner - Primary Care Provider (PCP)											
Deyhimpanah Reza Md	Practitioner - Primary Care Provider (PCP)											
Ferguson James William Md	Practitioner - Primary Care Provider (PCP)											
Jenkins Mary Dale Md	Practitioner - Primary Care Provider (PCP)											
Mariwalla Rajesh Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nash Bernard J Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Walser Lawrence A Md	Practitioner - Primary Care Provider (PCP)											
Quinn Joseph B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serotoff Marjorie B Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Woletsky Ira P Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Friedman Ross Md	Practitioner - Primary Care Provider (PCP)											
Shepherd Steven William Md	Practitioner - Primary Care Provider (PCP)											
Diaz Ruth Gibe Md	Practitioner - Primary Care Provider (PCP)											
Siddiq Foazia Md	Practitioner - Primary Care Provider (PCP)											
Michalowicz Richard Francis	Practitioner - Primary Care Provider (PCP)											
Goldberg Steven M Md	Practitioner - Primary Care Provider (PCP)											
Trilling Jeffrey Stephen 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.iv**	**2.b.ix**	**2.b.vii**	**2.d.i**	**3.a.i**	**3.b.i**	**3.c.i**	**3.d.ii**	**4.a.ii**	**4.b.ii**
Hampton Phyllis A Md	Practitioner - Primary Care Provider (PCP)											
Leddy Vincent R Md Pc	Practitioner - Primary Care Provider (PCP)											
Roque-Rodriguez Pedro Md	Practitioner - Primary Care Provider (PCP)											
Greene Darius Md	Practitioner - Primary Care Provider (PCP)											
White Joseph C Md	Practitioner - Primary Care Provider (PCP)											
Chernobilsky Lev Md	Practitioner - Primary Care Provider (PCP)											
Wyner Perry A Md	Practitioner - Primary Care Provider (PCP)											
Goswamy Ichcha Md	Practitioner - Primary Care Provider (PCP)											
Stambler Jay Bennett Md	Practitioner - Primary Care Provider (PCP)											
Chandrasekaran Chidambaranath	Practitioner - Primary Care Provider (PCP)											
Perlmutter Robert A Md Md	Practitioner - Primary Care Provider (PCP)											
Sabinsky Richard Neal Md	Practitioner - Primary Care Provider (PCP)											
Spiegel Steven Md	Practitioner - Primary Care Provider (PCP)											
Stretch Gwendolyn Md	Practitioner - Primary Care Provider (PCP)											
Pediatric Professional Care P	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adiyody Joseph Vinod Md	Practitioner - Primary Care Provider (PCP)											
Gupta Arun Kumar Md	Practitioner - Primary Care Provider (PCP)											
Dragone James Anthony Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Sparto Robert Md	Practitioner - Primary Care Provider (PCP)											
Valdman Lyudmila Md	Practitioner - Primary Care Provider (PCP)											
Campbell Lawrence Daniel Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Kornblit Arthur Md	Practitioner - Primary Care Provider (PCP)											
Mattheos P Mary	Practitioner - Primary Care Provider (PCP)											
Peters Robert M Md	Practitioner - Primary Care Provider (PCP)											
Marquis Belinda Agharese Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bobrow Robert S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cusumano Barbara Jane Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kao Wei Md	Practitioner - Primary Care Provider (PCP)											
Weinberg Jed J Md	Practitioner - Primary Care Provider (PCP)											
Ford Patricia Ann Md	Practitioner - Primary Care Provider (PCP)											
Caiati Paul Md	Practitioner - Primary Care Provider (PCP)											

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Ehrlich Martin H Md	Practitioner - Primary Care Provider (PCP)											
Inkeles Sharon Lee Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ebarb Raymond Louis Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anthony N Donatelli Md Pc	Practitioner - Primary Care Provider (PCP)											
Melman Yelena Md	Practitioner - Primary Care Provider (PCP)											
Teplitz Donald Howard Md	Practitioner - Primary Care Provider (PCP)											
Han In Ho Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jaber Rajaa A Md	Practitioner - Primary Care Provider (PCP)											
Faitell David Md	Practitioner - Primary Care Provider (PCP)											
Orshan Steven Gregory Md	Practitioner - Primary Care Provider (PCP)											
Ladinsky Michael Alan Do	Practitioner - Primary Care Provider (PCP)											
Soranno Carl Andrew Md	Practitioner - Primary Care Provider (PCP)											
Bennett Laura Beatriz Grinber	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Forletti Damian Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kass Dan M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kropf Mark Joseph Md	Practitioner - Primary Care Provider (PCP)											
Seodat Vishnudat Md	Practitioner - Primary Care Provider (PCP)											
Bayshore Famiy Medical Care Pc	Practitioner - Primary Care Provider (PCP)											
Sharma Rakesh Kumar Md	Practitioner - Primary Care Provider (PCP)											
Curry Arlene Rose Md	Practitioner - Primary Care Provider (PCP)											
Cohen Ronald B Md	Practitioner - Primary Care Provider (PCP)											
Heinemann Donna F Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kazenoff Robert Md	Practitioner - Primary Care Provider (PCP)											
Parles James G Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ignacio Cruz Zenaida Reyes Md	Practitioner - Primary Care Provider (PCP)											
Schuller Alan Morris Md	Practitioner - Primary Care Provider (PCP)											
Goyal Sudhir Md	Practitioner - Primary Care Provider (PCP)											
Hantverk Jed Allen Md	Practitioner - Primary Care Provider (PCP)											
Collin Pierre Gustave Md	Practitioner - Primary Care Provider (PCP)											
Matthews Katherine L Md	Practitioner - Primary Care Provider (PCP)											
Rodriguez Jose I Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Federbush Richard	Practitioner - Primary Care Provider (PCP)											
Kurfist Lee Anthony Md	Practitioner - Primary Care Provider (PCP)											
Gottlieb Robert Joseph Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strano-Paul Lisa Ann Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nestola Joseph F Md	Practitioner - Primary Care Provider (PCP)											
Burke Stephen M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moulinie Paul Charles Md Pc	Practitioner - Primary Care Provider (PCP)											
Chawla Opkar S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bernardini Dennis Md	Practitioner - Primary Care Provider (PCP)											
Vomero Ernest Md	Practitioner - Primary Care Provider (PCP)											
Baktidy Vlassi Md	Practitioner - Primary Care Provider (PCP)											
Mcdonagh Thomas J Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Quinn Leslie M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bendit Ezra Md	Practitioner - Primary Care Provider (PCP)											
Bebirian Richard John Do Pc	Practitioner - Primary Care Provider (PCP)											
Cyran Daniel J	Practitioner - Primary Care Provider (PCP)											
Schultheis Eric Hayes Md	Practitioner - Primary Care Provider (PCP)											
Hellman Harriet L Cpnp	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meltzer Donna I Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Festa Robert S Md	Practitioner - Primary Care Provider (PCP)											
Kurtz Arthur Samuel Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verardo Louis T	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edward J Hallal Jr Md Pc	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Muscara Cory A	Practitioner - Primary Care Provider (PCP)											
Fagan Ronald C Md Pc	Practitioner - Primary Care Provider (PCP)											
Greenberg Ronald Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Thompson Robin E Md	Practitioner - Primary Care Provider (PCP)											
Patel Nileshkumar Gokal Md	Practitioner - Primary Care Provider (PCP)											
Dilorenzo Randolph Paul Md	Practitioner - Primary Care Provider (PCP)											
Balot Barry Hal Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scharf Mildred F Np	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Chandran Latha Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karnik Ashok M Md	Practitioner - Primary Care Provider (PCP)											
Guram Mohinder K Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Spillane Eileen M Do	Practitioner - Primary Care Provider (PCP)											
Ackerman Kenneth R Md	Practitioner - Primary Care Provider (PCP)											
Santangelo Luzviminda S Md	Practitioner - Primary Care Provider (PCP)											
Cohan Gail A Md	Practitioner - Primary Care Provider (PCP)											
Sygnarowicz Krzysztof A Md	Practitioner - Primary Care Provider (PCP)											
Milton Gayle P Md	Practitioner - Primary Care Provider (PCP)											
Debevoise Susan D Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shanon Roy M Md	Practitioner - Primary Care Provider (PCP)											
Tepper Linda E Md	Practitioner - Primary Care Provider (PCP)											
Deiparine-Sygaco Maria T Md	Practitioner - Primary Care Provider (PCP)											
Constant Mireille M Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Dabbagh Raghda Md	Practitioner - Primary Care Provider (PCP)											
Golinowski Steven C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gardyn Jorge L Md	Practitioner - Primary Care Provider (PCP)											
Duroseau Herold Md	Practitioner - Primary Care Provider (PCP)											
Bhatty Samina Md	Practitioner - Primary Care Provider (PCP)											
Thallur Seetha Md	Practitioner - Primary Care Provider (PCP)											
Renna Mary Ellen Md	Practitioner - Primary Care Provider (PCP)											
Moodhe Carole L Md	Practitioner - Primary Care Provider (PCP)											
Calma Maria Faustina Md	Practitioner - Primary Care Provider (PCP)											
Valinotti Richard J Md	Practitioner - Primary Care Provider (PCP)											
Lerias Edgar F Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bellovin Neil M Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jones Beresford A Md	Practitioner - Primary Care Provider (PCP)											
Gupta Neelam Md	Practitioner - Primary Care Provider (PCP)											
Kochar Jasjit Singh Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Restivo Kathleen M Md	Practitioner - Primary Care Provider (PCP)											
Vaccari Maria Md	Practitioner - Primary Care Provider (PCP)											

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Robbins Stewart A Md	Practitioner - Primary Care Provider (PCP)											
Abraham Mohan P Md	Practitioner - Primary Care Provider (PCP)											
Co Rogelio Md	Practitioner - Primary Care Provider (PCP)											
Giacobbe Robert C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ardito Anthony P Md	Practitioner - Primary Care Provider (PCP)											
Haig Ellen Md	Practitioner - Primary Care Provider (PCP)											
Thompson Bruce Frederick Md	Practitioner - Primary Care Provider (PCP)											
Wertheim William A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mandal Kumar Sankar Md	Practitioner - Primary Care Provider (PCP)											
Valmassoi Janice Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Uy Decerina Md	Practitioner - Primary Care Provider (PCP)											
Teves-Mani Milagros D	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joseph Richard S Md	Practitioner - Primary Care Provider (PCP)											
Lee Susan Y Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Afzal Syed Ali Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Polofsky Robert S Md	Practitioner - Primary Care Provider (PCP)											
Loiodice Louis F Md	Practitioner - Primary Care Provider (PCP)											
Kamdar Nitinkumar B Md	Practitioner - Primary Care Provider (PCP)											
Cipolla Anthony Physician Pc	Practitioner - Primary Care Provider (PCP)											
Caravella Salvatore Joseph Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sacknoff David M	Practitioner - Primary Care Provider (PCP)											
Benoit Marcel M Md	Practitioner - Primary Care Provider (PCP)											
Khanijo Sarita Md	Practitioner - Primary Care Provider (PCP)											
Andrew Zaw Lin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fein Allen Lawrence Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bono Nancy A Do	Practitioner - Primary Care Provider (PCP)											
Esposito Teresa A Do	Practitioner - Primary Care Provider (PCP)											
Khan Muhammad Tariq	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goodrich David J Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pesce Anthony Md	Practitioner - Primary Care Provider (PCP)											
Panzer Arnold D Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Marx Lisa J Md	Practitioner - Primary Care Provider (PCP)											
Gutierrez-Lazo Eleonor Piquer	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bek Esenbike Md Pc	Practitioner - Primary Care Provider (PCP)											
Wasser Stuart Md	Practitioner - Primary Care Provider (PCP)											
Best Henry James Iv Do	Practitioner - Primary Care Provider (PCP)											
Frank-Kaplan Andrea B Md	Practitioner - Primary Care Provider (PCP)											
Nori Venkatesh Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Richheimer Michael S Md	Practitioner - Primary Care Provider (PCP)											
Cramer Elizabeth M	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gambino Charles Anthony Md	Practitioner - Primary Care Provider (PCP)											
Mormando Robert M Md	Practitioner - Primary Care Provider (PCP)											
Kelly Gerald John Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coleman Cathy Marie Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strizik Brian Craig Md	Practitioner - Primary Care Provider (PCP)											
Cardinal Lucien John Ii Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ghooi Ashok Md	Practitioner - Primary Care Provider (PCP)											
Chianese Maurice Joseph Md	Practitioner - Primary Care Provider (PCP)											
Gallagher Eileen Marie Md	Practitioner - Primary Care Provider (PCP)											
Cohen Paul Allen Do	Practitioner - Primary Care Provider (PCP)											
Bianco Roberta Ann Do	Practitioner - Primary Care Provider (PCP)											
Carlson Cynthia Md	Practitioner - Primary Care Provider (PCP)											
Aponte Alex Manuel Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Onal Tracy A Do	Practitioner - Primary Care Provider (PCP)											
Gleit-Caduri Daphne Md	Practitioner - Primary Care Provider (PCP)											
Mitromaras Antoun Saba	Practitioner - Primary Care Provider (PCP)											
Bleecher Charles G	Practitioner - Primary Care Provider (PCP)											
Blando Roberto B Md	Practitioner - Primary Care Provider (PCP)											
Svitek Scott	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Battu Vasantha Kumari	Practitioner - Primary Care Provider (PCP)											
Heda-Maheshwari Meenu Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Ben-Sorek Ethan Samuel Winer Mc	Practitioner - Primary Care Provider (PCP)											

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Kee Mei Yuk Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rahman Mohammad Mujibur Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bernasko James Wilson Md	Practitioner - Primary Care Provider (PCP)											
Sagar Sushil Md	Practitioner - Primary Care Provider (PCP)											
Bolic Martin A Md	Practitioner - Primary Care Provider (PCP)											
Elkoulily Ahmed Moustafa Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woroniecki Robert Peter Md	Practitioner - Primary Care Provider (PCP)											
Kastner Ronnie Efraim Md	Practitioner - Primary Care Provider (PCP)											
Feygin Polina Md	Practitioner - Primary Care Provider (PCP)											
Krotz William Md	Practitioner - Primary Care Provider (PCP)											
Siddiqui Qaiser Md	Practitioner - Primary Care Provider (PCP)											
Yellon Daniel H Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Winkler Ian Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Ravindran Sugianthi	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Flaum Theodore Boyd	Practitioner - Primary Care Provider (PCP)											
Rakowska Urszula Krystyna Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Johnston Jean Madinger Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nimmagadda Phani Rajakumari	Practitioner - Primary Care Provider (PCP)											
Lambert Genevieve Md	Practitioner - Primary Care Provider (PCP)											
Creighton Jill S	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diaz Fredie Colon Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nagpal Inderjeet Singh Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosales Manuel Ramos Md	Practitioner - Primary Care Provider (PCP)											
Schneider Jay Laurence Md	Practitioner - Primary Care Provider (PCP)											
Vollmer Vivica Dade Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Johnson Sabrina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basnayake Kanista	Practitioner - Primary Care Provider (PCP)											
Anand Krishna Md	Practitioner - Primary Care Provider (PCP)											
Goyal Pratima	Practitioner - Primary Care Provider (PCP)											
Wang Shu Hsien Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amin Anjumon A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Zainul Bibi N Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
South Island Medical Care Pc	Practitioner - Primary Care Provider (PCP)											
Stone Janet Audrey	Practitioner - Primary Care Provider (PCP)											
Singh Prempal Md	Practitioner - Primary Care Provider (PCP)											
Rogu George D Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chandrankunnel Rose J	Practitioner - Primary Care Provider (PCP)											
Fiumano Santo James Do	Practitioner - Primary Care Provider (PCP)											
Oleszak Magdalena Maria	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gil John J Md	Practitioner - Primary Care Provider (PCP)											
Savargaonkar Rajesh R Md	Practitioner - Primary Care Provider (PCP)											
Hussain Zeenat Ahmed Md	Practitioner - Primary Care Provider (PCP)											
Lenefsky Ronald I Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Nadal Evan C Do	Practitioner - Primary Care Provider (PCP)											
Zanolin Domenico Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Catalano Lorraine E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haltiwanger Kimberly S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Singh Kamal Kishore Md	Practitioner - Primary Care Provider (PCP)											
Nussbaum Jack Md	Practitioner - Primary Care Provider (PCP)											
Hershey Joel	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mausner Daniel	Practitioner - Primary Care Provider (PCP)											
Kirchblum Mark	Practitioner - Primary Care Provider (PCP)											
Resmovits Marvin	Practitioner - Primary Care Provider (PCP)											
Charytan Morris	Practitioner - Primary Care Provider (PCP)											
Mirski Anna	Practitioner - Primary Care Provider (PCP)											
Gunduz Susan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kenny Daniel	Practitioner - Primary Care Provider (PCP)											
Jetter Vicki	Practitioner - Primary Care Provider (PCP)											
Gleckel Louis Wade Md	Practitioner - Primary Care Provider (PCP)											
Farzana Ahsan Md Pc	Practitioner - Primary Care Provider (PCP)											
Swersky Charles	Practitioner - Primary Care Provider (PCP)											
Kelly James	Practitioner - Primary Care Provider (PCP)											

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Kersten Roger Scott Md	Practitioner - Primary Care Provider (PCP)											
Snow Amorita Migdalia Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parry Steven	Practitioner - Primary Care Provider (PCP)											
Escobar Celia Curran	Practitioner - Primary Care Provider (PCP)											
Shear Stephen Md	Practitioner - Primary Care Provider (PCP)											
Burmeister Rhonda	Practitioner - Primary Care Provider (PCP)											
Salem Alan Md	Practitioner - Primary Care Provider (PCP)											
Grello Ciro Thomas	Practitioner - Primary Care Provider (PCP)											
Marrese Damian	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
George Timothy Gerard Md	Practitioner - Primary Care Provider (PCP)											
Ricca Paul Md	Practitioner - Primary Care Provider (PCP)											
Tabibzadeh Marjan	Practitioner - Primary Care Provider (PCP)											
Keane Brooke Rosen Md	Practitioner - Primary Care Provider (PCP)											
Shapiro Stacey	Practitioner - Primary Care Provider (PCP)											
Patel Shobha R Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gee Christophe	Practitioner - Primary Care Provider (PCP)											
Arcenas Elaine May	Practitioner - Primary Care Provider (PCP)											
Milman Marina	Practitioner - Primary Care Provider (PCP)											
Shapiro Scott	Practitioner - Primary Care Provider (PCP)											
Manners Richard	Practitioner - Primary Care Provider (PCP)											
Selden Reid	Practitioner - Primary Care Provider (PCP)											
Hofilena Celso	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Downs Traci Ann Md	Practitioner - Primary Care Provider (PCP)											
Klein-Ritter Diane Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hyman Susan	Practitioner - Primary Care Provider (PCP)											
Oppenheimer Peter Daniel	Practitioner - Primary Care Provider (PCP)											
Ananda Anupama Md	Practitioner - Primary Care Provider (PCP)											
Kirschbaum Lisa S Md	Practitioner - Primary Care Provider (PCP)											
Lee Michael Alan Md	Practitioner - Primary Care Provider (PCP)											
Bernhardt Stephen R Md	Practitioner - Primary Care Provider (PCP)											
Gerberg Bruce E Md	Practitioner - Primary Care Provider (PCP)											

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Robie Kristin	Practitioner - Primary Care Provider (PCP)											
Tsialas John Do	Practitioner - Primary Care Provider (PCP)											
Dicanio Gary G Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freilich Jeffrey M Md	Practitioner - Primary Care Provider (PCP)											
Cetin Lynn T Md	Practitioner - Primary Care Provider (PCP)											
Wightman Katherine G Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wind Shoshana M Md	Practitioner - Primary Care Provider (PCP)											
Balsamo Donato Michael Do	Practitioner - Primary Care Provider (PCP)											
Cebelenski Rosanne M Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pesce Steven John Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gabriele Douglas	Practitioner - Primary Care Provider (PCP)											
Marshall Andrew	Practitioner - Primary Care Provider (PCP)											
Reilly James Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Higgins James Andrew Do	Practitioner - Primary Care Provider (PCP)											
Rothar John Fitzgerald Md	Practitioner - Primary Care Provider (PCP)											
Bonafede Mary Elizabeth	Practitioner - Primary Care Provider (PCP)											
Mazzeo Robert	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Greco Gina	Practitioner - Primary Care Provider (PCP)											
Burns Denise	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lange Joan Lisanne Md	Practitioner - Primary Care Provider (PCP)											
Meltzer-Krief Eve	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Longjohn Data Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Que Lalaine T Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Persheff Nadine A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eisenberg Pediatrics Pllc	Practitioner - Primary Care Provider (PCP)											
Vieytez Javier F	Practitioner - Primary Care Provider (PCP)											
Sagar Prem	Practitioner - Primary Care Provider (PCP)											
Patel Rajesh	Practitioner - Primary Care Provider (PCP)											
Livoti Charles Christopher	Practitioner - Primary Care Provider (PCP)											
Raio Michael A Jr	Practitioner - Primary Care Provider (PCP)											
North Country Family Health & Med	Practitioner - Primary Care Provider (PCP)											

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Morelli Jeanine Murphy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caston Frederick E Md	Practitioner - Primary Care Provider (PCP)											
Fingergut Judy E	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tellechea Natasha A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Canavire-Weber Carla C Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kabeer Nasreen Md	Practitioner - Primary Care Provider (PCP)											
Nomberg Andrea	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Prentiss David N Md	Practitioner - Primary Care Provider (PCP)											
Shetty Tharun	Practitioner - Primary Care Provider (PCP)											
Bodoutchian Ani A Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Srivastava Rajeev D Md	Practitioner - Primary Care Provider (PCP)											
Lavelle-Jardin Lori	Practitioner - Primary Care Provider (PCP)											
Berger Lisa Md	Practitioner - Primary Care Provider (PCP)											
Lau Bernard Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bollhofer William John Md	Practitioner - Primary Care Provider (PCP)											
Schechter Marc Do	Practitioner - Primary Care Provider (PCP)											
Nedelea Dana	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller Lawrence	Practitioner - Primary Care Provider (PCP)											
Dorschug Sarita K Md	Practitioner - Primary Care Provider (PCP)											
Shaer Jennifer L Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wecker Nora Elizabeth Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sussman Howard Robert Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rao Jhansi	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Chong-Gayle Audrey A Md	Practitioner - Primary Care Provider (PCP)											
Colucci Joseph Carmine Md	Practitioner - Primary Care Provider (PCP)											
Sanchez David Efrain Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leon Jose Silivio Jr Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Lane Susan Wallace Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tom Edward H	Practitioner - Primary Care Provider (PCP)											
Jivani Aslam Aziz Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gensler Zev Marc Md	Practitioner - Primary Care Provider (PCP)											

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Siddiqui Sara Y	Practitioner - Primary Care Provider (PCP)											
Mattimore Derek Noel Md	Practitioner - Primary Care Provider (PCP)											
Rubinos Marcia Md	Practitioner - Primary Care Provider (PCP)											
Ezer Gay Elana Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thomas Joseph Md	Practitioner - Primary Care Provider (PCP)											
Gollapalli Sekhar Md	Practitioner - Primary Care Provider (PCP)											
Rich Jennifer Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ciancaglini Emilia Md	Practitioner - Primary Care Provider (PCP)											
Mangiameli Susan Walker Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pati Susmita	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haque Abu Muhammad M Md	Practitioner - Primary Care Provider (PCP)											
Jacqueline M Spencer Do Pc	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Patel Priti Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schiller Kevin J Do	Practitioner - Primary Care Provider (PCP)											
Anselmi Christopher M Md	Practitioner - Primary Care Provider (PCP)											
Buffa Peter D Md	Practitioner - Primary Care Provider (PCP)											
Rand Lawrence M Md	Practitioner - Primary Care Provider (PCP)											
Vargas-Chen Nubia S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kavesteen David Md	Practitioner - Primary Care Provider (PCP)											
Azaz Mohammed Rafeuddin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Holmes Darius Anton Md Pc	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Dorval-Drocely Marie Jose Md	Practitioner - Primary Care Provider (PCP)											
Hiby Erika Hsiu Md	Practitioner - Primary Care Provider (PCP)											
Altman Alisa N Md	Practitioner - Primary Care Provider (PCP)											
Lone Anser N Md	Practitioner - Primary Care Provider (PCP)											
Osipova Lada Do	Practitioner - Primary Care Provider (PCP)											
Termini Medical Care Pc	Practitioner - Primary Care Provider (PCP)											
Constantatos Constantinos Md	Practitioner - Primary Care Provider (PCP)											
Anwar Jalil Md	Practitioner - Primary Care Provider (PCP)											
Giantinoto Salvatore J Do	Practitioner - Primary Care Provider (PCP)											
Farmer Benjamin Troy Md	Practitioner - Primary Care Provider (PCP)											

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Ryzova-Vaysman Yekaterina	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fraser-Farmer Gail A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Negron Michol Md	Practitioner - Primary Care Provider (PCP)											
Zubrinc Kim Md	Practitioner - Primary Care Provider (PCP)											
Womack Lawrence	Practitioner - Primary Care Provider (PCP)											
Narain Tulika Md	Practitioner - Primary Care Provider (PCP)											
Berger David J	Practitioner - Primary Care Provider (PCP)											
Kee Mitsu A	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Meah Fatema Patricia Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moerck-Johnson Deborah Ann	Practitioner - Primary Care Provider (PCP)											
O'Connor John Md	Practitioner - Primary Care Provider (PCP)											
Purrier Steven D	Practitioner - Primary Care Provider (PCP)											
Scherpirro Jodi Helene	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sisselman Jill	Practitioner - Primary Care Provider (PCP)											
Sisselman Stephen	Practitioner - Primary Care Provider (PCP)											
Yan Karen Joan Md	Practitioner - Primary Care Provider (PCP)											
Field Jonathan Md	Practitioner - Primary Care Provider (PCP)											
Baram Lena Diane Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abrons Mitchell Lloyd Md	Practitioner - Primary Care Provider (PCP)											
Messineo Marc J Do	Practitioner - Primary Care Provider (PCP)											
Kronberg Jason Daniel Md	Practitioner - Primary Care Provider (PCP)											
Coudrey Laura Md	Practitioner - Primary Care Provider (PCP)											
Parrinello Michael Christopher	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sheena C Apun Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Juan C Espinoza Md Pc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Marc Allen Medical Pc	Practitioner - Primary Care Provider (PCP)											
Mokhtari Forough B Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldberg Amy D Md	Practitioner - Primary Care Provider (PCP)											
Leers Ella Md	Practitioner - Primary Care Provider (PCP)											
Gutnik Igor Md	Practitioner - Primary Care Provider (PCP)											
Iroku-Malize Tochi Ifeoma L	Practitioner - Primary Care Provider (PCP)											

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Byrne Jennifer M Md	Practitioner - Primary Care Provider (PCP)											
Shinin John Arturo Md Pc	Practitioner - Primary Care Provider (PCP)											
Perry Anthony	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ruggiero George R Do	Practitioner - Primary Care Provider (PCP)											
Rodriguez David R Md	Practitioner - Primary Care Provider (PCP)											
Assalone Natalie Md	Practitioner - Primary Care Provider (PCP)											
Chaudhari Neena Md	Practitioner - Primary Care Provider (PCP)											
Phillips Jedan Paul Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Linker David Md	Practitioner - Primary Care Provider (PCP)											
Speir Jeanne Frances	Practitioner - Primary Care Provider (PCP)											
Tu Conan Md	Practitioner - Primary Care Provider (PCP)											
Ghoshal Piya Md	Practitioner - Primary Care Provider (PCP)											
Dempsey George P Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Soliman Manal	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Capon Daphne Ora Md	Practitioner - Primary Care Provider (PCP)											
Dickinson Troy	Practitioner - Primary Care Provider (PCP)											
Hamill Susan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mesibov William	Practitioner - Primary Care Provider (PCP)											
Sill Elizabeth A	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chu Cheong Keith Francis Md	Practitioner - Primary Care Provider (PCP)											
Tique Liliana Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bailey Beth Platzer Md	Practitioner - Primary Care Provider (PCP)											
Gehrhardt William	Practitioner - Primary Care Provider (PCP)											
Palla Venugopal Reddy Md	Practitioner - Primary Care Provider (PCP)											
Nadal Mayra Esther Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blair Robyn Jill Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Konsky Dmitry Do	Practitioner - Primary Care Provider (PCP)											
Ancona Keith	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Canavarros Jr A	Practitioner - Primary Care Provider (PCP)											
Glickman Scott	Practitioner - Primary Care Provider (PCP)											
Reinitz Jennifer Lyn	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		

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Hajduk-Bennett Ann	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jacobs Linda	Practitioner - Primary Care Provider (PCP)											
Wilkins Sania Daliah Do	Practitioner - Primary Care Provider (PCP)											
Cespedes Leslie Carmina Md	Practitioner - Primary Care Provider (PCP)											
Cespedes Luz Del Carmen Md	Practitioner - Primary Care Provider (PCP)											
Sperandeo Vincent Robert	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dulce Milagros Almanzar Md Pllc	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lowenthal Michael	Practitioner - Primary Care Provider (PCP)											
Hitner Jason	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zotto Nicholas Paul Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bogdanov Assen Petrov Md	Practitioner - Primary Care Provider (PCP)											
Turchin-Orent Lauren	Practitioner - Primary Care Provider (PCP)											
Spinnato Tracey	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Muratori John Md	Practitioner - Primary Care Provider (PCP)											
Garcia Mildred	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Berger Jay Seth Md	Practitioner - Primary Care Provider (PCP)											
Shikara Maan Muhammed Ali Md	Practitioner - Primary Care Provider (PCP)											
Wolert-Zaromatidis Maryann R	Practitioner - Primary Care Provider (PCP)											
Nicastri Catherine Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joseph Thomas Do	Practitioner - Primary Care Provider (PCP)											
Halitsky Alexandra Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Makavana Jayeshkumar J Md	Practitioner - Primary Care Provider (PCP)											
Adams Tanya R	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Green Shari B	Practitioner - Primary Care Provider (PCP)											
Davis Jonathan	Practitioner - Primary Care Provider (PCP)											
Fiumano Margaret	Practitioner - Primary Care Provider (PCP)											
Ionescu Danita Daniela Do	Practitioner - Primary Care Provider (PCP)											
Lacy Roxane Evonne Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Iype Jay Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lefenfeld Tara S Md	Practitioner - Primary Care Provider (PCP)											
Hansen Anne Grethe Do	Practitioner - Primary Care Provider (PCP)											

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Khan Akbar Ali Md	Practitioner - Primary Care Provider (PCP)											
Sethi Dinesh Md	Practitioner - Primary Care Provider (PCP)											
Frank Joshua	Practitioner - Primary Care Provider (PCP)											
Rizzo Anthony J Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Qadir Sonia Karima Md	Practitioner - Primary Care Provider (PCP)											
Hussain Mohammad S Md	Practitioner - Primary Care Provider (PCP)											
Hensley Jennifer Macmillan Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cerniello Christine E Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shpak Mikhail M Do	Practitioner - Primary Care Provider (PCP)											
Cummings Candace Ayeshia Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smizzi O'Brien Kristen Anne	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Ryder Lycia Maniscalco Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Magalhaes Carlos Jorge	Practitioner - Primary Care Provider (PCP)											
Berard Christopher J Do	Practitioner - Primary Care Provider (PCP)											
Mcmahon Donna-Marie Do	Practitioner - Primary Care Provider (PCP)											
Moawad Alaaeldin Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shah Nimesh Kesharichand Md	Practitioner - Primary Care Provider (PCP)											
Vanarsdale Daniel Martin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chan Thomas	Practitioner - Primary Care Provider (PCP)											
Ferrand Ramon E Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kolasa Alice Janet Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sheflin Karen M	Practitioner - Primary Care Provider (PCP)											
Rivera-Martinez Sonia	Practitioner - Primary Care Provider (PCP)											
Lardner Deborah Anne Do	Practitioner - Primary Care Provider (PCP)											
Kamath Sangeetha S Md	Practitioner - Primary Care Provider (PCP)											
Pileta Lourdes X	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kalansky Jennifer Elizabeth Md	Practitioner - Primary Care Provider (PCP)											
Sawhney Harinder S Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shamekh Shahram Daniel Md	Practitioner - Primary Care Provider (PCP)											
Roethel Marie Felicia Md	Practitioner - Primary Care Provider (PCP)											
Mockler Gretchen Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Carpentieri Kym	Practitioner - Primary Care Provider (PCP)											
Fishbein Jason Craig Md	Practitioner - Primary Care Provider (PCP)											
Barnard Lawrence M Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Verrier Tara Anne	Practitioner - Primary Care Provider (PCP)											
Cher Natalie Do	Practitioner - Primary Care Provider (PCP)											
Faroqui Fazal G Do	Practitioner - Primary Care Provider (PCP)											
Brener Dara Gail Md	Practitioner - Primary Care Provider (PCP)											
Joyner Kimberly Ligon Md	Practitioner - Primary Care Provider (PCP)											
Auld Clara Stringer	Practitioner - Primary Care Provider (PCP)											
Watson Andrea Nicole Md	Practitioner - Primary Care Provider (PCP)											
Blenner Deborah S Md	Practitioner - Primary Care Provider (PCP)											
Desanti-Siska Lara Anne Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shetty Sharmilee	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Fleischer Laurene	Practitioner - Primary Care Provider (PCP)											
Rodriguez Michael P	Practitioner - Primary Care Provider (PCP)											
Eskander Eman Md	Practitioner - Primary Care Provider (PCP)											
Samuel Shawn Kunjumon Do	Practitioner - Primary Care Provider (PCP)											
Noori Khalid A Md	Practitioner - Primary Care Provider (PCP)											
Ozcan Ismail Md	Practitioner - Primary Care Provider (PCP)											
Chen Fang Md	Practitioner - Primary Care Provider (PCP)											
Bashir Ahmed Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcnulty Brian Md	Practitioner - Primary Care Provider (PCP)											
Santos Elisa Maria Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Li Fangqin F Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mathew Jasilin	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lasner Allison	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Rogu Nicholas	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Austriacu Octavian G Md	Practitioner - Primary Care Provider (PCP)											
Vinayagasundaram Bhanumathy Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Yao Sheldon C Do	Practitioner - Primary Care Provider (PCP)											
Mcinerney-Lopez Regina Do	Practitioner - Primary Care Provider (PCP)											

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Kaplinsky Diana Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Gopal Vijay B Md	Practitioner - Primary Care Provider (PCP)											
Patel Mandeep K R	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Munira Husainy Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kamal Sarwat	Practitioner - Primary Care Provider (PCP)											
Neha S Pawar Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vancura Rachael M Md	Practitioner - Primary Care Provider (PCP)											
Persaud Aretha	Practitioner - Primary Care Provider (PCP)											
Modesta M Tako Md	Practitioner - Primary Care Provider (PCP)											
Patel Nick Do	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Enisa Goljo Md	Practitioner - Primary Care Provider (PCP)											
Jennifer Ann Nastasi	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Desai Saili	Practitioner - Primary Care Provider (PCP)											
Halegoua Jason	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Faruq Ahmed	Practitioner - Primary Care Provider (PCP)											
Desire Anthonette Rosemarie Md	Practitioner - Primary Care Provider (PCP)											
Napolitano Blaise	Practitioner - Primary Care Provider (PCP)											
Cataldo Rosa	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hernandez Deborah	Practitioner - Primary Care Provider (PCP)											
An Jianqiang Md	Practitioner - Primary Care Provider (PCP)											
Garas Nageh Ayoob	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maizel Rahkil	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Larsen Helaine	Practitioner - Primary Care Provider (PCP)											
Mohammad N Mazid Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Desai Vikas	Practitioner - Primary Care Provider (PCP)											
Pilip Adalbert	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chadha Manish	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Cimmino Marc	Practitioner - Primary Care Provider (PCP)											
Kraydman Valeriy	Practitioner - Primary Care Provider (PCP)											
Lado David Christopher	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lehner George Jack Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Serynek Stephen	Practitioner - Primary Care Provider (PCP)											
Burns Patrick Barnett	Practitioner - Primary Care Provider (PCP)											
Bute Samir Afzal Md	Practitioner - Primary Care Provider (PCP)											
Qureshi Muhammad	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rahman Abdul	Practitioner - Primary Care Provider (PCP)											
Simon-Goldman Phyllis Gabrielle Md	Practitioner - Primary Care Provider (PCP)											
Rimmer Linda Marie Gawronski	Practitioner - Primary Care Provider (PCP)											
Mohammad Junaid Chohan	Practitioner - Primary Care Provider (PCP)											
Cheryl Sladkin Altschuler	Practitioner - Primary Care Provider (PCP)											
Stamoran Vladimir Md	Practitioner - Primary Care Provider (PCP)											
Simon Nina Jill	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hinestroza Howard Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arif Nadia	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gloria S Escobar Md	Practitioner - Primary Care Provider (PCP)											
Kasnicki Megan Irene	Practitioner - Primary Care Provider (PCP)											
Labarca Robyn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amit Goel	Practitioner - Primary Care Provider (PCP)											
Anthony Frederick Knott	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rubin Robert Daniel	Practitioner - Primary Care Provider (PCP)											
Eliscu Allison	Practitioner - Primary Care Provider (PCP)											
Guirand Joyce Gertrude	Practitioner - Primary Care Provider (PCP)											
Guevara Ruth	Practitioner - Primary Care Provider (PCP)											
Aziz Farzana	Practitioner - Primary Care Provider (PCP)											
Degaetano Danielle	Practitioner - Primary Care Provider (PCP)											
Patel Rupal D	Practitioner - Primary Care Provider (PCP)											
Yusupov Eleanor Md	Practitioner - Primary Care Provider (PCP)											
Hossain Shabbir	Practitioner - Primary Care Provider (PCP)											
Rosenthal Jason Michael Md	Practitioner - Primary Care Provider (PCP)											
Verga Trevor Anthony	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abedin Jahidul	Practitioner - Primary Care Provider (PCP)											
John-Lewis Janice Njamiu	Practitioner - Primary Care Provider (PCP)											

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Byrne Lauren Michele	Practitioner - Primary Care Provider (PCP)											
Goldstein David A	Practitioner - Primary Care Provider (PCP)											
Blazey William	Practitioner - Primary Care Provider (PCP)											
Anand Saloni	Practitioner - Primary Care Provider (PCP)											
Northorn Lawrence	Practitioner - Primary Care Provider (PCP)											
Patel Ekta	Practitioner - Primary Care Provider (PCP)											
Spaeth Kenneth	Practitioner - Primary Care Provider (PCP)											
Schaefer Elaine	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Wicksell Nicole Rae	Practitioner - Primary Care Provider (PCP)											
George Brenda	Practitioner - Primary Care Provider (PCP)											
Bello John Md	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Silva Joann	Practitioner - Primary Care Provider (PCP)											
Mcconnell Darcy	Practitioner - Primary Care Provider (PCP)											
White-Fricker Elizabeth Post	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Visentin Lisa	Practitioner - Primary Care Provider (PCP)											
Hanna Ehab Sabry	Practitioner - Primary Care Provider (PCP)											
O'Donoghue-Kitt Christine	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Pachter Jarid Scott	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fatima Farah	Practitioner - Primary Care Provider (PCP)											
Klek Katarzyna	Practitioner - Primary Care Provider (PCP)											
Wong Rachel G	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Philippe Neubert	Practitioner - Primary Care Provider (PCP)											
Iqbal Adeel Azmat	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shams Rizwana	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urazov Peter	Practitioner - Primary Care Provider (PCP)											
Nabi Saiqa Haque	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parikh Pushpaben	Practitioner - Primary Care Provider (PCP)											
Trivedi Saumil Hardev	Practitioner - Primary Care Provider (PCP)											
Patel Sheetal	Practitioner - Primary Care Provider (PCP)											
Sacher Mandy Lauren	Practitioner - Primary Care Provider (PCP)											
Cofler Koldorff Mara	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓	✓		

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Fernando Rajeev Santiago	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Queller Hayley	Practitioner - Primary Care Provider (PCP)											
Uythoven Nancy Lynn	Practitioner - Primary Care Provider (PCP)											
Baravarian Albert	Practitioner - Primary Care Provider (PCP)											
Colucci Mylene	Practitioner - Primary Care Provider (PCP)											
Ellis Lori Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Molnar Rene	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Happel Patricia	Practitioner - Primary Care Provider (PCP)											
Emmet Mari	Practitioner - Primary Care Provider (PCP)											
Hwu Irene	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Majeed Sohaib	Practitioner - Primary Care Provider (PCP)	✓					✓	✓	✓			
Moskowitz Michael Scott	Practitioner - Primary Care Provider (PCP)											
Chandra Preeti Abhinav	Practitioner - Primary Care Provider (PCP)											
Lambert Nahesi Natalie	Practitioner - Primary Care Provider (PCP)											
Unnati Tailor	Practitioner - Primary Care Provider (PCP)											
Mcloughlin Kammy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zhao Qian	Practitioner - Primary Care Provider (PCP)											
Titarenko Nataliya	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dumrese Danielle Lee	Practitioner - Primary Care Provider (PCP)											
Asif Ainul	Practitioner - Primary Care Provider (PCP)											
Zwick Deborah Anne	Practitioner - Primary Care Provider (PCP)											
Arnold Joanne	Practitioner - Primary Care Provider (PCP)											
Eckberg Peter Harold	Practitioner - Primary Care Provider (PCP)											
Paidoussis Demetrios Michael	Practitioner - Primary Care Provider (PCP)											
Levinskaya Natalia	Practitioner - Primary Care Provider (PCP)											
Costello Thomas Edward	Practitioner - Primary Care Provider (PCP)											
Stern Michael R	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Defraia Charles J	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Klingenberger Jennifer Lynn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ng Lauren Elizabeth	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stein Scott Alexander	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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De Grauw Roosje Suzanne	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karas Luz	Practitioner - Primary Care Provider (PCP)											
Pultz Brian	Practitioner - Primary Care Provider (PCP)											
Ahdoot Allen	Practitioner - Primary Care Provider (PCP)											
Bolnet-Quettant Gina	Practitioner - Primary Care Provider (PCP)											
Peters John	Practitioner - Primary Care Provider (PCP)											
Gill Gagandeep	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gaffney-Adams Alexea Makiya	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sidhu Jasmine Kaur	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fasano Andrew	Practitioner - Primary Care Provider (PCP)											
Marchitelli Roberto	Practitioner - Primary Care Provider (PCP)											
Sakellarios Nicholas	Practitioner - Primary Care Provider (PCP)											
Bilder Joan Horan	Practitioner - Primary Care Provider (PCP)											
Karwoski Jeffrey David	Practitioner - Primary Care Provider (PCP)											
Casiero Deena	Practitioner - Primary Care Provider (PCP)											
Rodriguez-Jaquez Carlos R	Practitioner - Primary Care Provider (PCP)											
Blydenburgh Jessica	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Muir Regina G	Practitioner - Primary Care Provider (PCP)											
Lefkowitz Amanda	Practitioner - Primary Care Provider (PCP)											
Pilchman Martha D Md	Practitioner - Primary Care Provider (PCP)											
Tischler Stephanie Anne	Practitioner - Primary Care Provider (PCP)											
Chan York Sing	Practitioner - Primary Care Provider (PCP)											
Afghani Mahmood	Practitioner - Primary Care Provider (PCP)											
Ahmed Irmana	Practitioner - Primary Care Provider (PCP)											
Catalano Laureen	Practitioner - Primary Care Provider (PCP)											
Chung Ivy D	Practitioner - Primary Care Provider (PCP)											
Myo Myat	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rashid Asma Abdul	Practitioner - Primary Care Provider (PCP)											
Brookshield Laurent	Practitioner - Primary Care Provider (PCP)											
Flanagan Brenainn M	Practitioner - Primary Care Provider (PCP)											
Philip Jasmine	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Venezia Joseph	Practitioner - Primary Care Provider (PCP)											
Mendes Nelson	Practitioner - Primary Care Provider (PCP)											
Limsuvanrot Lily	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ahmad Musaddeque	Practitioner - Primary Care Provider (PCP)											
Chiramel Tintu	Practitioner - Primary Care Provider (PCP)											
Diaz Rina	Practitioner - Primary Care Provider (PCP)											
Obrien Scarchilli Abigail	Practitioner - Primary Care Provider (PCP)											
Jones Stephanie Renee	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lukose Biju	Practitioner - Primary Care Provider (PCP)											
Fox Elaine E Md	Practitioner - Primary Care Provider (PCP)											
Dunn George F Md	Practitioner - Primary Care Provider (PCP)											
Hertz Jared Adam Do	Practitioner - Primary Care Provider (PCP)											
Khanna Neha Mrs.	Practitioner - Primary Care Provider (PCP)											
Genereux Michael Timothy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Antis Satwatie	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chan Enoch Chung Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Melnick Susan	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Capoccia Krystyna Rn	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Waldman Shelly Beth	Practitioner - Primary Care Provider (PCP)											
Vallone Donna Ceil	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gilmartin William Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Powell James R Jr. Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neuman Regina Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milazzo Maria Clare	Practitioner - Primary Care Provider (PCP)											
Islip Pediatrics Pc	Practitioner - Primary Care Provider (PCP)											
Benito Maryellen Versoza	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mahapatra Rahul	Practitioner - Primary Care Provider (PCP)											
Buttar Kamalpreet	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fortin Nancy	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hassanain Ehab	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khanijo Vinod Md	Practitioner - Primary Care Provider (PCP)											

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Mazur Britta	Practitioner - Primary Care Provider (PCP)											
Abselet Denise A Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Silva Monica	Practitioner - Primary Care Provider (PCP)											
Homchaudhuri Angana	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mukhi Ruhayna	Practitioner - Primary Care Provider (PCP)											
Neuschotz Frieda Md	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barcia Tara Christine	Practitioner - Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Louie Tracey Yingqi	Practitioner - Primary Care Provider (PCP)											
Lawton Hernandez Lillian	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Contractor Farhanahmed M	Practitioner - Primary Care Provider (PCP)											
Semertzides Keriake	Practitioner - Primary Care Provider (PCP)											
Gavilanes Edison Genaro	Practitioner - Primary Care Provider (PCP)											
Karkus Harvey D Md	Practitioner - Non-Primary Care Provider (PCP)											
Winick Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Benatar Benzion Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Scherzer Alfred L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strome Robert R Md	Practitioner - Non-Primary Care Provider (PCP)											
Levy Ronald A Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Paul C Md	Practitioner - Non-Primary Care Provider (PCP)											
Grappell Paul M Md	Practitioner - Non-Primary Care Provider (PCP)											
Klausner Stanley K Md	Practitioner - Non-Primary Care Provider (PCP)											
Giorgini Gino L Md	Practitioner - Non-Primary Care Provider (PCP)											
Bleifeld Charles J Md	Practitioner - Non-Primary Care Provider (PCP)											
Miller Jay A Facog Md	Practitioner - Non-Primary Care Provider (PCP)											
Greenberg Stephen R Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Montero Carlos F Md	Practitioner - Non-Primary Care Provider (PCP)											
Khodadadian Parviz K Md	Practitioner - Non-Primary Care Provider (PCP)											
Mohiuddin Sultan Md	Practitioner - Non-Primary Care Provider (PCP)											
Soretes Santiago C Md	Practitioner - Non-Primary Care Provider (PCP)											
Banik Bhola N Md	Practitioner - Non-Primary Care Provider (PCP)											
Cossari Alfred J Md	Practitioner - Non-Primary Care Provider (PCP)											

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Spak Thaddeus J Md	Practitioner - Non-Primary Care Provider (PCP)											
Trivedi Narendra K Md	Practitioner - Non-Primary Care Provider (PCP)											
Ashkin Jeffrey R Md	Practitioner - Non-Primary Care Provider (PCP)											
Simon Sidney Do	Practitioner - Non-Primary Care Provider (PCP)											
Stubel Joseph P Md	Practitioner - Non-Primary Care Provider (PCP)											
Becher Rodney A Md	Practitioner - Non-Primary Care Provider (PCP)											
Podell Stuart M Od	Practitioner - Non-Primary Care Provider (PCP)											
Vohra Kiran Md	Practitioner - Non-Primary Care Provider (PCP)											
Bruno Peter F Jr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gross Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Bonanno Richard J Md	Practitioner - Non-Primary Care Provider (PCP)											
Wininger Michael Dds	Practitioner - Non-Primary Care Provider (PCP)											
Paltzik Robert L Md	Practitioner - Non-Primary Care Provider (PCP)											
Cesa Michael P Md	Practitioner - Non-Primary Care Provider (PCP)											
Ilamathi Ekambaram Md	Practitioner - Non-Primary Care Provider (PCP)											
Klein Steven A Md	Practitioner - Non-Primary Care Provider (PCP)											
Mollick Lawrence B Md	Practitioner - Non-Primary Care Provider (PCP)											
Ramchandani Deepika Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenman Arthur J Md	Practitioner - Non-Primary Care Provider (PCP)											
Beccia David J Md	Practitioner - Non-Primary Care Provider (PCP)											
Marasciullo David L Phd	Practitioner - Non-Primary Care Provider (PCP)											
Pearl Richard A Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Steigbigel Roy T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Turner Ira Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Entin Erik Jon Md	Practitioner - Non-Primary Care Provider (PCP)											
Newman Stephen Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Pallotta John Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Giorgini Renato J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Lalia Joseph F Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)											
Maiorino William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kalmar Robert Keith Dpm	Practitioner - Non-Primary Care Provider (PCP)											

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Lunati Frank Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Etra Kenneth S Md	Practitioner - Non-Primary Care Provider (PCP)											
Hurst Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Benisch David L Md	Practitioner - Non-Primary Care Provider (PCP)											
Finkel Noah S Md	Practitioner - Non-Primary Care Provider (PCP)											
Shevde Nirmala Kata	Practitioner - Non-Primary Care Provider (PCP)											
Arbeit Leonard A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lagade Maria Rosario G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Henry Mark C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellington Liu Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Sprafkin Joyce N Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khan Sardar Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hito Hassan Md	Practitioner - Non-Primary Care Provider (PCP)											
Etra Richard G Md	Practitioner - Non-Primary Care Provider (PCP)											
Naveh Marcia Spiegel Md	Practitioner - Non-Primary Care Provider (PCP)											
Harrison Aaron Richard	Practitioner - Non-Primary Care Provider (PCP)											
Packard William S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Giammarino Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Bhinda Jayashree Dds	Practitioner - Non-Primary Care Provider (PCP)											
Baker David A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Coyle Patricia K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Horn Lawrence Allan Md	Practitioner - Non-Primary Care Provider (PCP)											
Waltzer Wayne C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Douglas S Md	Practitioner - Non-Primary Care Provider (PCP)											
Kenneth Kahaner Md	Practitioner - Non-Primary Care Provider (PCP)											
Smaldone Gerald C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edelman Norman H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lampert Alan R Md	Practitioner - Non-Primary Care Provider (PCP)											
Garson Paul D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cohn Peter F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Appelbaum Jeffrey C Md	Practitioner - Non-Primary Care Provider (PCP)											

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Sia Concepcion G Md	Practitioner - Non-Primary Care Provider (PCP)											
Vlay Stephen C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Slippen Michael Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Rafii Mahvash Md	Practitioner - Non-Primary Care Provider (PCP)											
Gujavarty Krisanareddy S Md	Practitioner - Non-Primary Care Provider (PCP)											
Scott Bharathi Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mund Douglas Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Smith Suzanne Md	Practitioner - Non-Primary Care Provider (PCP)											
Repice Michael	Practitioner - Non-Primary Care Provider (PCP)											
Bonura Frank Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)											
Hyman Paul M Md	Practitioner - Non-Primary Care Provider (PCP)											
Safina Francis John	Practitioner - Non-Primary Care Provider (PCP)											
Pollack Mitchell Coleman Md	Practitioner - Non-Primary Care Provider (PCP)											
Lieberman Elliott Md	Practitioner - Non-Primary Care Provider (PCP)											
Farrell Joseph E Md	Practitioner - Non-Primary Care Provider (PCP)											
Kirschner Marc Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Derisi Dwight Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Matalon Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Sauter Michael Ottmar Md	Practitioner - Non-Primary Care Provider (PCP)											
Freed Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Vadher Dinesh L Md	Practitioner - Non-Primary Care Provider (PCP)											
Rothburd Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)											
Muhlrad Jeffrey S Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davidson Dennis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meagher John Gerald Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Greenfield Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Ferguson Fred S Jr Dds	Practitioner - Non-Primary Care Provider (PCP)											
Iacono Vincent J Dds	Practitioner - Non-Primary Care Provider (PCP)											
Meisel Alan N Md	Practitioner - Non-Primary Care Provider (PCP)											
Golub Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
Kale Prabhakar B Md	Practitioner - Non-Primary Care Provider (PCP)											

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Parekh Aruna J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Balter Richard R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mankes Seth O Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maneksha Farrokh Rustom Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nolan Patricia Mary Md	Practitioner - Non-Primary Care Provider (PCP)											
Lawson William E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shobin David Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Mariwalla Rajkumar Gurbux Md	Practitioner - Non-Primary Care Provider (PCP)											
Easow Babu Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mclaughlin Bruce J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Mclaughlin Edward F Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Sibony Patrick A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pervil Paul R Md	Practitioner - Non-Primary Care Provider (PCP)											
Byrnes Douglas Arthur Md	Practitioner - Non-Primary Care Provider (PCP)											
Lense Lloyd David Pc Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mills Carl Md	Practitioner - Non-Primary Care Provider (PCP)											
Scotti Louis Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Oh Jung K Md	Practitioner - Non-Primary Care Provider (PCP)											
Wilson Thomas A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Polcino Michael H Md	Practitioner - Non-Primary Care Provider (PCP)											
Fagelman Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Corriel Robert N Md	Practitioner - Non-Primary Care Provider (PCP)											
Altschul Larry M Md	Practitioner - Non-Primary Care Provider (PCP)											
Pomeroy John Charles Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Viccellio Asa William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shukla Sashi B Md	Practitioner - Non-Primary Care Provider (PCP)											
Guida Anthony A Md	Practitioner - Non-Primary Care Provider (PCP)											
Khan Rashid Javed Md	Practitioner - Non-Primary Care Provider (PCP)											
Lazo Bernardita T Md	Practitioner - Non-Primary Care Provider (PCP)											
Desio Frank Paul Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Richard Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kleiner Myron I Md	Practitioner - Non-Primary Care Provider (PCP)											
Rudansky Max Charchat Md	Practitioner - Non-Primary Care Provider (PCP)											
Gutman Harvey Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Winter Jacques Leon Md	Practitioner - Non-Primary Care Provider (PCP)											
Conrad Arnold R Md	Practitioner - Non-Primary Care Provider (PCP)											
Patcha Rajeswara Rao Md	Practitioner - Non-Primary Care Provider (PCP)											
Targoff Matthew S Md	Practitioner - Non-Primary Care Provider (PCP)											
Israelski Doron Md	Practitioner - Non-Primary Care Provider (PCP)											
Passarelli John Gabriel	Practitioner - Non-Primary Care Provider (PCP)											
Lieblich Lawrence Martin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Seifert Frank C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Munter Ricky Scott Dds	Practitioner - Non-Primary Care Provider (PCP)											
Balsam Dvorah W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwartz Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Fein Alan Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Maisel James M Md	Practitioner - Non-Primary Care Provider (PCP)											
Bahou Wadie F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scheinberg Lawrence D Md	Practitioner - Non-Primary Care Provider (PCP)											
Gold Kenneth D Md	Practitioner - Non-Primary Care Provider (PCP)											
Luft Benjamin James Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sedler Mark Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mendelsohn Steven L Md	Practitioner - Non-Primary Care Provider (PCP)											
Chiong Marcial M Md	Practitioner - Non-Primary Care Provider (PCP)											
Ribaudo Thomas P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Larmor Frederick John R Md	Practitioner - Non-Primary Care Provider (PCP)											
Bergeson Rachel Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ward Robert J Md	Practitioner - Non-Primary Care Provider (PCP)											
Backus W William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burk Martyn Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sokol Jerry Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Galanakis Dennis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Kaplan Cynthia Gordon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lane Bernard P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chengot Mathew T Md	Practitioner - Non-Primary Care Provider (PCP)											
Badia James Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reitano John Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mazurek Alan Abraham Md	Practitioner - Non-Primary Care Provider (PCP)											
Silver-Weber Stacey Md	Practitioner - Non-Primary Care Provider (PCP)											
Sampson Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garcia Gracia J Md	Practitioner - Non-Primary Care Provider (PCP)											
Cassano Michael Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Wengrover Steven I Md	Practitioner - Non-Primary Care Provider (PCP)											
Pinchoff Barry Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Shepard Barry R Md	Practitioner - Non-Primary Care Provider (PCP)											
Fuentes Robert O Brien Md	Practitioner - Non-Primary Care Provider (PCP)											
Wasnick Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Streiter Michael L Md	Practitioner - Non-Primary Care Provider (PCP)											
Caimano Francis Xavier Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Valentine Edward S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldblum Lester Frederick Md	Practitioner - Non-Primary Care Provider (PCP)											
Wertlieb Gerald S Md	Practitioner - Non-Primary Care Provider (PCP)											
Weil Peter A Md	Practitioner - Non-Primary Care Provider (PCP)											
Mendegorin Remedios V Md	Practitioner - Non-Primary Care Provider (PCP)											
Rizvi Hasan A Md	Practitioner - Non-Primary Care Provider (PCP)											
Kruh Alain Edwin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Friedman Larry Jay Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Citron Marc L Md	Practitioner - Non-Primary Care Provider (PCP)											
Bourla Steven L Md	Practitioner - Non-Primary Care Provider (PCP)											
Riegel Edward Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Masciello Michael Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Warhit Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Marmor Maury Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Cokinos Stephan G Md	Practitioner - Non-Primary Care Provider (PCP)											
Weissberg David J Md	Practitioner - Non-Primary Care Provider (PCP)											
Park Tae Lyong Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
De Lanerolle Suranganee Mary	Practitioner - Non-Primary Care Provider (PCP)											
Trager Gary Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Garcia Ochakovsky Amelia Md	Practitioner - Non-Primary Care Provider (PCP)											
Klapholz Mark Bernard Md	Practitioner - Non-Primary Care Provider (PCP)											
Bodi Kip L Md	Practitioner - Non-Primary Care Provider (PCP)											
Engelberg Laurence A Md	Practitioner - Non-Primary Care Provider (PCP)											
Zwang Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)											
Bapat Govind D	Practitioner - Non-Primary Care Provider (PCP)											
Braunstein Michael Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
David Aaron Md	Practitioner - Non-Primary Care Provider (PCP)											
Lester Denise E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bright Long Lory E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
San Roman Gerardo A Md	Practitioner - Non-Primary Care Provider (PCP)											
Lippert Lawrence J Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Carlson Gabrielle A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Buro Edward A Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Sama Andrew E Md	Practitioner - Non-Primary Care Provider (PCP)											
Brunetti Valerie Ann Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bermanski Paul	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Gary R Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Lopes John J Md	Practitioner - Non-Primary Care Provider (PCP)											
Girardi Daniel Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Rosenberg Craig Hilliard Md	Practitioner - Non-Primary Care Provider (PCP)											
Carlson Harold E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kohan Dodis Md	Practitioner - Non-Primary Care Provider (PCP)											
Pezzello Patricia Md	Practitioner - Non-Primary Care Provider (PCP)											
Kleopoulos Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kelemen John Md	Practitioner - Non-Primary Care Provider (PCP)											

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Sklarek Howard Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bonheim Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Gold Avram R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bergman Mark Jerry Md	Practitioner - Non-Primary Care Provider (PCP)											
Iqbal Azmat Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Pollack Jed Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Burzotta John L Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Frischer Zelik I Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hartman Alan R Md	Practitioner - Non-Primary Care Provider (PCP)											
Carter Robert F Md	Practitioner - Non-Primary Care Provider (PCP)											
Delrosario Lucelle M Md	Practitioner - Non-Primary Care Provider (PCP)											
Vinokur Eric T Md	Practitioner - Non-Primary Care Provider (PCP)											
Dervan John P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kaplan Gary P Md	Practitioner - Non-Primary Care Provider (PCP)											
Margolis Brian Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Kramer Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Golub Barry Md	Practitioner - Non-Primary Care Provider (PCP)											
Grosso Michael B Md	Practitioner - Non-Primary Care Provider (PCP)											
Stein Neil H	Practitioner - Non-Primary Care Provider (PCP)											
Sperling Edward J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Packy Theodore F Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gould Elaine S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Van Tosh Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Sinha Anjani Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Timson Charles Roger Md	Practitioner - Non-Primary Care Provider (PCP)											
Guida Charles Vincent Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fetterman Alan David Md	Practitioner - Non-Primary Care Provider (PCP)											
Tan Mark	Practitioner - Non-Primary Care Provider (PCP)											
Wohlberg Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Caccese William J Md	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Steven G Md	Practitioner - Non-Primary Care Provider (PCP)											

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Meredith Gary Stewart Md	Practitioner - Non-Primary Care Provider (PCP)											
Stellaccio Francis S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marcus Sergiu Md	Practitioner - Non-Primary Care Provider (PCP)											
Rigas Basil Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Westermann Christian Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heimann Alan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vesey Kevin G Md	Practitioner - Non-Primary Care Provider (PCP)											
Gardner Amy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garafalo Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)											
Blau Steven A Md	Practitioner - Non-Primary Care Provider (PCP)											
Gelato Marie C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davis Raphael P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vitkun Stephen A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carrucciu Joseph M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Van De Vegte G Lucy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weiss Tamara Esther Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Raeder Ernst A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trepel Robert Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Slattery Michael James Md	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Patricia Anne Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Bong Soon Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Waldman Glenn Md	Practitioner - Non-Primary Care Provider (PCP)											
Krupp Lauren B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matilsky Michael Alan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Raciti Alfred Md	Practitioner - Non-Primary Care Provider (PCP)											
Crowell Judith Ann Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcnamara Diane Rn	Practitioner - Non-Primary Care Provider (PCP)											
Wadhwa Nand K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chernilas Joseph Z	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Friedman Gary Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Lipstein-Kresch Esther	Practitioner - Non-Primary Care Provider (PCP)											

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Bock Jay Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steinberg Ellen S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oviasu Felix Izuhunwa Md	Practitioner - Non-Primary Care Provider (PCP)											
Zito Gary J Md	Practitioner - Non-Primary Care Provider (PCP)											
Moses Jeffrey W	Practitioner - Non-Primary Care Provider (PCP)											
Farber Charles S Md	Practitioner - Non-Primary Care Provider (PCP)											
Byrnes Richard Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Eric Dale Md	Practitioner - Non-Primary Care Provider (PCP)											
Sacks Berg Anne Cortese Md	Practitioner - Non-Primary Care Provider (PCP)											
Ferretti John A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walker James T Md	Practitioner - Non-Primary Care Provider (PCP)											
Davis Richard Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Morgenstern Barry R Md	Practitioner - Non-Primary Care Provider (PCP)											
Zuckerman Mark Julian Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Blyznak Nestor D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steinberg Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Smithy William B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loizides Edward Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Zingale Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Di Carmine Filippo A Md	Practitioner - Non-Primary Care Provider (PCP)											
Steinberg Amy Wishner Md	Practitioner - Non-Primary Care Provider (PCP)											
Novick Brian E Md	Practitioner - Non-Primary Care Provider (PCP)											
Fochtmann Laura J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Voutsas Andrea K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fuhrer Jack Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Golden Jonathan James Md	Practitioner - Non-Primary Care Provider (PCP)											
Andriola Mary Repole Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vallone Ambrose Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Bronson Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gewirtz Ilene S Md	Practitioner - Non-Primary Care Provider (PCP)											
Gold Robert Alan Md	Practitioner - Non-Primary Care Provider (PCP)											

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Farkash Arthur E Md	Practitioner - Non-Primary Care Provider (PCP)											
Masiar Stephen J Md	Practitioner - Non-Primary Care Provider (PCP)											
Nord Edward Philip Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basuk Pamela Jeri Md	Practitioner - Non-Primary Care Provider (PCP)											
Onyebeke William	Practitioner - Non-Primary Care Provider (PCP)											
Camesas Adrienne Muller Md	Practitioner - Non-Primary Care Provider (PCP)											
Bilfinger Thomas Victor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edwards Lance H Md	Practitioner - Non-Primary Care Provider (PCP)											
Reiner Dan Seth Md	Practitioner - Non-Primary Care Provider (PCP)											
Goutos John P Md	Practitioner - Non-Primary Care Provider (PCP)											
Fagin James C Md	Practitioner - Non-Primary Care Provider (PCP)											
Perone Robert W Md	Practitioner - Non-Primary Care Provider (PCP)											
Palmer Lucy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siegel Daniel Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Moisa Idel I Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosen Steven Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosiello Arthur P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weissman Edward C Md	Practitioner - Non-Primary Care Provider (PCP)											
Cooper David Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Nudelman Jeffrey S Md	Practitioner - Non-Primary Care Provider (PCP)											
Decristofaro Joseph D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fields Suzanne D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Broomfield Paul Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Spitzer Eric D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spector Ruth S Md	Practitioner - Non-Primary Care Provider (PCP)											
Wexler Craig B Md	Practitioner - Non-Primary Care Provider (PCP)											
Siev Joel M Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Dilip Vallabhbhai Md	Practitioner - Non-Primary Care Provider (PCP)											
Cosgrove John M Md	Practitioner - Non-Primary Care Provider (PCP)											
Walker Stanford L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Durban Lawrence H Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kremer Stephen D Md	Practitioner - Non-Primary Care Provider (PCP)											
Perlman Philip Md	Practitioner - Non-Primary Care Provider (PCP)											
Kramer Mitchell Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Gudesblatt Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Fracchia Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Nachman Sharon Appelbaum Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bodapati Rao	Practitioner - Non-Primary Care Provider (PCP)											
Naso Kristin Patrick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tomlinson Edmund Md	Practitioner - Non-Primary Care Provider (PCP)											
Xerri Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Zielinski Ronald Anthony Md	Practitioner - Non-Primary Care Provider (PCP)											
Clark Richard A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hirsch Kenneth A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saunders Mitchell Alan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yu Hilma H M Md	Practitioner - Non-Primary Care Provider (PCP)											
Schuster Michael W Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gurtowski James P Md	Practitioner - Non-Primary Care Provider (PCP)											
Subramani Krishnaiyer Md	Practitioner - Non-Primary Care Provider (PCP)											
Kvilekval Kara H V Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Novotny Howard Seth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morano Placido A Md	Practitioner - Non-Primary Care Provider (PCP)											
Seidman Roberta J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wax Mark Richard	Practitioner - Non-Primary Care Provider (PCP)											
Mishkit Alison Dee Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Guida Louis E Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Teitelbaum Louis K Md	Practitioner - Non-Primary Care Provider (PCP)											
Tonnesen Marcia G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwarz Richard B Md	Practitioner - Non-Primary Care Provider (PCP)											
Pecoraro Philip John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Duprey-Murphy Deborah L Md	Practitioner - Non-Primary Care Provider (PCP)											
Stopeck Alison T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Fastlich Ira L Md	Practitioner - Non-Primary Care Provider (PCP)											
Tamarkin Arthur N Md	Practitioner - Non-Primary Care Provider (PCP)											
Lowenheim Mark S Md	Practitioner - Non-Primary Care Provider (PCP)											
Mellen Gary Md	Practitioner - Non-Primary Care Provider (PCP)											
Groth Maritza Lastra Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kristal Leonard Md	Practitioner - Non-Primary Care Provider (PCP)											
Superio Jao Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Cinotti Debra Ann Dds	Practitioner - Non-Primary Care Provider (PCP)											
Baggott Annette M Md	Practitioner - Non-Primary Care Provider (PCP)											
Mckinley Matthew J Md	Practitioner - Non-Primary Care Provider (PCP)											
Fine Richard N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leiboff Arnold R Md Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gubert Emily Francesca M Md	Practitioner - Non-Primary Care Provider (PCP)											
Weissman Gary S Md	Practitioner - Non-Primary Care Provider (PCP)											
Barry Patricia Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Aiello Angela M Md	Practitioner - Non-Primary Care Provider (PCP)											
Blanco Miguel Luis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Katz Jordan P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Han Don Md	Practitioner - Non-Primary Care Provider (PCP)											
Tarricone Nicholas J Md	Practitioner - Non-Primary Care Provider (PCP)											
Capo-Granata Angela T Md	Practitioner - Non-Primary Care Provider (PCP)											
Parker Robert Ingalls Md	Practitioner - Non-Primary Care Provider (PCP)											
Galvin-Parton Patricia A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Kalpana M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parker Margaret M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sanroman Gabriel A Md	Practitioner - Non-Primary Care Provider (PCP)											
Haeni Elizabeth A Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Egnor Michael R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Judge Peter Adam Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Taylor James Roy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gopal Aasha S Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kessinger Donna L	Practitioner - Non-Primary Care Provider (PCP)											
Truhlar Mary R Dds	Practitioner - Non-Primary Care Provider (PCP)											
Maczaj Marta Md	Practitioner - Non-Primary Care Provider (PCP)											
Harrington Donald P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suh Heesuck Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kottmeier Stephen Anton Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schneck Gideon L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karpowicz Frank Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Chatalbash Robert Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Carlota Leoncia E Md	Practitioner - Non-Primary Care Provider (PCP)											
Shrivastava Branda Md	Practitioner - Non-Primary Care Provider (PCP)											
Haberman Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Sachter Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)											
Patane Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Seidman Peggy A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stabile Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)											
Patil Allamprabhu S Md	Practitioner - Non-Primary Care Provider (PCP)											
Chale Stuart N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kallus Lester Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schiavone Frederick M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Perrotta Joseph V Md	Practitioner - Non-Primary Care Provider (PCP)											
Lituchy Andrew Ethan	Practitioner - Non-Primary Care Provider (PCP)											
Wagner John R Md	Practitioner - Non-Primary Care Provider (PCP)											
Silverman Marci W Md	Practitioner - Non-Primary Care Provider (PCP)											
Daniel Reethamma J Md	Practitioner - Non-Primary Care Provider (PCP)											
Kilion Daphna Md	Practitioner - Non-Primary Care Provider (PCP)											
Gartner Joseph A Md	Practitioner - Non-Primary Care Provider (PCP)											
Bruno Philip P	Practitioner - Non-Primary Care Provider (PCP)											
Brahmbhatt Bimalkumar P Md	Practitioner - Non-Primary Care Provider (PCP)											
Griffel Martin I Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bhasin Raman K Md	Practitioner - Non-Primary Care Provider (PCP)											

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Bigini Quinn Patricia E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mebrahtu Samson Md	Practitioner - Non-Primary Care Provider (PCP)											
Dorfman David R Md	Practitioner - Non-Primary Care Provider (PCP)											
Allen Leslie Md	Practitioner - Non-Primary Care Provider (PCP)											
Baker Lisa A Md	Practitioner - Non-Primary Care Provider (PCP)											
Donelan Susan V Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mckenna Brian P Md	Practitioner - Non-Primary Care Provider (PCP)											
Foda Hussein D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Balbi Howard Jorge Md	Practitioner - Non-Primary Care Provider (PCP)											
Iyer Shanker P Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaufmann Louise E Md	Practitioner - Non-Primary Care Provider (PCP)											
Cotterell Kevin Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Keresztes Roger S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Farrelly Patricia A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Landau Stuart W Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Michael S Md	Practitioner - Non-Primary Care Provider (PCP)											
Shinbrot Richard Gary Do Pc	Practitioner - Non-Primary Care Provider (PCP)											
Romanelli John F Md	Practitioner - Non-Primary Care Provider (PCP)											
Roche Patricia E Md	Practitioner - Non-Primary Care Provider (PCP)											
Shoten Stephen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rengarajan Usha Md	Practitioner - Non-Primary Care Provider (PCP)											
Pappas Thomas William	Practitioner - Non-Primary Care Provider (PCP)											
Eskreis David S Md	Practitioner - Non-Primary Care Provider (PCP)											
Maisel Richard Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Wanerman Jeffrey B Md	Practitioner - Non-Primary Care Provider (PCP)											
Imperato Michael T Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bliss Robin Laurell Md	Practitioner - Non-Primary Care Provider (PCP)											
Torno Maria Amor Md	Practitioner - Non-Primary Care Provider (PCP)											
Kanji Juliana Md	Practitioner - Non-Primary Care Provider (PCP)											
Conway Christine A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dabhi Rameshchandra Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Calves Pedro H Md	Practitioner - Non-Primary Care Provider (PCP)											
Siddiqui Hena Alvi Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldman Theodore L Md	Practitioner - Non-Primary Care Provider (PCP)											
Mccormack Janice Md	Practitioner - Non-Primary Care Provider (PCP)											
Weinstein Mark Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Gutman David Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitchell I Weinstein Do Pc	Practitioner - Non-Primary Care Provider (PCP)											
Stavola Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Dowling Frank G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scanlon Robert Francis Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Aral Isamettin Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Fleischer Lauren H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malik Ummekalsoom R Md	Practitioner - Non-Primary Care Provider (PCP)											
Owens Jonathan D Md	Practitioner - Non-Primary Care Provider (PCP)											
Samuel Roshni Susan Md	Practitioner - Non-Primary Care Provider (PCP)											
Halfpenny James M Md	Practitioner - Non-Primary Care Provider (PCP)											
Carrion Wesley Vanwye Md	Practitioner - Non-Primary Care Provider (PCP)											
Jacobson Marc S Md	Practitioner - Non-Primary Care Provider (PCP)											
Romero-Vizcarrondo Edna Md	Practitioner - Non-Primary Care Provider (PCP)											
Akhund Birjis George Md	Practitioner - Non-Primary Care Provider (PCP)											
Fisch Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Gonzalez Andres Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitchnick Eric Ira Md	Practitioner - Non-Primary Care Provider (PCP)											
Sheren Scott B Md	Practitioner - Non-Primary Care Provider (PCP)											
Harris Gwen N Md	Practitioner - Non-Primary Care Provider (PCP)											
Sommers Keith Lewis Md	Practitioner - Non-Primary Care Provider (PCP)											
Spears Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Chawla Anupama Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
D'Silva Noel A F Md	Practitioner - Non-Primary Care Provider (PCP)											
Elbaba Fadi Z Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moore James Arthur Md	Practitioner - Non-Primary Care Provider (PCP)											

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Peyster Robert G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kobren Myles S Md	Practitioner - Non-Primary Care Provider (PCP)											
Yee Lily Fong Cho Md	Practitioner - Non-Primary Care Provider (PCP)											
Multz Michelle A Md	Practitioner - Non-Primary Care Provider (PCP)											
Busch-Devereaux Erna	Practitioner - Non-Primary Care Provider (PCP)											
Feigenbaum Nathan Md	Practitioner - Non-Primary Care Provider (PCP)											
Cacciabaudo Jean Md	Practitioner - Non-Primary Care Provider (PCP)											
San Roman Guillermo A Md	Practitioner - Non-Primary Care Provider (PCP)											
Dintenfass Nancy J Md	Practitioner - Non-Primary Care Provider (PCP)											
Zito Richard S Md	Practitioner - Non-Primary Care Provider (PCP)											
Young Colene Md	Practitioner - Non-Primary Care Provider (PCP)											
Lustberg Stuart Md	Practitioner - Non-Primary Care Provider (PCP)											
Schneider Abraham T Md	Practitioner - Non-Primary Care Provider (PCP)											
Kuperschmid Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Parrella Michael Joseph Psy.D	Practitioner - Non-Primary Care Provider (PCP)											
Labiak John Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Grafstein Harold M Md	Practitioner - Non-Primary Care Provider (PCP)											
Sticco Ronald Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Leiman Sander Md	Practitioner - Non-Primary Care Provider (PCP)											
Schumer Marc Allan Md	Practitioner - Non-Primary Care Provider (PCP)											
Saraceno Joseph L	Practitioner - Non-Primary Care Provider (PCP)											
Rosenfeld Kenneth I Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blaustein Brian Do	Practitioner - Non-Primary Care Provider (PCP)											
Mathew Jacob Kurudamannil Md	Practitioner - Non-Primary Care Provider (PCP)											
Krawitz Paul L Md	Practitioner - Non-Primary Care Provider (PCP)											
Siegel Gerald Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Petersen Michael J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pearl Michael L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lederman Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Listhaus Michelle B Md	Practitioner - Non-Primary Care Provider (PCP)											
Nimkoff-Merola Laura B Md	Practitioner - Non-Primary Care Provider (PCP)											

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Sokol Jacob D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scarlata Robin Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Pugliese Michael Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Walch Tina J Md	Practitioner - Non-Primary Care Provider (PCP)											
Zwanger-Mendelsohn Susan Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Keckeisen George D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Berdia Ajay V Md	Practitioner - Non-Primary Care Provider (PCP)											
Cunningham Pascucci Robin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Poon Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orner Shahnaz D Md	Practitioner - Non-Primary Care Provider (PCP)											
Willoughby Paul H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baltus Michele Nadine Md	Practitioner - Non-Primary Care Provider (PCP)											
Dimaio Frank Md	Practitioner - Non-Primary Care Provider (PCP)											
Kopp Alan J F Md	Practitioner - Non-Primary Care Provider (PCP)											
Constantino Eduardo A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldstein Ilene Joy Md	Practitioner - Non-Primary Care Provider (PCP)											
Staiger Melinda J Md	Practitioner - Non-Primary Care Provider (PCP)											
Vullo John James Md	Practitioner - Non-Primary Care Provider (PCP)											
Zadunaisky Laura J Md	Practitioner - Non-Primary Care Provider (PCP)											
Solomon Mark David Md	Practitioner - Non-Primary Care Provider (PCP)											
Pechera Francisco Md	Practitioner - Non-Primary Care Provider (PCP)											
Zoeb Rana Md	Practitioner - Non-Primary Care Provider (PCP)											
Betschart Paul J Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Saunders Tracie A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcbrearty Thomas Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karant Marsha Tanenberg Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gutman Frederick B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Czira Alex A	Practitioner - Non-Primary Care Provider (PCP)											
Dannenberg Michael J Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Livoti Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											

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Halpert Richard L Md	Practitioner - Non-Primary Care Provider (PCP)											
Kadish Elisa G Md	Practitioner - Non-Primary Care Provider (PCP)											
Buchholtz Michael S Md	Practitioner - Non-Primary Care Provider (PCP)											
Antoniadis Athanasios Md	Practitioner - Non-Primary Care Provider (PCP)											
Romano Eleanor J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Foehr Mark Thomas Md	Practitioner - Non-Primary Care Provider (PCP)											
Singer Adam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hutzel Michael Robert	Practitioner - Non-Primary Care Provider (PCP)											
Roberts Eric Lowell Md	Practitioner - Non-Primary Care Provider (PCP)											
Koven Bernard J Csw	Practitioner - Non-Primary Care Provider (PCP)											
Bainnson Andrew N Md	Practitioner - Non-Primary Care Provider (PCP)											
Koty Richard E Md	Practitioner - Non-Primary Care Provider (PCP)											
Patrylo Irene Diana Md	Practitioner - Non-Primary Care Provider (PCP)											
Gyasi Isaac Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Lynn Howard S Md	Practitioner - Non-Primary Care Provider (PCP)											
Schuval Susan J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beckerman Adam Howard Md	Practitioner - Non-Primary Care Provider (PCP)											
Maldonado Luis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Costello Laurie Jane Md	Practitioner - Non-Primary Care Provider (PCP)											
Kessler Bradley H Md	Practitioner - Non-Primary Care Provider (PCP)											
Gold David Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Barry Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Ezratty Ari Marcel Md	Practitioner - Non-Primary Care Provider (PCP)											
Klug Jonathan D Md	Practitioner - Non-Primary Care Provider (PCP)											
Krauss Eugene S Md	Practitioner - Non-Primary Care Provider (PCP)											
Knopp Edmond A Md	Practitioner - Non-Primary Care Provider (PCP)											
Agin Carole Wendy Md	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Michael	Practitioner - Non-Primary Care Provider (PCP)											
Sacknoff Andrea L Md	Practitioner - Non-Primary Care Provider (PCP)											
Dalal Prateek Vinod Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stephen Bibiana Dudra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Escamilla Gloria Mercedes Md	Practitioner - Non-Primary Care Provider (PCP)											
Gentil Clark A Md	Practitioner - Non-Primary Care Provider (PCP)											
Prakash Devina Md	Practitioner - Non-Primary Care Provider (PCP)											
Kugaczewski Jane	Practitioner - Non-Primary Care Provider (PCP)											
Landolphi Daniel Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Jaber Diala A Md	Practitioner - Non-Primary Care Provider (PCP)											
Irizarry Lisandro Md	Practitioner - Non-Primary Care Provider (PCP)											
Lidonnici Leslie A M Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Daniel Hirsh Md	Practitioner - Non-Primary Care Provider (PCP)											
Jeran Daniel Dpm Pc	Practitioner - Non-Primary Care Provider (PCP)											
Hutchinson Leigh Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Hitscherich Robert M Md	Practitioner - Non-Primary Care Provider (PCP)											
Morgan Maxine P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Paul J H Md	Practitioner - Non-Primary Care Provider (PCP)											
Fruth Giacobbe Christine Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sampino Anthony F Md	Practitioner - Non-Primary Care Provider (PCP)											
Fink Erik Ross Md	Practitioner - Non-Primary Care Provider (PCP)											
Friedman Joseph Irwin Md	Practitioner - Non-Primary Care Provider (PCP)											
Turri Lisa Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Damour Yvon Md	Practitioner - Non-Primary Care Provider (PCP)											
Brietstein Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Bishop Eileen Rae Md	Practitioner - Non-Primary Care Provider (PCP)											
Dalal Hema	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moriarty-Morris Karen Ann Md	Practitioner - Non-Primary Care Provider (PCP)											
Yland J Marc	Practitioner - Non-Primary Care Provider (PCP)											
Petraco John Gregg Md	Practitioner - Non-Primary Care Provider (PCP)											
Schabel Joy Emma-Lee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rabin Glenn Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Lih-Brody Lisa A Md	Practitioner - Non-Primary Care Provider (PCP)											
Wang Edward David Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monte Denise Christine Md	Practitioner - Non-Primary Care Provider (PCP)											

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Caruso Jeffrey Michael Do	Practitioner - Non-Primary Care Provider (PCP)											
Azemar Andre Md	Practitioner - Non-Primary Care Provider (PCP)											
Fink Leo P Do	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Siegel Dana Barry Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Delgado Miguel Angel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sommo William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Levine Laurie J	Practitioner - Non-Primary Care Provider (PCP)											
Kurek John Do	Practitioner - Non-Primary Care Provider (PCP)											
O'Hea Brian James Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jhaveri Jigna Desai	Practitioner - Non-Primary Care Provider (PCP)											
Press Scott Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)											
Weiss Steven Jay Md	Practitioner - Non-Primary Care Provider (PCP)											
Arianas Paris Aristedes	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sood Dinesh K Md	Practitioner - Non-Primary Care Provider (PCP)											
Romeo Louis Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Richter Craig Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Peller Paul Ahron Md	Practitioner - Non-Primary Care Provider (PCP)											
Mihalatos Dionisios George Md	Practitioner - Non-Primary Care Provider (PCP)											
Baran Syma Deborah Md	Practitioner - Non-Primary Care Provider (PCP)											
Michael Mann Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Budnick Lauri E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adhami Kourosh Md	Practitioner - Non-Primary Care Provider (PCP)											
Budorick Nancy Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Georgopoulos Steve Kiriako	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stern Sharone Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Oruci Edward Hamza Md	Practitioner - Non-Primary Care Provider (PCP)											
Weisz Karen Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bagshaw David Steuart Dc	Practitioner - Non-Primary Care Provider (PCP)											
Pellegrino John J Dc	Practitioner - Non-Primary Care Provider (PCP)											
Lokshina Irina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maccaro Paul C Md	Practitioner - Non-Primary Care Provider (PCP)											

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Nadkarni Anand D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rolston Florence Regina Md	Practitioner - Non-Primary Care Provider (PCP)											
Cushner Fred Md	Practitioner - Non-Primary Care Provider (PCP)											
Ryu Samuel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caronia Catherine Geniti Md	Practitioner - Non-Primary Care Provider (PCP)											
Skopicki Hal Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Panasci David Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Klaffky Ellen Csw	Practitioner - Non-Primary Care Provider (PCP)											
Zillmann Catharine A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mclarty Allison Joan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nomberg Adam Todd Md	Practitioner - Non-Primary Care Provider (PCP)											
Oleszak Slawomir P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Puccio Mary Md	Practitioner - Non-Primary Care Provider (PCP)											
Vincent Robert O Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deutsch Ezra Md	Practitioner - Non-Primary Care Provider (PCP)											
Kalash Glenn Richard Md	Practitioner - Non-Primary Care Provider (PCP)											
Buncke Filomena Massa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colasacco James Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Goodstein Mark L Md	Practitioner - Non-Primary Care Provider (PCP)											
Jasiewicz Ronald C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grudman Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Doobinin Kathleen A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldman Alan Brian Md	Practitioner - Non-Primary Care Provider (PCP)											
Bulsara Girish M Md	Practitioner - Non-Primary Care Provider (PCP)											
Roehrig-Martinez Dawn R	Practitioner - Non-Primary Care Provider (PCP)											
Yun Suk-Hyeon Md	Practitioner - Non-Primary Care Provider (PCP)											
Lobo Neil Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Rachel M Bautista Mdpc	Practitioner - Non-Primary Care Provider (PCP)											
Kukadia Ashok N Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Thomas Kang-Ming Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mason Maryanna Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Valle Sonia	Practitioner - Non-Primary Care Provider (PCP)											
Rogu Delia Alexandra Md	Practitioner - Non-Primary Care Provider (PCP)											
Solomon Barry Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Benatar David Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Schulsinger David A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pillitteri Mark C Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sheynkin Yefim R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shalmi Craig L Md	Practitioner - Non-Primary Care Provider (PCP)											
Ingwer Irwin Md	Practitioner - Non-Primary Care Provider (PCP)											
Insinga Salvatore A Do	Practitioner - Non-Primary Care Provider (PCP)											
Gottfried Gail Renee Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Prabhu N Md	Practitioner - Non-Primary Care Provider (PCP)											
Tolentino Gerardo R Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenthal Cynthia	Practitioner - Non-Primary Care Provider (PCP)											
Mercado Ray Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jarbath John Alexander Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Low Linda Md	Practitioner - Non-Primary Care Provider (PCP)											
Brosnan Stacey Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Kocis Christina M Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Olgun Aydin Mehmet Do	Practitioner - Non-Primary Care Provider (PCP)											
Weisbrot Deborah M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcwilliams Scott A Md	Practitioner - Non-Primary Care Provider (PCP)											
Baram Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bernier Jayne M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vasudeva Kusum	Practitioner - Non-Primary Care Provider (PCP)											
Edelman Robert	Practitioner - Non-Primary Care Provider (PCP)											
Kraft Howard	Practitioner - Non-Primary Care Provider (PCP)											
Moseson Michael	Practitioner - Non-Primary Care Provider (PCP)											
Rosenthal Daniel	Practitioner - Non-Primary Care Provider (PCP)											
Patcha Shalini	Practitioner - Non-Primary Care Provider (PCP)											
Cafaro John	Practitioner - Non-Primary Care Provider (PCP)											

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Shaffran Mindy	Practitioner - Non-Primary Care Provider (PCP)											
Dobriner Mark	Practitioner - Non-Primary Care Provider (PCP)											
Fitterman Glen	Practitioner - Non-Primary Care Provider (PCP)											
Wertheim David	Practitioner - Non-Primary Care Provider (PCP)											
Gerardi Frank	Practitioner - Non-Primary Care Provider (PCP)											
Oshinsky Gary	Practitioner - Non-Primary Care Provider (PCP)											
Muia-Chisena Ines Md	Practitioner - Non-Primary Care Provider (PCP)											
Egre Howard	Practitioner - Non-Primary Care Provider (PCP)											
Trazzera Salvatore	Practitioner - Non-Primary Care Provider (PCP)											
Spitz Joel	Practitioner - Non-Primary Care Provider (PCP)											
Peredo Marina	Practitioner - Non-Primary Care Provider (PCP)											
Martinis Francis Gera	Practitioner - Non-Primary Care Provider (PCP)											
Luntz Robert Kevin Md	Practitioner - Non-Primary Care Provider (PCP)											
Winick Jonathan Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Burrei Christopher Md	Practitioner - Non-Primary Care Provider (PCP)											
Healy, Iii William	Practitioner - Non-Primary Care Provider (PCP)											
Levchuck Sean Gerard Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harrington Thomas	Practitioner - Non-Primary Care Provider (PCP)											
Pomykol-Petryk Magdalena Md	Practitioner - Non-Primary Care Provider (PCP)											
Natbony Sheila Md	Practitioner - Non-Primary Care Provider (PCP)											
Kamdar Kiran Jayesh Md	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Sanjiv Md	Practitioner - Non-Primary Care Provider (PCP)											
Ross Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Zeller Robert C Md	Practitioner - Non-Primary Care Provider (PCP)											
Sarmiento Sal	Practitioner - Non-Primary Care Provider (PCP)											
Abraham Veena	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Korlipara Giridhav	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lerman Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ioannou Constantine Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vazquez Claudio Manuel Md	Practitioner - Non-Primary Care Provider (PCP)											
Greene Alice	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Provider Name	**Provider Category**	**2.a.i**	**2.b.iv**	**2.b.ix**	**2.b.vii**	**2.d.i**	**3.a.i**	**3.b.i**	**3.c.i**	**3.d.ii**	**4.a.ii**	**4.b.ii**
Patel Rajoo C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shamim Kausar Md	Practitioner - Non-Primary Care Provider (PCP)											
Horowitz Laurie	Practitioner - Non-Primary Care Provider (PCP)											
Bernstein Karen E Md	Practitioner - Non-Primary Care Provider (PCP)											
Garcia-Moreno Francisco	Practitioner - Non-Primary Care Provider (PCP)											
Minadeo Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Mandel Scott Wayne Md	Practitioner - Non-Primary Care Provider (PCP)											
Berlin Scott F Md	Practitioner - Non-Primary Care Provider (PCP)											
London Alexander L Md	Practitioner - Non-Primary Care Provider (PCP)											
Gabbaizadeh David Md	Practitioner - Non-Primary Care Provider (PCP)											
Ohlig Karin J Md	Practitioner - Non-Primary Care Provider (PCP)											
Whyte Dilys Audrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Grlic Nenad Md	Practitioner - Non-Primary Care Provider (PCP)											
Adler Howard L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ciobanu Alina C Md	Practitioner - Non-Primary Care Provider (PCP)											
Reavis David N Md	Practitioner - Non-Primary Care Provider (PCP)											
Siddiqui Faisal Md	Practitioner - Non-Primary Care Provider (PCP)											
Green Anne Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
Samara Ghassan Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mani Anil John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sorkin Kenneth H	Practitioner - Non-Primary Care Provider (PCP)											
Cavanagh James Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Hormozdi Steven M Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcginley Brian J Md	Practitioner - Non-Primary Care Provider (PCP)											
Maltin Elizabeth P Md	Practitioner - Non-Primary Care Provider (PCP)											
Spencer-Holmes Celeste Md	Practitioner - Non-Primary Care Provider (PCP)											
Brown Howard A Md	Practitioner - Non-Primary Care Provider (PCP)											
Livshin Boris Md	Practitioner - Non-Primary Care Provider (PCP)											
Kluge Jennifer Elaine Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Franko David M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Landman Ursula N Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Lundy Edward F Md	Practitioner - Non-Primary Care Provider (PCP)											
Behar Jason Robert Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Duchatelier Sarita	Practitioner - Non-Primary Care Provider (PCP)											
Katz Steven Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quirk J Gerald Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Masakayan Raul J B Md	Practitioner - Non-Primary Care Provider (PCP)											
Talwar Rohit Md	Practitioner - Non-Primary Care Provider (PCP)											
Abidi Oana Olivia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O'Malley Grace	Practitioner - Non-Primary Care Provider (PCP)											
Schwitzer Sarah Md	Practitioner - Non-Primary Care Provider (PCP)											
Moriarty Diane Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Kasten Gary S Do	Practitioner - Non-Primary Care Provider (PCP)											
Kuruvilla Pailey	Practitioner - Non-Primary Care Provider (PCP)											
D'Esposito Robert	Practitioner - Non-Primary Care Provider (PCP)											
Friedel Armand Md	Practitioner - Non-Primary Care Provider (PCP)											
Opatich Juliana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwartz Paula	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Douglas Md	Practitioner - Non-Primary Care Provider (PCP)											
Stone Gary Carl Md	Practitioner - Non-Primary Care Provider (PCP)											
Regenbogen Elliot Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marsh Jonathan Harris Md	Practitioner - Non-Primary Care Provider (PCP)											
Sapan Melissa Robin Md	Practitioner - Non-Primary Care Provider (PCP)											
Loscalzo John	Practitioner - Non-Primary Care Provider (PCP)											
Que Schenley Ho Md	Practitioner - Non-Primary Care Provider (PCP)											
Breining Dwayne Md	Practitioner - Non-Primary Care Provider (PCP)											
Lai Yu Jen Md	Practitioner - Non-Primary Care Provider (PCP)											
Mohuchy Tamara Md	Practitioner - Non-Primary Care Provider (PCP)											
Eisdorfer Jacob Pa	Practitioner - Non-Primary Care Provider (PCP)											
Salatti Carolann Cnm	Practitioner - Non-Primary Care Provider (PCP)											
Tacsa Leoncio J Md	Practitioner - Non-Primary Care Provider (PCP)											
Fisher Paul Ryan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Sherwin Rhea Elena Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chester Adam R Md	Practitioner - Non-Primary Care Provider (PCP)											
Motroni Betty Triantafillou	Practitioner - Non-Primary Care Provider (PCP)											
Adsumelli Rishimani S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bakshi Salil Md	Practitioner - Non-Primary Care Provider (PCP)											
O'Sullivan Patricia Md	Practitioner - Non-Primary Care Provider (PCP)											
Klein Richard	Practitioner - Non-Primary Care Provider (PCP)											
Liberman Aleksandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ramek Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Zamor Joseph Ludovic Md	Practitioner - Non-Primary Care Provider (PCP)											
Gotlib Richard W Md	Practitioner - Non-Primary Care Provider (PCP)											
Lockhart Maria E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pak Sang Ik Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Seidl Corinne Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tornos Carmen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwartz Michael Craig Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Michael Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)											
Moynihan Brian	Practitioner - Non-Primary Care Provider (PCP)											
Bourhill Ian	Practitioner - Non-Primary Care Provider (PCP)											
Scioscia Kenneth	Practitioner - Non-Primary Care Provider (PCP)											
Skypala Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Ames John Worthington Md	Practitioner - Non-Primary Care Provider (PCP)											
Brennan John Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Perillo Ruthann Md	Practitioner - Non-Primary Care Provider (PCP)											
Ammirata Jacqueline A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sadean Mihai R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Robert Carl Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldblatt Robert	Practitioner - Non-Primary Care Provider (PCP)											
Cokinos Christine E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brandspiegel Haim Zvi	Practitioner - Non-Primary Care Provider (PCP)											
Mele Patricia Colleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Lane Andrew Harry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sridhar Shanthy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ozsvath Robert Raymond Md	Practitioner - Non-Primary Care Provider (PCP)											
Scriven Richard Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monahan Laura Jean Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Borkowski Bernard Charles	Practitioner - Non-Primary Care Provider (PCP)											
Martin Jeffrey Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)											
Zeira Shelly Md	Practitioner - Non-Primary Care Provider (PCP)											
Puchir Marc	Practitioner - Non-Primary Care Provider (PCP)											
Coll Deirdre M Md	Practitioner - Non-Primary Care Provider (PCP)											
Hodge Patricia M	Practitioner - Non-Primary Care Provider (PCP)											
Newman Robert Michael Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spataro Joseph Angelo Md	Practitioner - Non-Primary Care Provider (PCP)											
Su Owen Tsong-Wen Md	Practitioner - Non-Primary Care Provider (PCP)											
Peconic Regional Hematlgy Onclgy Pc	Practitioner - Non-Primary Care Provider (PCP)											
Urmaza Anthony Chan Md	Practitioner - Non-Primary Care Provider (PCP)											
Kohlroser James G Do	Practitioner - Non-Primary Care Provider (PCP)											
Saitta Audrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Franceschi Dinko Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Jungyop Md	Practitioner - Non-Primary Care Provider (PCP)											
Lewis Ronald Md	Practitioner - Non-Primary Care Provider (PCP)											
Hannanian Farshad David Md	Practitioner - Non-Primary Care Provider (PCP)											
Kevill Katherine Anne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khilnani Gita Monica Md	Practitioner - Non-Primary Care Provider (PCP)											
Valentino Patrick Paul Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zee Sui Yung Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fries Bettina C J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wishner Steven G Md	Practitioner - Non-Primary Care Provider (PCP)											
Chan Andrew Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Stewart David	Practitioner - Non-Primary Care Provider (PCP)											
Contino Christopher M Md	Practitioner - Non-Primary Care Provider (PCP)											

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Schuppe Victoria A Pt	Practitioner - Non-Primary Care Provider (PCP)											
Lieberthal Wilfred Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vaknin Daniel Mark Pt	Practitioner - Non-Primary Care Provider (PCP)											
Ng Sze-Fong	Practitioner - Non-Primary Care Provider (PCP)											
Kumar Nanjundaiah Md	Practitioner - Non-Primary Care Provider (PCP)											
Chang Shu-Ho S Md	Practitioner - Non-Primary Care Provider (PCP)											
Petraco Douglas Matthew Md	Practitioner - Non-Primary Care Provider (PCP)											
Larsen Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Flynn Christine	Practitioner - Non-Primary Care Provider (PCP)											
Werner William	Practitioner - Non-Primary Care Provider (PCP)											
Berger Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Ditkoff Michael	Practitioner - Non-Primary Care Provider (PCP)											
Weiner Robert	Practitioner - Non-Primary Care Provider (PCP)											
Honkanen Robert Anthony Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rubin Gerry Helaine Md	Practitioner - Non-Primary Care Provider (PCP)											
Rohan Annie Jill	Practitioner - Non-Primary Care Provider (PCP)											
Murdocco Richard V Csw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grassi John Pa	Practitioner - Non-Primary Care Provider (PCP)											
Santos-Dunphy Maria T Md	Practitioner - Non-Primary Care Provider (PCP)											
Lumerman Jeffrey	Practitioner - Non-Primary Care Provider (PCP)											
Felsen-Singer Elisa Cheryl Do	Practitioner - Non-Primary Care Provider (PCP)											
Faszczewski Linda A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flugman Scott Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)											
Johnson Scott Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alamia Vito Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Hourizadeh Aman Do	Practitioner - Non-Primary Care Provider (PCP)											
Manaris Anastasios Md	Practitioner - Non-Primary Care Provider (PCP)											
Garra Gregory Paul	Practitioner - Non-Primary Care Provider (PCP)											
Held Evan Lee Md	Practitioner - Non-Primary Care Provider (PCP)											
Kier Catherine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rajapakse Ramona O Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Price Michelle Pegelow	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Redmond Martin James Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Florence Frank Barry Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lin Jun Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zimmerman Steven Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Abu Naser Ziauddin Md	Practitioner - Non-Primary Care Provider (PCP)											
Han Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Guo Xiaojun Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spencer William Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Doolan John Joseph Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Morrison Mary C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Feldman Edward L Csw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fiterstein Adam Md	Practitioner - Non-Primary Care Provider (PCP)											
Cheung Jeff K H Md	Practitioner - Non-Primary Care Provider (PCP)											
Palermo Roxanne Bernedetta Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kort Smadar Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wong Marilyn Md	Practitioner - Non-Primary Care Provider (PCP)											
Korn Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Oh Carolyn J Md	Practitioner - Non-Primary Care Provider (PCP)											
Wackett Andrew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arkonac Burak Mehmet Md	Practitioner - Non-Primary Care Provider (PCP)											
Xian Hugh Hu	Practitioner - Non-Primary Care Provider (PCP)											
Vecchio Jeanne Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Dagum Alexander Bee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conlow Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
Magnifico Christopher John Md	Practitioner - Non-Primary Care Provider (PCP)											
Teng David Cm Md	Practitioner - Non-Primary Care Provider (PCP)											
Hom Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Corry Maureen Md	Practitioner - Non-Primary Care Provider (PCP)											
Alejo Luis E Md	Practitioner - Non-Primary Care Provider (PCP)											
Mitra Raghu N	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Colucci Robert D Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Murza Gina Michelle Md	Practitioner - Non-Primary Care Provider (PCP)											
Stephen Mark E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dinowitz Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Lee Christopher C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kwon Nancy Od	Practitioner - Non-Primary Care Provider (PCP)											
Lewandoski Marc Albert Md	Practitioner - Non-Primary Care Provider (PCP)											
Osikowicz Donna Marie Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mann Noelle N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hamou Daniel C Md	Practitioner - Non-Primary Care Provider (PCP)											
Iqbal Humaira A Md	Practitioner - Non-Primary Care Provider (PCP)											
Levokove Zachary Md	Practitioner - Non-Primary Care Provider (PCP)											
Scott Randolph Patrick Md	Practitioner - Non-Primary Care Provider (PCP)											
Lesser Donna R Do	Practitioner - Non-Primary Care Provider (PCP)											
Patel Rakesh B Md	Practitioner - Non-Primary Care Provider (PCP)											
Nassau Infectious Diseases	Practitioner - Non-Primary Care Provider (PCP)											
Cummings Johnasina Levet Dds	Practitioner - Non-Primary Care Provider (PCP)											
Dickinson Richard D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barbato Ralph T Md	Practitioner - Non-Primary Care Provider (PCP)											
Benveniste Helene D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pourmand Rahman Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Granoff Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Matusevich Boris Md	Practitioner - Non-Primary Care Provider (PCP)											
Carleo Christopher Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yacoub Adeeb E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
El Kady Dina Md	Practitioner - Non-Primary Care Provider (PCP)											
Satyanath Siram Md	Practitioner - Non-Primary Care Provider (PCP)											
Tsiamtsiouris Theofanis Md	Practitioner - Non-Primary Care Provider (PCP)											
Lerner Daniel Jeremy Md	Practitioner - Non-Primary Care Provider (PCP)											
Collins Louise Mary Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fernandez Harold A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Moller Daryn H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milana Carolyn M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Divaris Nicholas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ksovreli Olena Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jawa Randeep Singh Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walters Lisa A Do	Practitioner - Non-Primary Care Provider (PCP)											
Corman Marvin L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nicolescu-Nichols Juliet A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richman Paul S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Benson Deborah Mary	Practitioner - Non-Primary Care Provider (PCP)											
Cook Victoria	Practitioner - Non-Primary Care Provider (PCP)											
Bangiyev Lev Y Rpac	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deramo Vincent A Md	Practitioner - Non-Primary Care Provider (PCP)											
Buono Lawrence M Md	Practitioner - Non-Primary Care Provider (PCP)											
Hormozi Shahram Md	Practitioner - Non-Primary Care Provider (PCP)											
Perkins Candice G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maghsoudlou Behzad Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Robert J Nejat Mc Pc	Practitioner - Non-Primary Care Provider (PCP)											
Guo Michael Zheng Md	Practitioner - Non-Primary Care Provider (PCP)											
Fritz Paul G Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tsang Vaiman S Md	Practitioner - Non-Primary Care Provider (PCP)											
Garrigan Diane Marie Do	Practitioner - Non-Primary Care Provider (PCP)											
Alexander Sterling Md	Practitioner - Non-Primary Care Provider (PCP)											
Aziz Mohammed Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)											
Singh Narendra Md	Practitioner - Non-Primary Care Provider (PCP)											
Kunkov Sergey Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reichek Nathaniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Avshalomov Gad Md	Practitioner - Non-Primary Care Provider (PCP)											
Muller Douglas Edward Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barbera Saverio J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldman Donna	Practitioner - Non-Primary Care Provider (PCP)											

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Von Althen-Dagum Isabelle M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cohen David B Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Basavaraju Nerlige G	Practitioner - Non-Primary Care Provider (PCP)											
Becker-Hamou Michele	Practitioner - Non-Primary Care Provider (PCP)											
Cote Sharon Md	Practitioner - Non-Primary Care Provider (PCP)											
Farella-Accurso Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Gabalski Edward C Md	Practitioner - Non-Primary Care Provider (PCP)											
Kaufman Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)											
Korpacz-Fink Mary J	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Lee Patricia S	Practitioner - Non-Primary Care Provider (PCP)											
Perera Rohan G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rivera Carlos J	Practitioner - Non-Primary Care Provider (PCP)											
Rosenthal Margot E	Practitioner - Non-Primary Care Provider (PCP)											
Schoenhaus-Luchs Michelle S	Practitioner - Non-Primary Care Provider (PCP)											
Segarra Pedro R	Practitioner - Non-Primary Care Provider (PCP)											
Serer Corina Md	Practitioner - Non-Primary Care Provider (PCP)											
Trepeta Michael F	Practitioner - Non-Primary Care Provider (PCP)											
Tung George	Practitioner - Non-Primary Care Provider (PCP)											
Vincoff Nina	Practitioner - Non-Primary Care Provider (PCP)											
Wu Maoxin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Riley Margaret H	Practitioner - Non-Primary Care Provider (PCP)											
Saravi Gonzalo Martin Md	Practitioner - Non-Primary Care Provider (PCP)											
Bonvino Lisa Marie Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Avila Cecilia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hodge-Scelsa Lisa Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Fandos Luis Marcelo	Practitioner - Non-Primary Care Provider (PCP)											
Kirshbaum Michael S Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Marrin William C Phd	Practitioner - Non-Primary Care Provider (PCP)											
Goldstein Jonathan	Practitioner - Non-Primary Care Provider (PCP)											
Barasch Eddy Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Gynecologoc Onc Pllc	Practitioner - Non-Primary Care Provider (PCP)											

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Khanna Dheeraj	Practitioner - Non-Primary Care Provider (PCP)											
Cornetta Anthony Jerome Md	Practitioner - Non-Primary Care Provider (PCP)											
Findletar Heather Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Innamorato Anthony Jr Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Sun Frank L Md	Practitioner - Non-Primary Care Provider (PCP)											
Chorost Mitchell I Md	Practitioner - Non-Primary Care Provider (PCP)											
Harth Cara E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zawin Marlene L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woolley Matthew L Md	Practitioner - Non-Primary Care Provider (PCP)											
Penna James Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Graham Kenneth Md	Practitioner - Non-Primary Care Provider (PCP)											
Klein Morey S Md	Practitioner - Non-Primary Care Provider (PCP)											
Bloom Adam Harry Md	Practitioner - Non-Primary Care Provider (PCP)											
Meng Hong Md	Practitioner - Non-Primary Care Provider (PCP)											
Vosswinkel James Alexander Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Griffin Todd Russell Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harshit M Patel Physician Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Ronan Michael Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Cesa Christopher M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daroowalla Feroza M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chernyavskiy Igor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Papaleo Marco Sebastian Md	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Jalees Md	Practitioner - Non-Primary Care Provider (PCP)											
Klassert Anne Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Katriyar Neeraj Md	Practitioner - Non-Primary Care Provider (PCP)											
Gressin Scott M Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lapp Tami Dawn Od	Practitioner - Non-Primary Care Provider (PCP)											
Semel-Concepcion Jennifer J M	Practitioner - Non-Primary Care Provider (PCP)											
Hernandez-Cusati Elisa Md	Practitioner - Non-Primary Care Provider (PCP)											
Stratemeier Mike Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abitbol Thierry Dds	Practitioner - Non-Primary Care Provider (PCP)											

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Danzi Christine M	Practitioner - Non-Primary Care Provider (PCP)											
Kirmani Yasmeen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saradoff Christopher V Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tuzinkiewicz Steven	Practitioner - Non-Primary Care Provider (PCP)											
Lizogubenko Igor Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kassnove Matthew Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Sloniewsky Daniel E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cox Lincoln Irvington Jr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Newton Erika Hallett Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tegay David Harrison D.O.	Practitioner - Non-Primary Care Provider (PCP)											
Stillman Mark C Md	Practitioner - Non-Primary Care Provider (PCP)											
Bagga Ramajit S Md	Practitioner - Non-Primary Care Provider (PCP)											
Levine Heidi Jill Do	Practitioner - Non-Primary Care Provider (PCP)											
Santos Manuel	Practitioner - Non-Primary Care Provider (PCP)											
Martin Jeanne Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ouzounian Steven P Md	Practitioner - Non-Primary Care Provider (PCP)											
Rose Marion Beth Md	Practitioner - Non-Primary Care Provider (PCP)											
Griffin Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lograno Paul	Practitioner - Non-Primary Care Provider (PCP)											
Marshak Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Strittmatter Dennis	Practitioner - Non-Primary Care Provider (PCP)											
Schrank Philip	Practitioner - Non-Primary Care Provider (PCP)											
Schoor Erin Z	Practitioner - Non-Primary Care Provider (PCP)											
Gaber Abdelaziz Aly Elsenouss	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Azim Syed Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cash Carla	Practitioner - Non-Primary Care Provider (PCP)											
Raynor Jayne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Terzella Michael	Practitioner - Non-Primary Care Provider (PCP)											
Nielsen James Cordry Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shah Syed Younus Ali Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fenton Kimberly Erin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Leonte Gabriel T Md	Practitioner - Non-Primary Care Provider (PCP)											
Galler Robert Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barbara Maureen R	Practitioner - Non-Primary Care Provider (PCP)											
Yan Zengmin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mancuso Gloria	Practitioner - Non-Primary Care Provider (PCP)											
Willox Debra Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gasparis Antonios P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Southard Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palma-Aquino Bethzaida C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kulkarni Veena Avinash	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kalimi Robert Md	Practitioner - Non-Primary Care Provider (PCP)											
Guido Michael Iii Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strogach Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Lieberman Cara	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Luz V Md	Practitioner - Non-Primary Care Provider (PCP)											
Cirlincione Adam Scott Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Schaub Melissa A	Practitioner - Non-Primary Care Provider (PCP)											
Manetta Frank Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Geehreng Wendy Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guevarra Rolando Capati Md	Practitioner - Non-Primary Care Provider (PCP)											
Mourtzikos Karen A Md	Practitioner - Non-Primary Care Provider (PCP)											
Edelstein Christopher J Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Cruzen Eric Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Khwaja Melina Josephine Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Firouztale Edward Do	Practitioner - Non-Primary Care Provider (PCP)											
Ruppel William F Md	Practitioner - Non-Primary Care Provider (PCP)											
John Sylvia T Md	Practitioner - Non-Primary Care Provider (PCP)											
Korlipara Anuja Md	Practitioner - Non-Primary Care Provider (PCP)											
Fusco Andrea Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Keep Gina Marie	Practitioner - Non-Primary Care Provider (PCP)											
Beauplan Roger	Practitioner - Non-Primary Care Provider (PCP)											

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Visser Ann Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caprarella Rina Md	Practitioner - Non-Primary Care Provider (PCP)											
Egner Kristi Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Bontempo Andrew Od	Practitioner - Non-Primary Care Provider (PCP)											
Blando Lorna Md	Practitioner - Non-Primary Care Provider (PCP)											
Reynolds Dorothy Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lisihaas Carolyn	Practitioner - Non-Primary Care Provider (PCP)											
Wilkerson Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davidson Aaron Md	Practitioner - Non-Primary Care Provider (PCP)											
Badler Ruth Leslie Md	Practitioner - Non-Primary Care Provider (PCP)											
Ovsepian Armen Md	Practitioner - Non-Primary Care Provider (PCP)											
Adam M Katof Pllc	Practitioner - Non-Primary Care Provider (PCP)											
Winslow Jason Allen Md	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhry Khalid Iqbal Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Michael S	Practitioner - Non-Primary Care Provider (PCP)											
Desimone Vincent L Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Mayerson Bruce Roy	Practitioner - Non-Primary Care Provider (PCP)											
Iannotti Sandra J	Practitioner - Non-Primary Care Provider (PCP)											
Greenfield Barak Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Gal Robert A	Practitioner - Non-Primary Care Provider (PCP)											
Lascarides Chris Emanuel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rivadeneira David	Practitioner - Non-Primary Care Provider (PCP)											
Sivadas Rekha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bergman David I Md	Practitioner - Non-Primary Care Provider (PCP)											
Sterling Mark J	Practitioner - Non-Primary Care Provider (PCP)											
Cervone Agostino	Practitioner - Non-Primary Care Provider (PCP)											
Hayman Robert T	Practitioner - Non-Primary Care Provider (PCP)											
Richter Amy R Md	Practitioner - Non-Primary Care Provider (PCP)											
Schweitzer Mark Eliot Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ehlers Robert	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ford Sheri Lee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Siderias Ioanis C Md	Practitioner - Non-Primary Care Provider (PCP)											
Wruck Michelle M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yan Zhanquing	Practitioner - Non-Primary Care Provider (PCP)											
Kaul Monica Md	Practitioner - Non-Primary Care Provider (PCP)											
Sultan Peter Md	Practitioner - Non-Primary Care Provider (PCP)											
Pugliese Jose Md	Practitioner - Non-Primary Care Provider (PCP)											
Sarwal Raju Md	Practitioner - Non-Primary Care Provider (PCP)											
Liu Jingxuan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Purow David Bruce Md	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Marc Jerome Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Silverman Brett Ross Do	Practitioner - Non-Primary Care Provider (PCP)											
Digiuseppe Barbara Md	Practitioner - Non-Primary Care Provider (PCP)											
Semenyuk Natalie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chao Steven S Md	Practitioner - Non-Primary Care Provider (PCP)											
Gershbaum Meyer David Md	Practitioner - Non-Primary Care Provider (PCP)											
Wodicka Scott C Md	Practitioner - Non-Primary Care Provider (PCP)											
Suryadevara Vanarani Md	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Sanjay Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Lengyel-Kremenic Clara Md	Practitioner - Non-Primary Care Provider (PCP)											
Moore William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Torres Luz Idalia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rose-Adams Deborah	Practitioner - Non-Primary Care Provider (PCP)											
Jardine Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Dong Jinwen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Feldman Hal D	Practitioner - Non-Primary Care Provider (PCP)											
Murphy Cleadeous	Practitioner - Non-Primary Care Provider (PCP)											
Mollick Darren	Practitioner - Non-Primary Care Provider (PCP)											
Sanders Marni J	Practitioner - Non-Primary Care Provider (PCP)											
Marcus Jill A	Practitioner - Non-Primary Care Provider (PCP)											
Green David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gujral Jeetinder	Practitioner - Non-Primary Care Provider (PCP)											

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Nicolae Raluca Christina	Practitioner - Non-Primary Care Provider (PCP)											
Albert Pradeep Md	Practitioner - Non-Primary Care Provider (PCP)											
Immanuel David Md	Practitioner - Non-Primary Care Provider (PCP)											
Rosenblatt Brett Md	Practitioner - Non-Primary Care Provider (PCP)											
Melton Alan R Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcbride Goldieann D Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Craig Shoshana Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shih Peter H Md	Practitioner - Non-Primary Care Provider (PCP)											
Goloubenko Oleg	Practitioner - Non-Primary Care Provider (PCP)											
Go Roderick Au Yeung Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Klages Daniel R Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcmahon Brian Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rutman Matthew Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Chandok Bobby Md	Practitioner - Non-Primary Care Provider (PCP)											
Bui Duc Tri Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weiss Lee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Poovathoor Shaji P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chitkara Maribeth Bambino Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phillip Dennis-Roger Md	Practitioner - Non-Primary Care Provider (PCP)											
Dilos Eleni Jennifer Md	Practitioner - Non-Primary Care Provider (PCP)											
Caselnova Ralph Md	Practitioner - Non-Primary Care Provider (PCP)											
Beg Tazeen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hernandez Angelica Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Darras Frank S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decena Eric F Md	Practitioner - Non-Primary Care Provider (PCP)											
Liu Lixin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thomas Mary M Md	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Ii Roberto	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kort Dawne Drayton Md	Practitioner - Non-Primary Care Provider (PCP)											
Valdes Edna K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Itzkowitz Jay Steven Md	Practitioner - Non-Primary Care Provider (PCP)											

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Powers Colin J Md	Practitioner - Non-Primary Care Provider (PCP)											
Madrid Antonio P Md	Practitioner - Non-Primary Care Provider (PCP)											
Duffy Dennis K Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Sapala James Andrew Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Rajeshri Md	Practitioner - Non-Primary Care Provider (PCP)											
Crosser Michael R Md	Practitioner - Non-Primary Care Provider (PCP)											
Mustafa Tanzia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diel Jakob A Md	Practitioner - Non-Primary Care Provider (PCP)											
Dayani Negar Md	Practitioner - Non-Primary Care Provider (PCP)											
Wang George L Md	Practitioner - Non-Primary Care Provider (PCP)											
Jacob Mahima Md	Practitioner - Non-Primary Care Provider (PCP)											
Gabig Theodore Gregory Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Luchs Jonathan S Md	Practitioner - Non-Primary Care Provider (PCP)											
Viswanathan Subhash R Md	Practitioner - Non-Primary Care Provider (PCP)											
Chou Timothy Yound Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woehrle John J Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anderson John F Do	Practitioner - Non-Primary Care Provider (PCP)											
Vamos Victoria Ann	Practitioner - Non-Primary Care Provider (PCP)											
Gorun-Gorunescu Oana S Md	Practitioner - Non-Primary Care Provider (PCP)											
D'Agate David J	Practitioner - Non-Primary Care Provider (PCP)											
Tewari Neera Kumari	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Puopol0 Steven Michael	Practitioner - Non-Primary Care Provider (PCP)											
Danesh Babak Md	Practitioner - Non-Primary Care Provider (PCP)											
Hwang Sonya Jimi Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwartz Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Chirayil Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Epelbaum Alexander Md	Practitioner - Non-Primary Care Provider (PCP)											
West Steven Frederick Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paccione Michael Francis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Singh Balveen	Practitioner - Non-Primary Care Provider (PCP)											
Lee Youngmee	Practitioner - Non-Primary Care Provider (PCP)											

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Shapiro Joan E Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Jules Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matthews Robert Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kaufmann Tara L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jacob Zvi C Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dischner Kurt Russell	Practitioner - Non-Primary Care Provider (PCP)											
Roppelt Heidi J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kurup Sheela M	Practitioner - Non-Primary Care Provider (PCP)											
Morganstern Jeffrey Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Areman Russell David Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Benson David Matthew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kaplan Carl Philip Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rogove Andrew D Md	Practitioner - Non-Primary Care Provider (PCP)											
Horn Wendy L Md	Practitioner - Non-Primary Care Provider (PCP)											
Sammett David Md	Practitioner - Non-Primary Care Provider (PCP)											
Izrailtyan Igor Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khlat Mickel Do	Practitioner - Non-Primary Care Provider (PCP)											
Savrides Christopher A Md	Practitioner - Non-Primary Care Provider (PCP)											
Wallach David Mitchell Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shashaty James Patrick Ii	Practitioner - Non-Primary Care Provider (PCP)											
Mysak Inessa V Do	Practitioner - Non-Primary Care Provider (PCP)											
Ma Yupo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bilal Mohammad Ahmad Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boykan Rachel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ramesh Nadia S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ren Xiao Li	Practitioner - Non-Primary Care Provider (PCP)											
Difalco Janet Patricia Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weingart Scott D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kao Johnny Md	Practitioner - Non-Primary Care Provider (PCP)											
Dimartino Florence Ann Np	Practitioner - Non-Primary Care Provider (PCP)											
Banovich Rosalie Np	Practitioner - Non-Primary Care Provider (PCP)											

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Fanelli Christine Ann Np	Practitioner - Non-Primary Care Provider (PCP)											
Cavuoto Marie Anne Md	Practitioner - Non-Primary Care Provider (PCP)											
Chan Edward Lau Yue Md	Practitioner - Non-Primary Care Provider (PCP)											
Kiner-Strachan Bonnie Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gray Glenn Md	Practitioner - Non-Primary Care Provider (PCP)											
Ionescu Voichita A Md	Practitioner - Non-Primary Care Provider (PCP)											
Vilela Mary Gidget Md	Practitioner - Non-Primary Care Provider (PCP)											
Alexandrova Nina X	Practitioner - Non-Primary Care Provider (PCP)											
Smith Debra Phd	Practitioner - Non-Primary Care Provider (PCP)											
Diot Laureen Anne Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mckenna Theresa A	Practitioner - Non-Primary Care Provider (PCP)											
Gee Matthew Douglas Lcsw	Practitioner - Non-Primary Care Provider (PCP)											
Prasad Ankineedu N Md	Practitioner - Non-Primary Care Provider (PCP)											
Kadayifci Sinan	Practitioner - Non-Primary Care Provider (PCP)											
Koehler Sharon Louise Md	Practitioner - Non-Primary Care Provider (PCP)											
Sial Tahira N Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Francis Genine X	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Shaber Justin X	Practitioner - Non-Primary Care Provider (PCP)											
Dao Uyen K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edayadi Alexander P Md	Practitioner - Non-Primary Care Provider (PCP)											
Mcmonigle Jennifer Marie Md	Practitioner - Non-Primary Care Provider (PCP)											
Wos Adam Francis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Desvarieux Marie Edduard N Md	Practitioner - Non-Primary Care Provider (PCP)											
Nicosia Theresa Jeanne Np	Practitioner - Non-Primary Care Provider (PCP)											
Miglio Anne F Np	Practitioner - Non-Primary Care Provider (PCP)											
Freeman Vera L Md	Practitioner - Non-Primary Care Provider (PCP)											
Parnell John Vincent Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubach Eugene Md	Practitioner - Non-Primary Care Provider (PCP)											
Rubin Joyce Md	Practitioner - Non-Primary Care Provider (PCP)											
Kim Kyung Ho Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lone Aneeqa Anser Md	Practitioner - Non-Primary Care Provider (PCP)											

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Manzano Honorato	Practitioner - Non-Primary Care Provider (PCP)											
Bullitt Clarissa Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jones Evan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zafont-Rudtner Andrea M Np	Practitioner - Non-Primary Care Provider (PCP)											
Richman Deborah Chereen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lifschutz Dara Md	Practitioner - Non-Primary Care Provider (PCP)											
Kalimi Lisa Mojdeh Md	Practitioner - Non-Primary Care Provider (PCP)											
Anyichi Nonyelu Md	Practitioner - Non-Primary Care Provider (PCP)											
Courtney Ann Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wilentz Seth Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Pruzan Christina Np	Practitioner - Non-Primary Care Provider (PCP)											
Katsigiorgis Gus Do	Practitioner - Non-Primary Care Provider (PCP)											
Yu Yanping Md	Practitioner - Non-Primary Care Provider (PCP)											
Shulman Lawrence Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Koss Tamara Md	Practitioner - Non-Primary Care Provider (PCP)											
Haque Tehmina Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tassiopoulos Apostolos K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Horowitz Scott Alan Md	Practitioner - Non-Primary Care Provider (PCP)											
Vaysman Dmitriy Md	Practitioner - Non-Primary Care Provider (PCP)											
Soljan Dorothy Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Kucine Allan	Practitioner - Non-Primary Care Provider (PCP)											
Salimi Zarrin Md	Practitioner - Non-Primary Care Provider (PCP)											
Raza Syed Samar Md	Practitioner - Non-Primary Care Provider (PCP)											
Rochester Jeremy S Md	Practitioner - Non-Primary Care Provider (PCP)											
Rashba Eric Jay Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Franchina John	Practitioner - Non-Primary Care Provider (PCP)											
Wong Anthony	Practitioner - Non-Primary Care Provider (PCP)											
Sorbi Darius	Practitioner - Non-Primary Care Provider (PCP)											
Madden Jaime	Practitioner - Non-Primary Care Provider (PCP)											
Mayer Michele	Practitioner - Non-Primary Care Provider (PCP)											
Castelli Jennifer Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Laskina Natalya Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strachan Paul M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anand Bhupinder Singh Md	Practitioner - Non-Primary Care Provider (PCP)											
Rizk Christine Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roy Rajasree Md	Practitioner - Non-Primary Care Provider (PCP)											
Dar Muhammad Atif Md	Practitioner - Non-Primary Care Provider (PCP)											
Gallagher Christopher J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dejhalla Mana Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Zimmerman Asaph Md	Practitioner - Non-Primary Care Provider (PCP)											
Raanan Jonathan Lee Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Auerbach Mark Hillel Md	Practitioner - Non-Primary Care Provider (PCP)											
Durkin Brian Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abbasi Almas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pollack Vivian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Galloy Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fattibene Gina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freed Sylvia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharoha Mukesh Prakash Md	Practitioner - Non-Primary Care Provider (PCP)											
Beller Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hilsenroth Jessica Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dixon Denise Phd	Practitioner - Non-Primary Care Provider (PCP)											
Bernstein Cliff Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwartz Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Hermogenes Herminia	Practitioner - Non-Primary Care Provider (PCP)											
Sandoval Steven Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lo Lawrence Crew Md	Practitioner - Non-Primary Care Provider (PCP)											
Charles Jean Gladimir Md	Practitioner - Non-Primary Care Provider (PCP)											
Stergiopoulos Kathleen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spiegel Rebecca Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Modi Anang Md	Practitioner - Non-Primary Care Provider (PCP)											
Braverman Peter Edward Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Kudelka Andrzej Piotr Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leonte Elena D Md	Practitioner - Non-Primary Care Provider (PCP)											
Eisenberg Philip S Phd	Practitioner - Non-Primary Care Provider (PCP)											
Lantsberg Ilya Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Welsh Tia Demille Md	Practitioner - Non-Primary Care Provider (PCP)											
Wu Shenhong Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guran Adrian Eduard Md	Practitioner - Non-Primary Care Provider (PCP)											
Reives-Bright Patrice Lanette Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Charitou Marina M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Swoboda Eva Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jeremias Allen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hallarman Lynn Ellen Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Montalbano Scorzelli Maria Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Stephenson Kent Md	Practitioner - Non-Primary Care Provider (PCP)											
Cao Jie Jane Md	Practitioner - Non-Primary Care Provider (PCP)											
Chao Bo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yee Barry Do	Practitioner - Non-Primary Care Provider (PCP)											
Gruberg Luis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hall Charles Scott Md	Practitioner - Non-Primary Care Provider (PCP)											
Khan Sami U Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fomitcheva Larissa Md	Practitioner - Non-Primary Care Provider (PCP)											
Zinkin Noah T Md	Practitioner - Non-Primary Care Provider (PCP)											
Margulies David M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kadayifci Sevinc Itir Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz Guy J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trabosh Janet Lynn Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lipkin Leon Md	Practitioner - Non-Primary Care Provider (PCP)											
Armand-Tassy Michaelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flood Russell Md	Practitioner - Non-Primary Care Provider (PCP)											
Esposito Susan Elizabeth Md	Practitioner - Non-Primary Care Provider (PCP)											
Haughton Adrienne Moore Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Goldman Matthew Ian Md	Practitioner - Non-Primary Care Provider (PCP)											
Trope Avi Md	Practitioner - Non-Primary Care Provider (PCP)											
Fiorello Janine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kang Michael N Md	Practitioner - Non-Primary Care Provider (PCP)											
Petersen Matthew L Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brandenstein Daniel J Md	Practitioner - Non-Primary Care Provider (PCP)											
Gorbatsevich Alexander Md	Practitioner - Non-Primary Care Provider (PCP)											
Sareen Viveka Md	Practitioner - Non-Primary Care Provider (PCP)											
Karamaninkis Petros Md	Practitioner - Non-Primary Care Provider (PCP)											
Field Keith C Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khan Yagoot Do	Practitioner - Non-Primary Care Provider (PCP)											
Levy Robert Stuart Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fapohunda Oluwafunmilayo Ruth Md	Practitioner - Non-Primary Care Provider (PCP)											
Baldeo Rudolph Laurence Md	Practitioner - Non-Primary Care Provider (PCP)											
Patel Maulik Mafatlal Md	Practitioner - Non-Primary Care Provider (PCP)											
Phillips Jessie V Md	Practitioner - Non-Primary Care Provider (PCP)											
Page Christopher Robin Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spitaletta Mary	Practitioner - Non-Primary Care Provider (PCP)											
Supe-Markovina Katarina Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paek Irene Md	Practitioner - Non-Primary Care Provider (PCP)											
Richards Robert J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mortensen Melissa M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shareeff Musarat Md	Practitioner - Non-Primary Care Provider (PCP)											
Lubarsky Lev Do	Practitioner - Non-Primary Care Provider (PCP)											
Rosioreanu Alex Md	Practitioner - Non-Primary Care Provider (PCP)											
Margiano Danielle M Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Raza Agha Mehmood Md	Practitioner - Non-Primary Care Provider (PCP)											
Rickenbach Kiersten Md	Practitioner - Non-Primary Care Provider (PCP)											
Gurley David Md	Practitioner - Non-Primary Care Provider (PCP)											
Spinelli Pasqua	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saltz Erica	Practitioner - Non-Primary Care Provider (PCP)											

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Woo Henry H Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delemos Michelle Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zhang Jun Md	Practitioner - Non-Primary Care Provider (PCP)											
Torres Jenny Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen Chun Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jeremias Elisabeth Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carrion Julio Alejandro Dds	Practitioner - Non-Primary Care Provider (PCP)											
Zalta Nouri	Practitioner - Non-Primary Care Provider (PCP)											
Tharakan Mathew Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Passafaro Michael Do	Practitioner - Non-Primary Care Provider (PCP)											
Kalker Elliot David Md	Practitioner - Non-Primary Care Provider (PCP)											
Mir Yasser N Md	Practitioner - Non-Primary Care Provider (PCP)											
Gursoy Nurcan Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bishai Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Yadin Zvi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hyzak Szymon Ryszard Md	Practitioner - Non-Primary Care Provider (PCP)											
Rodriguez Deborah	Practitioner - Non-Primary Care Provider (PCP)											
Chachere Julia Rebekah Theodora	Practitioner - Non-Primary Care Provider (PCP)											
Kosinski Slawomir Md	Practitioner - Non-Primary Care Provider (PCP)											
Fengshuo Lan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schessel David Arthur	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kunkel Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grossman Devin Scott Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Levy David Do	Practitioner - Non-Primary Care Provider (PCP)											
Tahmeena Ahmed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kanwal S Chaudhry Md	Practitioner - Non-Primary Care Provider (PCP)											
Matthew Adam Barish	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Borowski Halina Md	Practitioner - Non-Primary Care Provider (PCP)											
Ruffo Brett E	Practitioner - Non-Primary Care Provider (PCP)											
Suozzo Christina	Practitioner - Non-Primary Care Provider (PCP)											
Kenneth R Shroyer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Toro Jose B Md	Practitioner - Non-Primary Care Provider (PCP)											
Alper Huntley Joseph Md	Practitioner - Non-Primary Care Provider (PCP)											
Norman Cruz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tommy Chau	Practitioner - Non-Primary Care Provider (PCP)											
Kern Joshua	Practitioner - Non-Primary Care Provider (PCP)											
Brahmbhatt Kaupin	Practitioner - Non-Primary Care Provider (PCP)											
Axelrod David	Practitioner - Non-Primary Care Provider (PCP)											
Disanti William	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Jason	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O'Connor Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Almasry Ibrahim	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Plank April	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Driscoll Denise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Mathew	Practitioner - Non-Primary Care Provider (PCP)											
Gargano Emily Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
David Buchin	Practitioner - Non-Primary Care Provider (PCP)											
Glick Hc	Practitioner - Non-Primary Care Provider (PCP)											
Trivedi Kiran	Practitioner - Non-Primary Care Provider (PCP)											
Dalosis Bill	Practitioner - Non-Primary Care Provider (PCP)											
Luxenberg Douglas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Soviero Vanessa	Practitioner - Non-Primary Care Provider (PCP)											
Hearne Amy	Practitioner - Non-Primary Care Provider (PCP)											
Shenouda David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Perlman Theodore	Practitioner - Non-Primary Care Provider (PCP)											
Gill Anita	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mathew Rose	Practitioner - Non-Primary Care Provider (PCP)											
Rolon Rolon	Practitioner - Non-Primary Care Provider (PCP)											
Reardon Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kenneth L Ramirez Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haber Tammy L Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Jonathan M Buscaglia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Madhavi Kadiyala	Practitioner - Non-Primary Care Provider (PCP)											
Gohil Baiju C Md	Practitioner - Non-Primary Care Provider (PCP)											
Flocco Tara	Practitioner - Non-Primary Care Provider (PCP)											
David P Mangiamel	Practitioner - Non-Primary Care Provider (PCP)											
Karis Elaine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spinner Warren Daniel Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amin Devendra Ambalal	Practitioner - Non-Primary Care Provider (PCP)											
Chaudhry Tahira	Practitioner - Non-Primary Care Provider (PCP)											
Jurak Margarita	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weinstein Jonathan Brett	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rina Meyer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schlossberg Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Probst Stephen A Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tse Chiang Lau Md	Practitioner - Non-Primary Care Provider (PCP)											
Chau M Nguyen	Practitioner - Non-Primary Care Provider (PCP)											
Lynch Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Long William John	Practitioner - Non-Primary Care Provider (PCP)											
Ross I Wank Md	Practitioner - Non-Primary Care Provider (PCP)											
Egner-Whalen Susan Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Keith Webb Harris Ii	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eastern Portable X-Ray Corp	Practitioner - Non-Primary Care Provider (PCP)											
Stephen Hom Do	Practitioner - Non-Primary Care Provider (PCP)											
Hirschhorn Philip Lon Dds	Practitioner - Non-Primary Care Provider (PCP)											
Pallotta Arthur William Md	Practitioner - Non-Primary Care Provider (PCP)											
Khokhar Asim Saeed Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decostanzo Denise	Practitioner - Non-Primary Care Provider (PCP)											
Kravets Igor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bellucci Wayne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Korzenko Adam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morley Eric	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roberts Lloyd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Beneri Christy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aleyas Sajive	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gelfand Mark	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huang Guo	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Diblasio Ferdinand	Practitioner - Non-Primary Care Provider (PCP)											
Kurian Vinu	Practitioner - Non-Primary Care Provider (PCP)											
Martinez Maritza	Practitioner - Non-Primary Care Provider (PCP)											
Akhtar Zakia Anjum	Practitioner - Non-Primary Care Provider (PCP)											
Wright Brian J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Luc Jean Philippe Rn	Practitioner - Non-Primary Care Provider (PCP)											
Kelly Michele	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tomasetti Michelle Marie Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meyers Susanne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Edward Townsend	Practitioner - Non-Primary Care Provider (PCP)											
Rozenblatt Shahal Phd	Practitioner - Non-Primary Care Provider (PCP)											
John Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Fan Roger Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roberto Cm Bergamaschi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nichols Neil	Practitioner - Non-Primary Care Provider (PCP)											
Fallon Brian	Practitioner - Non-Primary Care Provider (PCP)											
Mack Helen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Costa-Kules Maribeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skow Dennis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monahan Linda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Melissa Mullins	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Villanella Robert	Practitioner - Non-Primary Care Provider (PCP)											
Volpe Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Konstantinova Nina	Practitioner - Non-Primary Care Provider (PCP)											
Abbasi Sadia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bello Bolanle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Altman Erik	Practitioner - Non-Primary Care Provider (PCP)											

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Datta Anita Rani	Practitioner - Non-Primary Care Provider (PCP)											
Harvey Marc Md	Practitioner - Non-Primary Care Provider (PCP)											
Stephanie Nucci	Practitioner - Non-Primary Care Provider (PCP)											
Salunke Swati Abhijit Md	Practitioner - Non-Primary Care Provider (PCP)											
Noor Muhammad Hasnain Md	Practitioner - Non-Primary Care Provider (PCP)											
Zarrilli Gina Marie Do	Practitioner - Non-Primary Care Provider (PCP)											
Stelea Carmen Felica Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sussman Scott E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bruckner Richard Lance Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Owens Meredith	Practitioner - Non-Primary Care Provider (PCP)											
Whang Sung Md	Practitioner - Non-Primary Care Provider (PCP)											
Hoverkamp Douglas K Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dheeraj Khurana Mbbs	Practitioner - Non-Primary Care Provider (PCP)											
Lee June Jieun Md	Practitioner - Non-Primary Care Provider (PCP)											
Singh Meenakshi Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nett Michael Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Maki Rachael Hilda	Practitioner - Non-Primary Care Provider (PCP)											
Golbin Jason	Practitioner - Non-Primary Care Provider (PCP)											
Harnick Joel	Practitioner - Non-Primary Care Provider (PCP)											
Vante Chantale	Practitioner - Non-Primary Care Provider (PCP)											
Rock Alexander	Practitioner - Non-Primary Care Provider (PCP)											
Profitlich Laurie E Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shabnam Shehla Md	Practitioner - Non-Primary Care Provider (PCP)											
Ganz Jason	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parsey Ramin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Speer Esther	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hussaini Syed	Practitioner - Non-Primary Care Provider (PCP)											
Zahler Christine	Practitioner - Non-Primary Care Provider (PCP)											
Hiltzik Yuval	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Uyguanco Eric Ryan Md	Practitioner - Non-Primary Care Provider (PCP)											
Gurian Cynthia Taponga	Practitioner - Non-Primary Care Provider (PCP)											

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Michelle Levi Md	Practitioner - Non-Primary Care Provider (PCP)											
Bello Espinosa Lourdes Alicia Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sangwan Deepa Md	Practitioner - Non-Primary Care Provider (PCP)											
Sadlofsky Jason	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Gil Soo Md	Practitioner - Non-Primary Care Provider (PCP)											
Zoch Claudia Md	Practitioner - Non-Primary Care Provider (PCP)											
Fiorella David John Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rahul Singh Panesar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Chau H Md	Practitioner - Non-Primary Care Provider (PCP)											
Nagula Satish Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wan Wai Ling	Practitioner - Non-Primary Care Provider (PCP)											
Abate Mersema Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rebecca Sophir-Kusnetz	Practitioner - Non-Primary Care Provider (PCP)											
Cherian Varghese P Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hossain Mohammad Monayem Md	Practitioner - Non-Primary Care Provider (PCP)											
Tito Matthew Frank	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gatti Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller-Horn Jill Wallis Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brian Nicholas Morelli	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Berrin Ozturk	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steve Sihao Chen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sedaghat David	Practitioner - Non-Primary Care Provider (PCP)											
Audiino Joseph Matthew Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demishev Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roman Liberman	Practitioner - Non-Primary Care Provider (PCP)											
Polena Sotir	Practitioner - Non-Primary Care Provider (PCP)											
Sean M Donahoe	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brandler Ethan S Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hoffert Gaylord Thomas Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gunjupali Padmaja	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davila Santini Luis	Practitioner - Non-Primary Care Provider (PCP)											

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Palamidessi Nicholas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Corrado Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Choy Cara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Keirns Carla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kamadoll Riyaz	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parizianu Constantin	Practitioner - Non-Primary Care Provider (PCP)											
Denoya Paula Irina Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosanna Sabini	Practitioner - Non-Primary Care Provider (PCP)											
Desai Alpa G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serena S Wu Md	Practitioner - Non-Primary Care Provider (PCP)											
Ardeljan Marinel	Practitioner - Non-Primary Care Provider (PCP)											
Kavita Mariwalla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jeffrey N Chen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Beck James	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laighold Saaron Levy Md	Practitioner - Non-Primary Care Provider (PCP)											
Gallo Cono William	Practitioner - Non-Primary Care Provider (PCP)											
Miles E Driscoll Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Landau David Stuart	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boyle Nariman Sharara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hill Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Flug Adam	Practitioner - Non-Primary Care Provider (PCP)											
Bezwada Krishna	Practitioner - Non-Primary Care Provider (PCP)											
Walsh Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pestieau Sarah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kowalska Agnieszka	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Asher Baer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shah Hiral H Md	Practitioner - Non-Primary Care Provider (PCP)											
Kamath Vindhya Vaman	Practitioner - Non-Primary Care Provider (PCP)											
Engelsohn Eliyahu	Practitioner - Non-Primary Care Provider (PCP)											
Finamore Peter Simon	Practitioner - Non-Primary Care Provider (PCP)											
Anthony M Intintoli Md	Practitioner - Non-Primary Care Provider (PCP)											

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Dunkin Jared Michael Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bao Philip Quy-Trung	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gidla Anitha	Practitioner - Non-Primary Care Provider (PCP)											
Gupta Sandeep	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abraham Biju	Practitioner - Non-Primary Care Provider (PCP)											
Steven Sattler	Practitioner - Non-Primary Care Provider (PCP)											
Zhang Christina Ting Do	Practitioner - Non-Primary Care Provider (PCP)											
Foxen Elizabeth Jane	Practitioner - Non-Primary Care Provider (PCP)											
Sanjay Shetty Md	Practitioner - Non-Primary Care Provider (PCP)											
Tran Bryan John Md	Practitioner - Non-Primary Care Provider (PCP)											
Subbaiah Sathish J	Practitioner - Non-Primary Care Provider (PCP)											
Perry Shapiro Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mario Tuchman	Practitioner - Non-Primary Care Provider (PCP)											
Mauro John	Practitioner - Non-Primary Care Provider (PCP)											
Sodano Rose	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malsky Lynda K	Practitioner - Non-Primary Care Provider (PCP)											
Kraszewski Beverley	Practitioner - Non-Primary Care Provider (PCP)											
Sumit Chowdhery Md	Practitioner - Non-Primary Care Provider (PCP)											
Yel Ilana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Branch Robert Donald Jr	Practitioner - Non-Primary Care Provider (PCP)											
Alam Abdulkader	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amodeo Dana Marie	Practitioner - Non-Primary Care Provider (PCP)											
Genua Jill Christina Md	Practitioner - Non-Primary Care Provider (PCP)											
Lizogubenko Linda I Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Shine Hyangsook	Practitioner - Non-Primary Care Provider (PCP)											
Jackson Lisa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gidseg David Scott	Practitioner - Non-Primary Care Provider (PCP)											
Elham Safaie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zuccarello Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
Flomenhaft David	Practitioner - Non-Primary Care Provider (PCP)											
Guevarra Maria Sarah Navarro	Practitioner - Non-Primary Care Provider (PCP)											

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Maduekwe Echezona Thankgod	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rotblat Operman Michele	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Meera	Practitioner - Non-Primary Care Provider (PCP)											
Chen-Stiebel Agnes	Practitioner - Non-Primary Care Provider (PCP)											
Hickey Debra Ann	Practitioner - Non-Primary Care Provider (PCP)											
Swainson Raymond Edward	Practitioner - Non-Primary Care Provider (PCP)											
Fani Pauline	Practitioner - Non-Primary Care Provider (PCP)											
Quinlan Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
Dillon John	Practitioner - Non-Primary Care Provider (PCP)											
Alarcon Kristen Eileen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thomas Jyothi Philip Md	Practitioner - Non-Primary Care Provider (PCP)											
Khokhar Azhar Iqbal	Practitioner - Non-Primary Care Provider (PCP)											
Munteanu Daniella Christiane	Practitioner - Non-Primary Care Provider (PCP)											
Hanna-Talbot Cathy A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Melville Patricia M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Logan Keri	Practitioner - Non-Primary Care Provider (PCP)											
Chryssos Emanuel Demetrios	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Li Ellen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oneill Jennifer Swan	Practitioner - Non-Primary Care Provider (PCP)											
Hayes Tamara F Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Koch Pamela	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Janna Z Andrews	Practitioner - Non-Primary Care Provider (PCP)											
Kooyman Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Blair Greg	Practitioner - Non-Primary Care Provider (PCP)											
Abu-Sbaih Reem	Practitioner - Non-Primary Care Provider (PCP)											
Charlot Karine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Asaad Bassem Onsy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caiati Robert Paul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wolfe Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Pacifici Amy	Practitioner - Non-Primary Care Provider (PCP)											
Abola Ramon Eduardo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Cerqueira Ryo Paula	Practitioner - Non-Primary Care Provider (PCP)											
Rogacki Laura	Practitioner - Non-Primary Care Provider (PCP)											
Berrones Marco Antonio Jr Rpa	Practitioner - Non-Primary Care Provider (PCP)											
Mishail Alek	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rimpel Lisa Minerva Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kimberly A Giusto Md	Practitioner - Non-Primary Care Provider (PCP)											
Rany Rafik Makaryus	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shah Tajammul Md	Practitioner - Non-Primary Care Provider (PCP)											
Sam Stanley Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rogers Susan	Practitioner - Non-Primary Care Provider (PCP)											
Jain Hitender	Practitioner - Non-Primary Care Provider (PCP)											
Fast Noam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alian Andrus	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bassis Guy	Practitioner - Non-Primary Care Provider (PCP)											
Cherian Julie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kranz Kimberly Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milano Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Hertz-Shargel Michal	Practitioner - Non-Primary Care Provider (PCP)											
Bucobo Juan Carlos	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wilks-Gallo Lisa Sara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mark F Marzouk	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kelly Lawrence William Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Li Wei Md	Practitioner - Non-Primary Care Provider (PCP)											
Park Eunice	Practitioner - Non-Primary Care Provider (PCP)											
Kowal Renata	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zito Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Ahn Christine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Estinfa Fritzgeral	Practitioner - Non-Primary Care Provider (PCP)											
Parikh Purvi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bailey Alban	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Floyd Thomas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Alexios Apazidis	Practitioner - Non-Primary Care Provider (PCP)											
Obedian Rebecca Tabib	Practitioner - Non-Primary Care Provider (PCP)											
Plummer Christopher Paul	Practitioner - Non-Primary Care Provider (PCP)											
Lindsey Rose Grober	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ciminiello Michael Emanuel	Practitioner - Non-Primary Care Provider (PCP)											
Joseph H Quercia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nadel Alice Harriet	Practitioner - Non-Primary Care Provider (PCP)											
Gray Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)											
Connolly Margaret A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Donarummo Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paci James Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huang Minquin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tamboli Zeel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bindra Tejwant	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Muhlrad Samantha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chan Laura J Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edano Debbie Elamparo	Practitioner - Non-Primary Care Provider (PCP)											
Buckley Abraham Karl	Practitioner - Non-Primary Care Provider (PCP)											
Paulinder Singh Rai	Practitioner - Non-Primary Care Provider (PCP)											
Enterlin Nancy Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Constantine Matthew Wayne Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gathungu Grace N K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bhaduri-Mcintosh Sumita	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parnia Sam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Su A	Practitioner - Non-Primary Care Provider (PCP)											
Mcabee Olga L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hogan Laura	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tsui Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mary Kathleen Berry	Practitioner - Non-Primary Care Provider (PCP)											
Chacko Mason Md	Practitioner - Non-Primary Care Provider (PCP)											
Dawson Dawn Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Melissa A Strafford	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ng Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kanagala Neelima	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ahmed Jennifer	Practitioner - Non-Primary Care Provider (PCP)											
Sini Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zubair Shakil	Practitioner - Non-Primary Care Provider (PCP)											
Rosenthal Joshua	Practitioner - Non-Primary Care Provider (PCP)											
Angelillo David Craig	Practitioner - Non-Primary Care Provider (PCP)											
Chandrakantan Aravind	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Sejal	Practitioner - Non-Primary Care Provider (PCP)											
Yusaf Shehla	Practitioner - Non-Primary Care Provider (PCP)											
Danielle D Alleva-Byrne	Practitioner - Non-Primary Care Provider (PCP)											
Jeanne Marie Schaefer	Practitioner - Non-Primary Care Provider (PCP)											
Llorens Anthony L	Practitioner - Non-Primary Care Provider (PCP)											
Rosaria Barone Pa	Practitioner - Non-Primary Care Provider (PCP)											
Markowitz Carol Anne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Kolk-Seda Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Kristy L Stanfield	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lafemina Tina	Practitioner - Non-Primary Care Provider (PCP)											
Laura Mcdowell	Practitioner - Non-Primary Care Provider (PCP)											
Farakh Nabil	Practitioner - Non-Primary Care Provider (PCP)											
Griffith Rosemary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rostocki Bernice Ann	Practitioner - Non-Primary Care Provider (PCP)											
Mcconnon Tara A Do	Practitioner - Non-Primary Care Provider (PCP)											
Anoosh Farhad	Practitioner - Non-Primary Care Provider (PCP)											
Hernandez Guisela M	Practitioner - Non-Primary Care Provider (PCP)											
Coleman-Spiciati Colleen Beth	Practitioner - Non-Primary Care Provider (PCP)											
Amadi Chinyere Md	Practitioner - Non-Primary Care Provider (PCP)											
Chen Morgan	Practitioner - Non-Primary Care Provider (PCP)											
Boriskin Howard	Practitioner - Non-Primary Care Provider (PCP)											
Osipoff Jennifer N	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Mourad Mervat A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Solomita Mario	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loh Shang Arvin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ottavio Peter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michele Welch	Practitioner - Non-Primary Care Provider (PCP)											
Kupersmith Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Katzman Marc	Practitioner - Non-Primary Care Provider (PCP)											
Chauhan Alia	Practitioner - Non-Primary Care Provider (PCP)											
Khan Sabbir Rashid	Practitioner - Non-Primary Care Provider (PCP)											
Mayer Kenneth Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Robles Christine	Practitioner - Non-Primary Care Provider (PCP)											
Chappelle Joseph A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lefkowitz Lance S	Practitioner - Non-Primary Care Provider (PCP)											
Henretta Melissa Susan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mckay Erin Maureen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tadros John J	Practitioner - Non-Primary Care Provider (PCP)											
Curran Amy	Practitioner - Non-Primary Care Provider (PCP)											
Huston Tara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palmieri Marco	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garduno Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khan Fazel A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Radhakrisanan Ravi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Koss Elana	Practitioner - Non-Primary Care Provider (PCP)											
Geralemou Sofia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bloom Michelle E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barsi James Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bluestone Avraham Yakov	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Booker Timberly E	Practitioner - Non-Primary Care Provider (PCP)											
Mapley Andrew C	Practitioner - Non-Primary Care Provider (PCP)											
Leanne Ferretti	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pynn Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Knoll Faye Md	Practitioner - Non-Primary Care Provider (PCP)											
Fastenberg Michael	Practitioner - Non-Primary Care Provider (PCP)											
Seshadri Sangeetha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brodsky Allison	Practitioner - Non-Primary Care Provider (PCP)											
Feldmann Eric	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Singh Vijay	Practitioner - Non-Primary Care Provider (PCP)											
Tottenham Dawn	Practitioner - Non-Primary Care Provider (PCP)											
Yablok Svetlana	Practitioner - Non-Primary Care Provider (PCP)											
Suprenant Valmore	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Calendrillo Heather Np	Practitioner - Non-Primary Care Provider (PCP)											
An Yuehuei Huey	Practitioner - Non-Primary Care Provider (PCP)											
Nasim Javeria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rahmanou Farzin	Practitioner - Non-Primary Care Provider (PCP)											
Wieland Catherine Ann Np	Practitioner - Non-Primary Care Provider (PCP)											
Hoda Syed Tanvir	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jaglall Neil D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Jason M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fitzgerald John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gill Rupinder K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kogan Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Troy Wong	Practitioner - Non-Primary Care Provider (PCP)											
Kniffen Jeffrey Van Np	Practitioner - Non-Primary Care Provider (PCP)											
Estelle Lynn Ann Np	Practitioner - Non-Primary Care Provider (PCP)											
Artale Joseph U	Practitioner - Non-Primary Care Provider (PCP)											
Preventive Diagnostics Inc	Practitioner - Non-Primary Care Provider (PCP)											
Patti Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Rothschild Jordana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chakravarty Rajarshi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yang Vincent	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pryor Aurora	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosenbloom Ella	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Shah Trusha Narendra	Practitioner - Non-Primary Care Provider (PCP)											
Mctighe-Khan Sarah Louise	Practitioner - Non-Primary Care Provider (PCP)											
Schwinge Genine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ferraro Denise M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abazari Azin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kreitzman David	Practitioner - Non-Primary Care Provider (PCP)											
Marino Kristen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Arunava	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yaqoob Zobaria	Practitioner - Non-Primary Care Provider (PCP)											
Fernandez Patricia	Practitioner - Non-Primary Care Provider (PCP)											
Mccarthy Mary Sullivan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
George Eldose	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Brand Martha	Practitioner - Non-Primary Care Provider (PCP)											
Parikh Keyur	Practitioner - Non-Primary Care Provider (PCP)											
Rutigliano Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Pruthvi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gavilanes Nycholle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Saila	Practitioner - Non-Primary Care Provider (PCP)											
Ilyas Laila	Practitioner - Non-Primary Care Provider (PCP)											
Mantovani Raymond Peter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rali Mayur Sureshchandra	Practitioner - Non-Primary Care Provider (PCP)											
Heyden Marybeth	Practitioner - Non-Primary Care Provider (PCP)											
Irina Aminova	Practitioner - Non-Primary Care Provider (PCP)											
Dicpinigaitis Paul	Practitioner - Non-Primary Care Provider (PCP)											
Mustafa Bina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Montellese Daniel Ralph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Graham David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leskiv Anna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scott Herfel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rzonca Merissa A	Practitioner - Non-Primary Care Provider (PCP)											
Scotti Alphonso A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Patel Neal	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parikh Mamta	Practitioner - Non-Primary Care Provider (PCP)											
Taglienti Jenna L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael P Oliveri	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hymes Saul R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Reilly	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weber Michael Raymond	Practitioner - Non-Primary Care Provider (PCP)											
Singh Savitri	Practitioner - Non-Primary Care Provider (PCP)											
Davis Adam Ross	Practitioner - Non-Primary Care Provider (PCP)											
Kupersmith Adam J	Practitioner - Non-Primary Care Provider (PCP)											
Bozek Joshua P	Practitioner - Non-Primary Care Provider (PCP)											
Grooms Heather S	Practitioner - Non-Primary Care Provider (PCP)											
Awadallah Morad	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tafuri Kimberly Sue	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Legrande Dana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Olster Meredith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Forchheimer Ilana Lindsey	Practitioner - Non-Primary Care Provider (PCP)											
Chuang Michael S	Practitioner - Non-Primary Care Provider (PCP)											
Bianchi-Hayes Josette M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kontonotas Diana	Practitioner - Non-Primary Care Provider (PCP)											
Gibb Jennifer L	Practitioner - Non-Primary Care Provider (PCP)											
Patnaik Asha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kamath Ganesh Suresh	Practitioner - Non-Primary Care Provider (PCP)											
Davis James E	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Letty C	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sturm Andrew P	Practitioner - Non-Primary Care Provider (PCP)											
Czulada Laura Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kathuria Parampreet K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lien Kenny	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mansour Mohamed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garcia-Sedigh Danna	Practitioner - Non-Primary Care Provider (PCP)											

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Hikin Dimitry	Practitioner - Non-Primary Care Provider (PCP)											
Saxon Penny	Practitioner - Non-Primary Care Provider (PCP)											
Ednick Mathew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lawrence David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Telem Dana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Landres Inna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cangelosi Jeffrey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khodadadian Jonathan Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Mintzer Jonathan P	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malik Raabeaa A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Georgios Romanos	Practitioner - Non-Primary Care Provider (PCP)											
Jaiya Rampersad	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Rao Nadia S	Practitioner - Non-Primary Care Provider (PCP)											
Kamireddi Ajay	Practitioner - Non-Primary Care Provider (PCP)											
Pang Peng	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phyllis Macchio	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Veronica Ann Marciano	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kaganas Alexander V	Practitioner - Non-Primary Care Provider (PCP)											
Helfner Brett	Practitioner - Non-Primary Care Provider (PCP)											
Brodsky Jennie E	Practitioner - Non-Primary Care Provider (PCP)											
Beck Michael A	Practitioner - Non-Primary Care Provider (PCP)											
Chung William Booyoung	Practitioner - Non-Primary Care Provider (PCP)											
Squillace Brooke A	Practitioner - Non-Primary Care Provider (PCP)											
Ahmad Sahar	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hunte Frederick Sinclair	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Luka Jensy K	Practitioner - Non-Primary Care Provider (PCP)											
Rosero Maria J	Practitioner - Non-Primary Care Provider (PCP)											
Mathew Alex	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cordero Maria C	Practitioner - Non-Primary Care Provider (PCP)											
Sultana Rebeka	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Elrich Susan Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Meslemani Danny	Practitioner - Non-Primary Care Provider (PCP)											
Gimenez Cecilia Elena	Practitioner - Non-Primary Care Provider (PCP)											
Kaplowitz Kevin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Virmani Aditya	Practitioner - Non-Primary Care Provider (PCP)											
Nagula Shreya M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bhashyam Sandeep R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tabak Rostislav	Practitioner - Non-Primary Care Provider (PCP)											
Zoeb Shabnam	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Herlihy Darragh A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grigoryants Karine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Albert Sunil David	Practitioner - Non-Primary Care Provider (PCP)											
Kohane Daniel J	Practitioner - Non-Primary Care Provider (PCP)											
Meritet Bill Rene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sullivan Jacqueline G	Practitioner - Non-Primary Care Provider (PCP)											
Heard Amanda D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mclehose Linda Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sinha Archna	Practitioner - Non-Primary Care Provider (PCP)											
Salvato Vitina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woodall Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Fisher Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Szafran Martin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cowan Aimee Q	Practitioner - Non-Primary Care Provider (PCP)											
Kessler Karen Riess	Practitioner - Non-Primary Care Provider (PCP)											
Sinclair Christopher Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blaber John-Paul	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rizzi Angelo Victor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dawar Narinder	Practitioner - Non-Primary Care Provider (PCP)											
Mazer Nicole A	Practitioner - Non-Primary Care Provider (PCP)											
Shashiashvili Tamara I	Practitioner - Non-Primary Care Provider (PCP)											
Kapoor Shruti	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Feliciano Deborah	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			

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Fratepietro Jillian Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tromba Annmarie	Practitioner - Non-Primary Care Provider (PCP)											
Genzlinger Michele Ann	Practitioner - Non-Primary Care Provider (PCP)											
Yeung Pomin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jaspal Sunjit Singh	Practitioner - Non-Primary Care Provider (PCP)											
Cella Paul R	Practitioner - Non-Primary Care Provider (PCP)											
Matkovic Mara Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Valenti Vanessa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lobrutto Paul T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ali Usman H	Practitioner - Non-Primary Care Provider (PCP)											
Bugay Josefino	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Sean Paul	Practitioner - Non-Primary Care Provider (PCP)											
Hindes Jill B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grossman Michael	Practitioner - Non-Primary Care Provider (PCP)											
Macron Donald Scott	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Choi Dennis	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gracia Gerald	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Varughese Joe	Practitioner - Non-Primary Care Provider (PCP)											
Mannix Lyndsie A	Practitioner - Non-Primary Care Provider (PCP)											
Tully Michael J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jones Vinci Samuel	Practitioner - Non-Primary Care Provider (PCP)											
Wright Megan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chikvashvili Georgiy I	Practitioner - Non-Primary Care Provider (PCP)											
Zacharia Jennie J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Soltani Peter	Practitioner - Non-Primary Care Provider (PCP)											
Tofano Michael Eward	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Earl James L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hasaneen Nadia A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Purr Karen M	Practitioner - Non-Primary Care Provider (PCP)											
Lingam Veena	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kantamneni Sylaza	Practitioner - Non-Primary Care Provider (PCP)											

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Kim Yong Han	Practitioner - Non-Primary Care Provider (PCP)											
Vargas Jose A	Practitioner - Non-Primary Care Provider (PCP)											
Sposito Krystal Lynn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yoo Kijeon	Practitioner - Non-Primary Care Provider (PCP)											
Jones Sebrina	Practitioner - Non-Primary Care Provider (PCP)											
Dean Kelly	Practitioner - Non-Primary Care Provider (PCP)											
Acheson Christina	Practitioner - Non-Primary Care Provider (PCP)											
White Doris	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paredes Sara	Practitioner - Non-Primary Care Provider (PCP)											
Pacheco-Stabile Gretchen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pop George	Practitioner - Non-Primary Care Provider (PCP)											
Gor Chirayu	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gould Sara J	Practitioner - Non-Primary Care Provider (PCP)											
Serotoff Michael	Practitioner - Non-Primary Care Provider (PCP)											
Barna Barna Kelly Maria	Practitioner - Non-Primary Care Provider (PCP)											
Khalili Michael	Practitioner - Non-Primary Care Provider (PCP)											
Barfield Freddie A Ii	Practitioner - Non-Primary Care Provider (PCP)											
Ripton-Snyder Jennifer Faye	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Slutsky Jordan Barry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bronson Brian Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serafino Margaret Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rees Bari	Practitioner - Non-Primary Care Provider (PCP)											
Arpino Maria	Practitioner - Non-Primary Care Provider (PCP)											
Trifaro Pamela	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Agtuca Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Beshlian Lorrie	Practitioner - Non-Primary Care Provider (PCP)											
Mastromarino Jenna	Practitioner - Non-Primary Care Provider (PCP)											
Stoebe Christopher Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stoner Kristin Marie	Practitioner - Non-Primary Care Provider (PCP)											
Boykin Rachel L	Practitioner - Non-Primary Care Provider (PCP)											
Chu Brian T	Practitioner - Non-Primary Care Provider (PCP)											

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Jain Sanjeev	Practitioner - Non-Primary Care Provider (PCP)											
Gandotra Puneet	Practitioner - Non-Primary Care Provider (PCP)											
Wilner Adam	Practitioner - Non-Primary Care Provider (PCP)											
Longo Michael A	Practitioner - Non-Primary Care Provider (PCP)											
Patel Jignesh K	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heuschneider Stacy L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zheng Haoyi	Practitioner - Non-Primary Care Provider (PCP)											
Silverstein David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maxwell Carolyn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kowalska Dorota	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mallipattu Sandeep	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chung Jaeah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mitrani Paul Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vitale Joanne M	Practitioner - Non-Primary Care Provider (PCP)											
Weick Edward T	Practitioner - Non-Primary Care Provider (PCP)											
Vetrano Matthew	Practitioner - Non-Primary Care Provider (PCP)											
Yu Leesa Yen Yoan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Xikis Renee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thompson Christina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fassnacht Kathryn Brigitte	Practitioner - Non-Primary Care Provider (PCP)											
Falkner Evangelia S	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maxis Christina Pardo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Obrien Marie Bernadette	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zaber Heba A	Practitioner - Non-Primary Care Provider (PCP)											
Huston Katherine Barth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pedrazzi Marianne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eliza Mariel	Practitioner - Non-Primary Care Provider (PCP)											
Treubig Dennis	Practitioner - Non-Primary Care Provider (PCP)											
Franco Cristina	Practitioner - Non-Primary Care Provider (PCP)											
Markovics Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Sambur Ian	Practitioner - Non-Primary Care Provider (PCP)											

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Grassi Christina M	Practitioner - Non-Primary Care Provider (PCP)											
Malhotra Radhika	Practitioner - Non-Primary Care Provider (PCP)											
Mangraj Sunanda	Practitioner - Non-Primary Care Provider (PCP)											
Akerman Stuart	Practitioner - Non-Primary Care Provider (PCP)											
Salz Michelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Rajeev Balwant	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pourtaheri Neema	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vuong William Minh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pathickal Betsy	Practitioner - Non-Primary Care Provider (PCP)											
Reinhardt Keith R	Practitioner - Non-Primary Care Provider (PCP)											
Montiel Norma	Practitioner - Non-Primary Care Provider (PCP)											
Gaing Byron	Practitioner - Non-Primary Care Provider (PCP)											
Fuchs Suzanne	Practitioner - Non-Primary Care Provider (PCP)											
Cipot Stephen	Practitioner - Non-Primary Care Provider (PCP)											
Litroff Adam Howard	Practitioner - Non-Primary Care Provider (PCP)											
Adler Michael	Practitioner - Non-Primary Care Provider (PCP)											
Myers Malia	Practitioner - Non-Primary Care Provider (PCP)											
Aminian Ameneh	Practitioner - Non-Primary Care Provider (PCP)											
Stracuzzi Vincent James	Practitioner - Non-Primary Care Provider (PCP)											
Schwab Kristin	Practitioner - Non-Primary Care Provider (PCP)											
Brehm Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chitkara Nisha B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lindstadt Kate Aileen	Practitioner - Non-Primary Care Provider (PCP)											
Teressa Getu G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Singh Mohitmeet	Practitioner - Non-Primary Care Provider (PCP)											
Bagdasarov Emma	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pushchinska Galyna	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fung-Nicholson Sonia	Practitioner - Non-Primary Care Provider (PCP)											
Manganas Louis Nicholas	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Golub Ashley D	Practitioner - Non-Primary Care Provider (PCP)											
Jeyamitra Sandya	Practitioner - Non-Primary Care Provider (PCP)											

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Blaber Jennifer Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dowdy Christopher Lamont	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edwards-Brathwaite Rhonda R	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Hertz Craig William	Practitioner - Non-Primary Care Provider (PCP)											
Douyard Jessica Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Uralil Sharon	Practitioner - Non-Primary Care Provider (PCP)											
Thomas Justin Michael	Practitioner - Non-Primary Care Provider (PCP)											
Varughese-Raju Joyce	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ruoff Carl	Practitioner - Non-Primary Care Provider (PCP)											
Bahlani Sonia	Practitioner - Non-Primary Care Provider (PCP)											
Wang Lin	Practitioner - Non-Primary Care Provider (PCP)											
Henning Shannon Lynn	Practitioner - Non-Primary Care Provider (PCP)											
Patel Brijal Thakor	Practitioner - Non-Primary Care Provider (PCP)											
Elbaz Zeinab Sobhy	Practitioner - Non-Primary Care Provider (PCP)											
Marx Jean M	Practitioner - Non-Primary Care Provider (PCP)											
Cruickshank Brian Donald	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Swezey Susan Harris	Practitioner - Non-Primary Care Provider (PCP)											
Williams Daryl Wesley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Akber Asra A	Practitioner - Non-Primary Care Provider (PCP)											
Petraviciute Sonata	Practitioner - Non-Primary Care Provider (PCP)											
Singh Inderjit	Practitioner - Non-Primary Care Provider (PCP)											
Hussain Syed S	Practitioner - Non-Primary Care Provider (PCP)											
Hashmi Amyr Rizwan	Practitioner - Non-Primary Care Provider (PCP)											
John Alicekutty	Practitioner - Non-Primary Care Provider (PCP)											
Bodea-Crisan Nicoleta Camelia	Practitioner - Non-Primary Care Provider (PCP)											
Chatterjee Soumitra	Practitioner - Non-Primary Care Provider (PCP)											
Martin Danielle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richter Jessica Jean	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bracco Dominic A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pigott Gregson H	Practitioner - Non-Primary Care Provider (PCP)											
Herfel Thitima Jane	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Salzillo Tiffany M	Practitioner - Non-Primary Care Provider (PCP)											
Wright Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Radinsky Stacey	Practitioner - Non-Primary Care Provider (PCP)											
Shah Lisa	Practitioner - Non-Primary Care Provider (PCP)											
Frischberg Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Sharma Neha	Practitioner - Non-Primary Care Provider (PCP)											
Koullias George	Practitioner - Non-Primary Care Provider (PCP)											
Hays Peyton	Practitioner - Non-Primary Care Provider (PCP)											
White Joan Wendy	Practitioner - Non-Primary Care Provider (PCP)											
Nelson Emily G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mellor Charles Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Brar Harsimran	Practitioner - Non-Primary Care Provider (PCP)											
Turner Carol Lolita	Practitioner - Non-Primary Care Provider (PCP)											
Monthie Paul John	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mclaughlin Wendy J	Practitioner - Non-Primary Care Provider (PCP)											
Beaubrun Nicole Louis	Practitioner - Non-Primary Care Provider (PCP)											
Hamdani Mohammad Adnaan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Akhtar Naheed	Practitioner - Non-Primary Care Provider (PCP)											
Laver Joseph Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trentadue Elisa	Practitioner - Non-Primary Care Provider (PCP)											
Ronald Flores Augustine A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fodera Vito	Practitioner - Non-Primary Care Provider (PCP)											
Costa Ana Cristina	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Glasser Jodi	Practitioner - Non-Primary Care Provider (PCP)											
Grudnikoff Eugene	Practitioner - Non-Primary Care Provider (PCP)											
Costales Jesse Lee	Practitioner - Non-Primary Care Provider (PCP)											
Sanz Cesar	Practitioner - Non-Primary Care Provider (PCP)											
Zinkin Heather	Practitioner - Non-Primary Care Provider (PCP)											
Meraj Seema	Practitioner - Non-Primary Care Provider (PCP)											
Corcoran Anthony	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loli Shelley Barbara	Practitioner - Non-Primary Care Provider (PCP)											

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Jean-Philippe Ronie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Misook	Practitioner - Non-Primary Care Provider (PCP)											
Kneessy Lori-Ann	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Manuel Raquel	Practitioner - Non-Primary Care Provider (PCP)											
Carter Scott	Practitioner - Non-Primary Care Provider (PCP)											
Benfold Nicole A	Practitioner - Non-Primary Care Provider (PCP)											
Mielenhausen Kristin F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bordonaro Deborah A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ferrer Charles Joseph	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blumenthal Brianne F	Practitioner - Non-Primary Care Provider (PCP)											
Semeisberger Carrie F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lal Sharmatie	Practitioner - Non-Primary Care Provider (PCP)											
Cooper Meredith Gayle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gruen Amy Beth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nagengast Samantha Haley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller Joshua David	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hong Richard E	Practitioner - Non-Primary Care Provider (PCP)											
Maleson Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O'Toole Theresa	Practitioner - Non-Primary Care Provider (PCP)											
Freeman Katherine	Practitioner - Non-Primary Care Provider (PCP)											
Mehta Bena	Practitioner - Non-Primary Care Provider (PCP)											
Goldfine Andrew Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gering Kristie Marie	Practitioner - Non-Primary Care Provider (PCP)											
Patti Joseph M	Practitioner - Non-Primary Care Provider (PCP)											
Schery Alexandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andrianov Alexandre	Practitioner - Non-Primary Care Provider (PCP)											
Didwell Loretta	Practitioner - Non-Primary Care Provider (PCP)											
Ray Kevin	Practitioner - Non-Primary Care Provider (PCP)											
Talamini Mark Adams	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patton Todd Cary	Practitioner - Non-Primary Care Provider (PCP)											
Lwin Khin Mar	Practitioner - Non-Primary Care Provider (PCP)											

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Goolsarran Nirvani	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ramjisingh Nirupa Ramkumarie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Manu Lucian Miron	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stables-Carney Teresa M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hertwig Lauren Alison	Practitioner - Non-Primary Care Provider (PCP)											
Hymowitz Genna Faith	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Felicetta Michael Pasquale	Practitioner - Non-Primary Care Provider (PCP)											
Roberts Timothy M	Practitioner - Non-Primary Care Provider (PCP)											
Malone Jane D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trachesset Denise Amanda	Practitioner - Non-Primary Care Provider (PCP)											
Chute Pat	Practitioner - Non-Primary Care Provider (PCP)											
Rosen Heidi	Practitioner - Non-Primary Care Provider (PCP)											
Feiner Joshua	Practitioner - Non-Primary Care Provider (PCP)											
Gessner Shari	Practitioner - Non-Primary Care Provider (PCP)											
Corbett Kyle	Practitioner - Non-Primary Care Provider (PCP)											
Liu Hui	Practitioner - Non-Primary Care Provider (PCP)											
Malhotra Shilpa	Practitioner - Non-Primary Care Provider (PCP)											
Klonsky Jonathan David	Practitioner - Non-Primary Care Provider (PCP)											
Avcioglu Ayse	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yee Maria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lyons Charlene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Herber Dawn E	Practitioner - Non-Primary Care Provider (PCP)											
Kumbar Sujata M	Practitioner - Non-Primary Care Provider (PCP)											
Milligan Susan	Practitioner - Non-Primary Care Provider (PCP)											
Anders Katie Leigh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fox Brianne A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schaefer Michael W	Practitioner - Non-Primary Care Provider (PCP)											
Baranta Angela L	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sitver-Kogut Marsha	Practitioner - Non-Primary Care Provider (PCP)											
Wagner Matthew Robert	Practitioner - Non-Primary Care Provider (PCP)											
Vanderhall Maurice	Practitioner - Non-Primary Care Provider (PCP)											

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Alcus Patricia Dwyer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daly Richard A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davis Alecia A Np	Practitioner - Non-Primary Care Provider (PCP)											
Kolanko Nicholas Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zaveri Jatin	Practitioner - Non-Primary Care Provider (PCP)											
Neri Brian	Practitioner - Non-Primary Care Provider (PCP)											
Glasser-Caine Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Gilliar Wolfgang	Practitioner - Non-Primary Care Provider (PCP)											
Diener Barry Lawrence	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shpilberg Katya A	Practitioner - Non-Primary Care Provider (PCP)											
Holzer Stuart Marc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joneja Jaspreet Singh	Practitioner - Non-Primary Care Provider (PCP)											
Mendis Corinna L	Practitioner - Non-Primary Care Provider (PCP)											
Utnick Lenore	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anatol Natalie	Practitioner - Non-Primary Care Provider (PCP)											
Stanca Carmen Magdalena	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Long Michele	Practitioner - Non-Primary Care Provider (PCP)											
Brooks Debra Ellen	Practitioner - Non-Primary Care Provider (PCP)											
Chesler David Andrew	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goswami Ranjeet	Practitioner - Non-Primary Care Provider (PCP)											
Chimpiri Annapurneswara Rao	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andraous Wesam Farouk	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eschler Deirdre Cocks	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abbate Vivian Anna	Practitioner - Non-Primary Care Provider (PCP)											
Mauser Reed	Practitioner - Non-Primary Care Provider (PCP)											
Koenig Scott	Practitioner - Non-Primary Care Provider (PCP)											
Sgro Melissa	Practitioner - Non-Primary Care Provider (PCP)											
Oduro Angela Yaa	Practitioner - Non-Primary Care Provider (PCP)											
Goutis Metaxia	Practitioner - Non-Primary Care Provider (PCP)											
Franco Joseph John	Practitioner - Non-Primary Care Provider (PCP)											
Ahmed Fariha	Practitioner - Non-Primary Care Provider (PCP)											

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Vadhan Nehal Pravin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khiani Komal	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dreznick Elliott B	Practitioner - Non-Primary Care Provider (PCP)											
Hall Amy Mia	Practitioner - Non-Primary Care Provider (PCP)											
Sneller Hannah Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wong Ryan Joshua	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arielle Maggio-Ferguson	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓			
Young Matthew Gregory	Practitioner - Non-Primary Care Provider (PCP)											
Medin Karen Louise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pizzurro Josephine	Practitioner - Non-Primary Care Provider (PCP)											
Mockler Daniel	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baer Lea	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Halbert Caitlin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stessin Alexander Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rabinovich Valerie	Practitioner - Non-Primary Care Provider (PCP)											
Chung Grace	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contovasilis Jesse	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bernal Cynthia	Practitioner - Non-Primary Care Provider (PCP)											
Derespina Kim	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Choi Minsig	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sadigh Kaveh	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chu Winifred	Practitioner - Non-Primary Care Provider (PCP)											
Lin Juan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yoon Hannah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chicaiza Henry	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freiberg Evan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zhang Yue	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leeman-Markowski Mason	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kanth Pooja	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Splichal Emily	Practitioner - Non-Primary Care Provider (PCP)											
Filatov Alexander	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Schwartz Adam David	Practitioner - Non-Primary Care Provider (PCP)											
Howse Sean Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Spiegel Louis R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Subramaniam Sampath	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ohara Kathleen P	Practitioner - Non-Primary Care Provider (PCP)											
Massasati Lamah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hughes Heather Ann	Practitioner - Non-Primary Care Provider (PCP)											
Murray Beth A	Practitioner - Non-Primary Care Provider (PCP)											
Kokkosis Angela Amalia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bober Wojciech	Practitioner - Non-Primary Care Provider (PCP)											
Sarwal Suresh Kanta	Practitioner - Non-Primary Care Provider (PCP)											
Majahar Mahmuda	Practitioner - Non-Primary Care Provider (PCP)											
Falkowski Laura	Practitioner - Non-Primary Care Provider (PCP)											
Bazzi Lama	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wang Meng	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chakravarty Ramanuj	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nouvini Rosa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boudreau Kathleen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Butler Javed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Htet Hein	Practitioner - Non-Primary Care Provider (PCP)											
Forde Michelle A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patton Marie C	Practitioner - Non-Primary Care Provider (PCP)											
Courgi Robert G	Practitioner - Non-Primary Care Provider (PCP)											
Aurigema Jacqueline A	Practitioner - Non-Primary Care Provider (PCP)											
Brower Donna Marie	Practitioner - Non-Primary Care Provider (PCP)											
Politis Chrisoula	Practitioner - Non-Primary Care Provider (PCP)											
Hotchkiss Nicole Maree	Practitioner - Non-Primary Care Provider (PCP)											
Umar Mohammed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gupta Amit	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matuszak Ronald Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Schwarz Marie J	Practitioner - Non-Primary Care Provider (PCP)											
Eisenberg Jason Zeus	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reznyk Yevhen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woroch Luboslav	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alderwish Edris Zaid	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reiter Michael Jason	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mednick Tal	Practitioner - Non-Primary Care Provider (PCP)											
Chin-Tan Jessica Mon	Practitioner - Non-Primary Care Provider (PCP)											
Riordan Haley Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fana Melissa Darlene	Practitioner - Non-Primary Care Provider (PCP)											
Gan Tong Joo Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wahrheit Denise Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flannery Andrea E	Practitioner - Non-Primary Care Provider (PCP)											
D'Orazi Francis T	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Odetalla Fatima	Practitioner - Non-Primary Care Provider (PCP)											
Bober Jacqueline Grace	Practitioner - Non-Primary Care Provider (PCP)											
Caruana Nancy	Practitioner - Non-Primary Care Provider (PCP)											
Yaddanapudi Kavitha	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
0argyelan Miklos	Practitioner - Non-Primary Care Provider (PCP)											
Fontecha Hernandez Jeisson	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stanley Susan Mary	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marszalek Joi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roye Lani	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zwibel Hallie Y	Practitioner - Non-Primary Care Provider (PCP)											
Manthani Kaushik S	Practitioner - Non-Primary Care Provider (PCP)											
Curtis Sarah Anne	Practitioner - Non-Primary Care Provider (PCP)											
Nelson Lisa A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Perez Martha	Practitioner - Non-Primary Care Provider (PCP)											
Arora Kanwardeep	Practitioner - Non-Primary Care Provider (PCP)											
Perera Thushanthi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Singh Jaswinderj	Practitioner - Non-Primary Care Provider (PCP)											

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Trinidad Elizabeth Marron	Practitioner - Non-Primary Care Provider (PCP)											
Mancini Jayme D	Practitioner - Non-Primary Care Provider (PCP)											
Gentile Stephanie	Practitioner - Non-Primary Care Provider (PCP)											
John Francis Hallowell	Practitioner - Non-Primary Care Provider (PCP)											
Singh Tara Kaur	Practitioner - Non-Primary Care Provider (PCP)											
Householder Travis Cole	Practitioner - Non-Primary Care Provider (PCP)											
Hashmi Noor Ul Ain	Practitioner - Non-Primary Care Provider (PCP)											
Hagigi Mershad	Practitioner - Non-Primary Care Provider (PCP)											
Ellis Michael Robert	Practitioner - Non-Primary Care Provider (PCP)											
Concepcion Carlos Alberto	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Longo Wendy	Practitioner - Non-Primary Care Provider (PCP)											
Cheriyan George K	Practitioner - Non-Primary Care Provider (PCP)											
Harrison Thomas Joseph	Practitioner - Non-Primary Care Provider (PCP)											
Henslee Heidi Burry	Practitioner - Non-Primary Care Provider (PCP)											
Bartky Eric J	Practitioner - Non-Primary Care Provider (PCP)											
Tolentino Jonathan Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wolf Sandra M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Camarda Joanne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heron Dihan	Practitioner - Non-Primary Care Provider (PCP)											
Gengler Cristin Rose	Practitioner - Non-Primary Care Provider (PCP)											
Hoffman Alison	Practitioner - Non-Primary Care Provider (PCP)											
Tinting Cheng	Practitioner - Non-Primary Care Provider (PCP)	✓					✓			✓		
Lori Lynn Mclaughlin	Practitioner - Non-Primary Care Provider (PCP)											
Kim Decastro	Practitioner - Non-Primary Care Provider (PCP)											
Johanna Smith	Practitioner - Non-Primary Care Provider (PCP)											
Corie Crews	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rachelle Bitton	Practitioner - Non-Primary Care Provider (PCP)											
Karyn Ginsburg	Practitioner - Non-Primary Care Provider (PCP)											
Lisa Buglino	Practitioner - Non-Primary Care Provider (PCP)											
Mastrandrea Iris R	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tina Martirano	Practitioner - Non-Primary Care Provider (PCP)											

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Connolly Gene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dorman Christine Anne	Practitioner - Non-Primary Care Provider (PCP)	✓					✓	✓	✓	✓		
Cindy Bubla	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Sileo	Practitioner - Non-Primary Care Provider (PCP)											
Shukla Dinesh Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tracy Manners	Practitioner - Non-Primary Care Provider (PCP)											
Mark Harary	Practitioner - Non-Primary Care Provider (PCP)											
Samuels Aaron	Practitioner - Non-Primary Care Provider (PCP)											
Wynne Linda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Steinberg Jennifer L	Practitioner - Non-Primary Care Provider (PCP)											
Deborah Parrella	Practitioner - Non-Primary Care Provider (PCP)											
Watkins Kristine	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Crystal Carcione Comerchero	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Calandra Krystle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Favichia Clarissa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rossi Steven A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Protosow Kristin Ann	Practitioner - Non-Primary Care Provider (PCP)											
O'Neill Peter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Silvestro Jerelyn Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Margaret Elizabeth Garland	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skurka, Christopher Dc	Practitioner - Non-Primary Care Provider (PCP)											
St Francis Hospital?	Practitioner - Non-Primary Care Provider (PCP)											
Theoharakis Spiro Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharpe James	Practitioner - Non-Primary Care Provider (PCP)											
Kacherski Deborah A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Edington, Jeremiah	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paniccia Megan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Denise Collin	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Angela Desposito	Practitioner - Non-Primary Care Provider (PCP)											
Stephen Neverbski	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diane Schiano-Sanchez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Keegan Nancy Patricia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karavas Denise	Practitioner - Non-Primary Care Provider (PCP)											
Danielle Belluci	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Jackson Pa	Practitioner - Non-Primary Care Provider (PCP)											
Isaacowitz-Weber Carol Ann Do	Practitioner - Non-Primary Care Provider (PCP)											
Megan Arkinson	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abeles Jay	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bhimani Subbarao Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bollinger-Lunger Linda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kugler David Bruce Do	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Veronica Lawless	Practitioner - Non-Primary Care Provider (PCP)											
Kozlowski Dorothy	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Madeline	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fanelli Joseph S	Practitioner - Non-Primary Care Provider (PCP)											
Tychnowitz Janelle	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tobin Kaitlin	Practitioner - Non-Primary Care Provider (PCP)											
Jennifer Dichiara	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kolomick Deborah J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lindsay Scott Richard	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gagliano Joseph Michael Csw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Romano Jeffrey Patrick	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caufield Jacqueline	Practitioner - Non-Primary Care Provider (PCP)											
Shultz Barbara Ann Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zaremba Linda	Practitioner - Non-Primary Care Provider (PCP)											
Steinberg Alan L Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tsouris John Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pandolfi Jacqueline	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bunnenberg Meghan	Practitioner - Non-Primary Care Provider (PCP)											
Lobosco Jacqueline J	Practitioner - Non-Primary Care Provider (PCP)											
Stengel Andrea Curnett	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pettick Donna F	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Lago Christina Alicia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daus Diana	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rafaela Vasquez	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gerardi Eugene	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tara Ann Larkin-Fredericks	Practitioner - Non-Primary Care Provider (PCP)											
Iacovelli Michael	Practitioner - Non-Primary Care Provider (PCP)											
Esposito Carol A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ohenry Jennifer Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sloboda Janet Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Visident Dental Services Pc	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Giotta Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Jessica Vassallo	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suzanne Edelman	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Denise Engrassia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ambrose Mark D Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kuemmel Valerie Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Coscia	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bowden Paul Brendan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haber Shari	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schleifer Randi Hart	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kearney Kevin J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cronin Katharine Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Shapiro Nancy G	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hahn Gary M Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mclaughlan Jonathan Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Hansen Ashley	Practitioner - Non-Primary Care Provider (PCP)											
Mirras Kathryn Demetra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Christine Plante	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Romano Rosario J Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oladosu Joel	Practitioner - Non-Primary Care Provider (PCP)											

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Ramezani Eliian	Practitioner - Non-Primary Care Provider (PCP)											
Keckeisen Paul Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Donowitz Denise	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mennella Anthony Michael	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sondgeroth Patricia Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Victoria L Murphy	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mclinskey Nancy A Md	Practitioner - Non-Primary Care Provider (PCP)											
Ingenito Eileen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Peter	Practitioner - Non-Primary Care Provider (PCP)											
Jeffrey Hart	Practitioner - Non-Primary Care Provider (PCP)											
Lorenzo Gamez	Practitioner - Non-Primary Care Provider (PCP)											
Schreiber Patrick Dr.	Practitioner - Non-Primary Care Provider (PCP)											
James Lahey	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Williams Jr Jeffrey Slaney	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Diforti	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joan Taylor	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gregg Jarit	Practitioner - Non-Primary Care Provider (PCP)											
Winik Sheldon E Dmd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alesandra Venee	Practitioner - Non-Primary Care Provider (PCP)											
Jean Forrest	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haensly Brian	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dewan Rahman	Practitioner - Non-Primary Care Provider (PCP)											
Grattan Heidemarie Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Pellitteri Kara	Practitioner - Non-Primary Care Provider (PCP)											
Lindwall Lauren Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Janet Espinoza	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bakhshoudeh Ramak	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debra Weissberg Skow	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael W. Md Lee	Practitioner - Non-Primary Care Provider (PCP)											
Morvitz Edward	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Griesing Margaret Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Mark Pandolfi	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Murphy Noreen	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Muse Jill Anne	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Witek Malgorzata Wieslawa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sood Deepika Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Lepore Marissa D	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vlada Frankenberger	Practitioner - Non-Primary Care Provider (PCP)											
Bryn Furlong	Practitioner - Non-Primary Care Provider (PCP)											
Jeanne Freed	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rubano Toni	Practitioner - Non-Primary Care Provider (PCP)											
Patalano Gina Guastella	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Elfiky Ahmed Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Frances Pagano	Practitioner - Non-Primary Care Provider (PCP)											
Wong Stanley Ping	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Figlo Dawn Olsen Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sushma Kapur Pa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burns Lorraine Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Delores Bocklet	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bridget Pelligrini	Practitioner - Non-Primary Care Provider (PCP)											
Schiffelbein Chris	Practitioner - Non-Primary Care Provider (PCP)											
Colleen Smalley	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Asofsky Steven M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kalabacas Erika	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Engelhardt Loreane M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siddika Dil Ara	Practitioner - Non-Primary Care Provider (PCP)											
Mawhirt Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Winik Alan M	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peterson Tracy Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Rachel Pessah-Pollack	Practitioner - Non-Primary Care Provider (PCP)											
Mccormick Kerry Mrs.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Gagne Jennifer A Np	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Melly Catherine	Practitioner - Non-Primary Care Provider (PCP)											
Karen Flanagan	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piro Nicole	Practitioner - Non-Primary Care Provider (PCP)											
Adams Elizabeth	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Schmidt Kimberly Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Kevin Lee	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simons Gerald Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Satish Magery Nagaraja Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accardi Rosario Anthony Rpt	Practitioner - Non-Primary Care Provider (PCP)											
Mcginley John Mr.	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fanwick Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Lumsden James F	Practitioner - Non-Primary Care Provider (PCP)											
Kathleen M Quinn	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fogarty Patricia Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Laura Nerenberg Schlageter	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cotrone James	Practitioner - Non-Primary Care Provider (PCP)											
Pass Harold L Phd	Practitioner - Non-Primary Care Provider (PCP)											
Christine Wilhelm	Practitioner - Non-Primary Care Provider (PCP)											
Melissa Ingino	Practitioner - Non-Primary Care Provider (PCP)											
Flynn-Richards Eileen B	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flaherty Patricia Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Monahan Sally	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jennifer Schwarz	Practitioner - Non-Primary Care Provider (PCP)											
Mcmanus Maria A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ehrlich Dareie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dena Staria-Blaskopf	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bianchi-Berube Teresa	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hanson Raymond	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harmon Mary	Practitioner - Non-Primary Care Provider (PCP)											

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Khan Samana Fatima	Practitioner - Non-Primary Care Provider (PCP)											
Rosser Nicole	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suzanne Russell	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gluck Charles	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nasis-Matuza Maria E	Practitioner - Non-Primary Care Provider (PCP)											
Perrotta Jennifer	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bishara John Dr.	Practitioner - Non-Primary Care Provider (PCP)											
Deutsch Andrea J	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hoffman Helen R Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heather Carmichael Shepherd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Starr	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Auerbach Margery R Phd	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ugenti Joann Md	Practitioner - Non-Primary Care Provider (PCP)											
Silverberg Anna	Practitioner - Non-Primary Care Provider (PCP)											
Maurice Castillo	Practitioner - Non-Primary Care Provider (PCP)											
Pomerantz Janet Roberta Md	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bethany Sumner	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Ammirati Amanda	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daniel Hartnett, Lcsw	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Catherine Hoermann	Practitioner - Non-Primary Care Provider (PCP)											
Jose Annamma	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Semenets Aleksey	Practitioner - Non-Primary Care Provider (PCP)											
Foucher Marc Andrew Dpm	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skrezec Allison Alexandria	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Feehan Barbara	Practitioner - Non-Primary Care Provider (PCP)											
Arkali Christine A	Practitioner - Non-Primary Care Provider (PCP)											
Wellins Anna-Marie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cloud Erica	Practitioner - Non-Primary Care Provider (PCP)											
New Alternatives For Children	Practitioner - Non-Primary Care Provider (PCP)											
Sarah Moodie	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Mitchell Lisa Elizabeth	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aguirri James A	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Catherine Of Siena Med Ctr	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Shore Univ Hosp Amb Svc	Hospital											
Mercy Medical Center	Hospital											
University Hospital	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Charles Hsp	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Southampton Hospital	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Mather Mem Hosp	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huntington Hosptial	Hospital	✓	✓	✓								
Good Samaritan Hosp Med Ctr	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eastern Long Island Hospital	Hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peconic Bay Med Ctr	Hospital											
Southside Hospital	Hospital	✓	✓	✓			✓			✓		
Brookhaven Memorial Hospital	Hospital											
St Francis Hsp	Hospital											
New Alternatives F Children	Clinic											
United Comprehensive Care Ltd	Clinic											
Family Residences & Esstl Ent	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Catherine Of Siena Med Ctr	Clinic											
Huntington Hosp Dolan Fhc	Clinic	✓					✓	✓	✓	✓		
St Christophers Inn Inc	Clinic											
North Shore Univ Hosp Amb Svc	Clinic											
Opti-Healthcare	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mercy Medical Center	Clinic											
Suny At Stony Brook	Clinic											
Suffolk Cnty Doh Clinic Serv	Clinic											
Hudson River Healthcare Inc	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Planned Prtd Hudson-Peconic I	Clinic											
University Hospital	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Charles Hsp	Clinic											

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Southampton Hospital	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Mather Mem Hosp	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huntington Hosptial	Clinic	✓	✓	✓								
Good Samaritan Hosp Med Ctr	Clinic											
Eastern Long Island Hospital	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peconic Bay Med Ctr	Clinic											
Southside Hospital	Clinic	✓	✓	✓			✓					
Brookhaven Memorial Hospital	Clinic											
St Francis Hsp	Clinic											
Adults And Children W Learn/Devel D	Clinic											
New York Therapy Placement Svce Inc	Clinic											
Queens-Long Island Renal Institute	Clinic											
United Cerebral Palsy Association O	Clinic	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clubhouse Of Suffolk Inc	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family Service League	Case Management / Health Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pederson Krag Center Inc	Case Management / Health Home											
Omrdd/Adelante Inc Msc Li	Case Management / Health Home											
Omrdd/Abilities Inc Msc Li	Case Management / Health Home											
Federation Of Organization Mh	Case Management / Health Home											
Omrdd/St Christ Ottilie-Li	Case Management / Health Home											
Omrdd/St Christ Ottilie-Ny	Case Management / Health Home											
Maryhaven Ctr	Case Management / Health Home											
Omrdd/Cath Char Dio Rockvill	Case Management / Health Home											
Omrdd/A-1 Universal Care	Case Management / Health Home											
L I Assoc For Aids Care Ai	Case Management / Health Home											
Sayville Project Suny Sb Scm	Case Management / Health Home											
Options For Comm Living Ai	Case Management / Health Home											
Fed Empl & Gld Ser Mr Mh	Case Management / Health Home											
Suffolk Co Doh Mh	Case Management / Health Home											
Office Mental Health Mh	Case Management / Health Home											
Outreach Development Corp	Case Management / Health Home											

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Hudson River Healthcare Inc	Case Management / Health Home											
St Charles Hsp	Case Management / Health Home											
Economic Opportunity Council Day	Case Management / Health Home					✓						
St Christopher Ottilie Mh	Case Management / Health Home											
New York Therapy Placement Svce Inc	Case Management / Health Home											
Sco Family Of Services Cmcm/Tcm	Case Management / Health Home											
North Shore University Hospital	Case Management / Health Home											
Kunkel Laura	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haensly Brian	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suozzo Christina	Mental Health											
Clubhouse Of Suffolk Inc	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hands Across Long Island Risp Cnsta	Mental Health											
Reardon Jennifer	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amin Devendra Ambalal	Mental Health											
Rodriguez Deborah	Mental Health											
Hyzak Szymon Ryszard Md	Mental Health											
Yadin Zvi	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saltz Erica	Mental Health											
Spinelli Pasqua	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spitaletta Mary	Mental Health											
Maryhaven Center Of Hope	Mental Health											
New Alternatives F Children	Mental Health											
Margulies David M Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Peter	Mental Health											
Reives-Bright Patrice Lanette Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New York Foundling Hospital, The	Mental Health											
Dixon Denise Phd	Mental Health											
Beller Patricia	Mental Health											
Family Service League	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zafont-Rudtner Andrea M Np	Mental Health											
Bullitt Clarissa Phd	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Pederson Krag Center Inc	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pilgrim Pc	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sial Tahira N Md	Mental Health											
Gee Matthew Douglas Lcsw	Mental Health											
Mckenna Theresa A	Mental Health											
Smith Debra Phd	Mental Health											
Banovich Rosalie Np	Mental Health											
Mysak Inessa V Do	Mental Health											
Shapiro Joan E Lcsw	Mental Health											
Mustafa Tanzia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Klages Daniel R Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rose-Adams Deborah	Mental Health											
Mercyfirst	Mental Health											
Digiuseppe Barbara Md	Mental Health											
Pugliese Jose Md	Mental Health											
Desimone Vincent L Lcsw	Mental Health											
Chaudhry Khalid Iqbal Md	Mental Health											
Wilkerson Sharon	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Witek Malgorzata Wieslawa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beauplan Roger	Mental Health											
Kulkarni Veena Avinash	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jose Annamma	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palma-Aquino Bethzaida C	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Willox Debra Mary	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Santos Manuel	Mental Health											
Kirmani Yasmeen Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ahmed Jalees Md	Mental Health											
Marrin William C Phd	Mental Health											
Bonvino Lisa Marie Do	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Catholic Char Dio Rvc Spt	Mental Health											
Riley Margaret H	Mental Health											

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Fritz Paul G Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cook Victoria	Mental Health											
Benson Deborah Mary	Mental Health											
St Christopher-Ottilie Mh	Mental Health											
Gagliano Joseph Michael Csw	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nicolescu-Nichols Juliet A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yacoub Adeeb E Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Osikowicz Donna Marie Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colucci Robert D Do	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mitra Raghu N	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caufield Jacqueline	Mental Health											
Vecchio Jeanne Lcsw	Mental Health											
Mennella Anthony Michael	Mental Health											
Feldman Edward L Csw	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Catherine Of Siena Med Ctr	Mental Health											
Murdocco Richard V Csw	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morvitz Edward	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hodge Patricia M	Mental Health											
Goldblatt Robert	Mental Health											
Cohen Michael Lawrence Md	Mental Health											
Zamor Joseph Ludovic Md	Mental Health											
Chester Adam R Md	Mental Health											
Sherwin Rhea Elena Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flynn-Richards Eileen B	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abidi Oana Olivia Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spencer-Holmes Celeste Md	Mental Health											
Shamim Kausar Md	Mental Health											
Vazquez Claudio Manuel Md	Mental Health											
Ioannou Constantine Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lerman Mark	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abraham Veena	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Sarmiento Sal	Mental Health											
Kamdar Kiran Jayesh Md	Mental Health											
Weisbrot Deborah M Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Low Linda Md	Mental Health											
Gottfried Gail Renee Lcsw	Mental Health											
Auerbach Margery R Phd	Mental Health											
Buncke Filomena Massa	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kalash Glenn Richard Md	Mental Health											
Vincent Robert O Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zillmann Catharine A	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Klaffky Ellen Csw	Mental Health											
Neuman Regina Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sood Dinesh K Md	Mental Health											
Arianas Paris Aristedes	Mental Health											
Delgado Miguel Angel Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Friedman Joseph Irwin Md	Mental Health											
Fink Erik Ross Md	Mental Health											
Ambrose Mark D Md	Mental Health											
Theoharakis Spiro Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Koven Bernard J Csw	Mental Health											
Karant Marsha Tanenberg Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Constantino Eduardo A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walch Tina J Md	Mental Health											
North Shore Univ Hosp Amb Svc	Mental Health											
Parrella Michael Joseph Psy.D	Mental Health											
Satish Magery Nagaraja Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Professional Svc Ctr Handicap	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Employee Assist Resource Svcs	Mental Health											
Kanji Juliana Md	Mental Health											
Torno Maria Amor Md	Mental Health											
Pomerantz Janet Roberta Md	Mental Health											

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Cotterell Kevin Paul Md	Mental Health											
Bigini Quinn Patricia E Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mercy Medical Center	Mental Health											
The Way Back, Inc.	Mental Health											
Options For Community Lvg Inc	Mental Health											
Mercy Haven Inc	Mental Health											
Federation Nys Mentally Disab	Mental Health											
Concern For Mental Health Inc	Mental Health											
Central Nassau Guid&Cnsl Svc	Mental Health											
Catholic Charities Rockvl Ctr	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aid Developmentally Disabled	Mental Health											
Gartner Joseph A Md	Mental Health											
Silverman Marci W Md	Mental Health											
Pecoraro Philip John Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Teitelbaum Louis K Md	Mental Health											
Stony Brook Psychiatric Assoc Ufpc	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Masiar Stephen J Md	Mental Health											
Fochtmann Laura J Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Crowell Judith Ann Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rtf Mercyfirst	Mental Health											
Steinberg Alan L Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gardner Amy Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Shore Psych Consults	Mental Health											
Carlson Gabrielle A Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bright Long Lory E Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garcia Ochakovsky Amelia Md	Mental Health											
Kruh Alain Edwin Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mercy Radiology	Mental Health											
Chiong Marcial M Md	Mental Health											
Rtf Childrens Village	Mental Health											
Sedler Mark Jeffrey Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Schwartz Michael Md	Mental Health											
Sagamore Childrens Pc	Mental Health											
Targoff Matthew S Md	Mental Health											
Shukla Sashi B Md	Mental Health											
Pomeroy John Charles Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brunswick Hall	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suffolk Cnty Doh Svcs Rv	Mental Health											
Meisel Alan N Md	Mental Health											
Catholic Charities Rockvl Ctr	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gujavarty Krisanareddy S Md	Mental Health											
Garson Paul D Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kenneth Kahaner Md	Mental Health											
Packard William S Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hoffman Helen R Phd	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sagamore Childrens Pc	Mental Health											
Pilgrim Pc	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skills Unlimited Inc	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marasciullo David L Phd	Mental Health											
Ramchandani Deepika Md	Mental Health											
Central Nassau Guidance & Cns	Mental Health											
University Hospital	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Epilepsy Fdtn Of Long Island	Mental Health											
Suffolk Cnty Doh Svcs Br	Mental Health											
Suffolk Cnty Doh Svcs Fa	Mental Health											
South Oaks Hospital	Mental Health	✓	✓				✓					
John T Mather Mem Hosp	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huntington Hosptial	Mental Health	✓	✓	✓								
Eastern Long Island Hospital	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Southside Hospital	Mental Health	✓	✓	✓								
Federation Emplmt/Guid Svc	Mental Health											
Brookhaven Memorial Hospital	Mental Health											

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Peninsula Counseling Ctr	Mental Health											
Trivedi Narendra K Md	Mental Health											
Soretes Santiago C Md	Mental Health											
Scherzer Alfred L Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karkus Harvey D Md	Mental Health											
Kelly Michele	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meyers Susanne	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Edward Townsend	Mental Health											
Rozenblatt Shahal Phd	Mental Health											
Stengel Andrea Curnett	Mental Health											
Villanella Robert	Mental Health											
Bello Bolanle	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hoverkamp Douglas K Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Donowitz Denise	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hussaini Syed	Mental Health											
Sood Deepika Md	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rebecca Sophir-Kusnetz	Mental Health											
Miles E Driscoll Md	Mental Health											
Bezwada Krishna	Mental Health											
Meeting House Lane Medical Practice	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malsky Lynda K	Mental Health											
Yel Ilana	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alam Abdulkader	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zuccarello Jacqueline	Mental Health											
Flomenhaft David	Mental Health											
Joseph Meera	Mental Health											
Quinlan Elizabeth	Mental Health											
Dillon John	Mental Health											
Khokhar Azhar Iqbal	Mental Health											
Thomas Jyothi Philip Md	Mental Health											
Mental Health Assoc Of Nassau Pros	Mental Health											

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Charlot Karine	Mental Health											
Wolfe Lisa	Mental Health											
Pacifici Amy	Mental Health											
Rogers Susan	Mental Health											
Fast Noam	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Mather Memorial Hospital	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chan Laura J Np	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tsui Patricia	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yusaf Shehla	Mental Health											
Tadros John J	Mental Health											
Brodsky Allison	Mental Health											
Wieland Catherine Ann Np	Mental Health											
Estelle Lynn Ann Np	Mental Health											
Lepore Marissa D	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Taglienti Jenna L	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shultz Barbara Ann Phd	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith Letty C	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Mather Memorial Hospital	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garcia-Sedigh Danna	Mental Health											
Pang Peng	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beck Michael A	Mental Health											
Nagula Shreya M	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Virmani Aditya	Mental Health											
Meritet Bill Rene	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sullivan Jacqueline G	Mental Health											
Tromba Annmarie	Mental Health											
Thomas Sean Paul	Mental Health											
Hindes Jill B	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vargas Jose A	Mental Health											
Jones Sebrina	Mental Health											
Paredes Sara	Mental Health											

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Bronson Brian Daniel	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serafino Margaret Ann	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arpino Maria	Mental Health											
Agtuca Danielle	Mental Health											
St Catherine Of Siena Medical Cente	Mental Health											
Chung Jaeah	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mitrani Paul Anthony	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chitkara Nisha B	Mental Health											
Richter Jessica Jean	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brar Harsimran	Mental Health											
Grudnikoff Eugene	Mental Health											
Bordonaro Deborah A	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lumsden James F	Mental Health											
Ray Kevin	Mental Health											
Lwin Khin Mar	Mental Health											
Manu Lucian Miron	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hertwig Lauren Alison	Mental Health											
Hymowitz Genna Faith	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Romano Jeffrey Patrick	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patalano Gina Guastella	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vadhan Nehal Pravin	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Contovasilis Jesse	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bazzi Lama	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schwarz Marie J	Mental Health											
0argyelan Miklos	Mental Health											
Fontecha Hernandez Jeisson	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inpatient Hospitalist Services Of N	Mental Health											
Inpatient Hospitalist Services Of N	Mental Health											
Nelson Lisa A	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ramezani Eliian	Mental Health											
Perez Martha	Mental Health											

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Singh Jaswinderj	Mental Health											
Federation Of Organizations For The	Mental Health	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quinn Kathleen	Mental Health											
Pellitteri Kara	Mental Health											
Cotrone James	Mental Health											
Cloud Erica	Mental Health											
Oladosu Joel	Mental Health											
Impact Counseling Services I	Substance Abuse											
Maryhaven Center Of Hope Inc	Substance Abuse											
Young Mens Christian Assoc Li	Substance Abuse											
Huntington Youth Bureau	Substance Abuse											
New York Foundling Hospital, The	Substance Abuse											
Town Of Smithtown	Substance Abuse											
Alternatives Counseling Servi	Substance Abuse											
Town Of Babylon	Substance Abuse											
Family Service League	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pederson Krag Center Inc	Substance Abuse											
Nassau Alt Advocacy Prgm Inc	Substance Abuse											
Carnegie Hill Institute Inc	Substance Abuse											
Hope For Youth, Inc	Substance Abuse											
Never Alone Inc	Substance Abuse											
St Christophers Inn Inc	Substance Abuse											
Seafield Center Inc	Substance Abuse											
Berkshire Farm Center	Substance Abuse											
North Shore Univ Hosp Amb Svc	Substance Abuse											
Bridge Back To Life Ctr Inc	Substance Abuse											
Charles K Post A T C	Substance Abuse											
Areba Casriel Institute	Substance Abuse											
Mercy Medical Center	Substance Abuse											
Seafield Services Inc	Substance Abuse											
Outreach Development Corp	Substance Abuse											

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Catholic Charities Rockvl Ctr	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suffolk Cnty Doh Clinic Serv	Substance Abuse											
Hudson River Healthcare Inc	Substance Abuse											
Central Nassau Guidance & Cns	Substance Abuse											
St Charles Hsp	Substance Abuse											
South Oaks Hospital	Substance Abuse	✓	✓				✓					
John T Mather Mem Hosp	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eastern Long Island Hospital	Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Arts Sanitarium	Substance Abuse											
Brookhaven Memorial Hospital	Substance Abuse											
Peninsula Counseling Ctr	Substance Abuse											
Karkus Harvey D Md	Substance Abuse											
Center For Addiction Recovery And	Substance Abuse											
Hamptons Center Rehab And Nrs	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huntington Hills Ctr H&R Adhc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peconic Landing Southold Snf	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medford Multicare Ctr Living	Nursing Home											
Affinity Skilled Living & Reh Ctr	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jeffersons Ferry	Nursing Home											
Maria Regina Residence Snf	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Island Nursing & Rehab Center	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Berkshire Nursing & Rehab Ctr	Nursing Home											
St Catherine Of Siena Nrs Hm	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Crest Hall Care Center	Nursing Home											
Oak Hollow Nursing Ctr Corp	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carillon Nrs Rehab Ctr Adhc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gurwin Jewish Geri Ctr Lthhc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daleview Care Center	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ross Health Care Center	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Li State Veterans Hm Adhc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Westhampton Care Ctr	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Smithtown Center Rehab & Nrs Care	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brookhaven Hlth Care Snf	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Avalon Gardens Reh & Hcc Adhc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
White Oaks Nursing Home	Nursing Home											
Peconic Bay Skilled Nursing Facilit	Nursing Home	✓			✓							
Riverhead Care Center	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
East Neck Nursing & Rehab Ctr	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bezalel Rehab & Nursing Ctr	Nursing Home											
Good Samaritan Nursing Home	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
San Simeon Sound Ctr Nrs & Re	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peninsula Gen Nursing Home	Nursing Home											
Broadlawn Manor Nur & Rehab C	Nursing Home	✓			✓							
Komanoff Ctr/Geriatric Rehab	Nursing Home											
Parker Jewish Inst Hlth Cr Re	Nursing Home											
Central Island Healthcare	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Our Lady Of Consoltation Gcc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hilaire Farm Skilled Liv & Reh Ctr	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Marys Hospital For Childre	Nursing Home											
Shore View Nursing Home	Nursing Home											
Morningside House Nursing Hom	Nursing Home											
Suffolk Center Rehabilitation & Nrs	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Apex Rehabilitation & Care Center	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Johnland Nursing Ctr Inc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sea-Crest Health Care Center	Nursing Home											
Sunrise Manor Ctr Nrs & Rehab	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woodhaven Nursing Home Llc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nesconset Center Nursing & Rehab	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Port Jefferson Hlth Care Fac	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bellhaven Center Rehab & Nrs Care	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barnwell Nursing & Rehab Cent	Nursing Home											
Mills Pond Nursing & Rehab Ctr	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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St James Operating Llc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jopal Sayville Llc	Nursing Home	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jopal Bronx, Llc	Nursing Home											
Walgreen Eastern Co Inc	Pharmacy											
Island Chemists Inc	Pharmacy											
Path Pharmacy Inc	Pharmacy											
Freeport Medical Supply Inc	Pharmacy											
Walgreen Eastern Co Inc	Pharmacy											
Walgreen Eastern Co Inc	Pharmacy											
Walgreen Eastern Co Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
31st And 3rd Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
King Kullen Pharmacies Corp	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Tls Pharmacy Corp.	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
King Kullen Pharm Corp #33	Pharmacy											
Cvs Albany Llc	Pharmacy											
E & M Lindy Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Huntington Drugs Corp	Pharmacy											
Glen Cove Pharmacy Llc	Pharmacy											
Benly Pharmacy Inc	Pharmacy											

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Walgreen Eastern Co Inc	Pharmacy											
King Kullen Pharm Corp #32	Pharmacy											
Cvs Albany Llc	Pharmacy											
Walgreen Eastern Co Inc 05135	Pharmacy											
Cvs Albany Llc	Pharmacy											
Alshafa Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Walgreen Eastern Co Inc #0468	Pharmacy											
Value Drug Stores Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Webster Drugs Inc	Pharmacy											
Walgreen Eastern Co Inc 03470	Pharmacy											
Americare Pharm Svcs Of F S I	Pharmacy											
Coram Drugs Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
King Kullen Pharmacies Corp	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											

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Cvs Albany Llc	Pharmacy											
Fairview Hill Realty Corp	Pharmacy											
Springfield Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Dvn Drug Corporation	Pharmacy											
Cvs Albany Llc	Pharmacy											
King Kullen Pharm Corp #11	Pharmacy											
Regioncare Inc	Pharmacy											
King Kullen Pharmacies Corp38	Pharmacy											
King Kullen Pharmacies Corp40	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Levins Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Mercy Medical Center	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvsalbany Llc	Pharmacy											
Franklin Square Pharmacy Inc	Pharmacy											
King Kullen Pharmacies Corp	Pharmacy											
Rx Express Prescription Servi	Pharmacy											
Cvs Albany Llc	Pharmacy											
Walgreen Eastern Co Inc 2216	Pharmacy											
Tomkins Drug Corp	Pharmacy											
Shore Drugs Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
King Kullen Pharmacies Corp	Pharmacy											
Cvs Albany Llc	Pharmacy											

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Cvs Albany Llc	Pharmacy											
Neema Pharmacy Inc	Pharmacy											
Unity Pharmacy Inc	Pharmacy											
Port Salem Pharmacy Corp	Pharmacy											
L & M Pharmacy Inc	Pharmacy											
Great Neck Chemists Of Ny Inc	Pharmacy											
Jaglo Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Parul Pharmacy Inc	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Cvs Albany, L.L.C.	Pharmacy											
Rupal Enterprise Inc	Pharmacy											
Quality Pharmacy Inc	Pharmacy											
Stony Brook Pharmacy Inc	Pharmacy											
Purti Drug Corp	Pharmacy											
King Kullen Pharmacy Corp	Pharmacy											
King Kullen Pharmacies Corp	Pharmacy											
Popular Pharmacy Inc	Pharmacy											
Civa Drugs Corporation	Pharmacy											
Morales Pharmacy Inc	Pharmacy											
A S L Pharmacy Corp	Pharmacy											
133 Drug Corp Corp	Pharmacy											
F G L Drug Corpation	Pharmacy											
Savall Drug Inc	Pharmacy											
Northport Chemists Inc	Pharmacy											
Good Samaritan Hosp Med Ctr	Pharmacy											
Cvs Albany Llc	Pharmacy											
Walgreen Eastern Co Inc 09190	Pharmacy											
Walgreen Eastern Co Inc 09498	Pharmacy											

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Cvs Albany Llc #00011	Pharmacy											
Cvs Albany Llc	Pharmacy											
Harbor Chemists Inc	Pharmacy											
Sunrise Rx Inc	Pharmacy											
Spages Pharmacy Inc	Pharmacy											
Floyd Chemists Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Walgreens Eastern Co Inc	Pharmacy											
Value Drugs Greenlawn Inc	Pharmacy											
Greenlawn Pharmacy Inc	Pharmacy											
Cvs Albany Llc	Pharmacy											
Walgreen Eastern Co Inc	Pharmacy											
Walgreen Eastern Co Inc	Pharmacy											
Walgreen Eastern Co Inc	Pharmacy											
J & H Products Usa Inc	Pharmacy											
New Island Pharmacy Inc	Pharmacy											
Town Total Health Llc	Pharmacy											
Belle Mead Pharmacy Inc	Pharmacy											
Walgreen Eastern Co Inc	Pharmacy											
Heritage Chemists Inc	Pharmacy											
Golden Pharmaceutical Inc	Pharmacy											
East Islip Pharmacy Inc	Pharmacy											
Comprehensive Com Hospice Pji	Hospice											
Good Shepherd Hospice	Hospice											
Brookhaven Mem Hsp Mc Hospice	Hospice											
Visiting Nur Ser/Hospice Suf	Hospice											
Visiting Nur Ser/Hospice Suf	Hospice											
Dominican Sister Family Healt	Hospice											
Brookhaven Memorial Hospital	Hospice											
Aid To The Developmentally Disabled	Community Based Organizations											
Alison Lamonica	Community Based Organizations											
Andrea Taglieri	Community Based Organizations											

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Annmarie Saggio	Community Based Organizations											
Carrie Schoen	Community Based Organizations											
Christian Racine	Community Based Organizations											
Elizabeth Palmieri	Community Based Organizations											
Elizabeth Weiss	Community Based Organizations											
Felix Ruiz	Community Based Organizations											
Francine Mellow	Community Based Organizations											
Gina Rocco	Community Based Organizations											
Jane Seitz-Mcguire	Community Based Organizations											
Jenna Debono	Community Based Organizations											
Joanna Hulsey	Community Based Organizations											
Katherine Bishop	Community Based Organizations											
Laura Zerafa	Community Based Organizations											
Lauren Falco	Community Based Organizations											
Leonard Foy	Community Based Organizations											
Lisa M Rodriguez	Community Based Organizations											
Louis Cervini	Community Based Organizations											
Mary Sidoti	Community Based Organizations											
Melissa Celikoyar	Community Based Organizations											
Michelle Mcgowan	Community Based Organizations											
Nan Noell	Community Based Organizations											
Patricia Bedell	Community Based Organizations											
Peter Smith	Community Based Organizations											
Ramin Azarm	Community Based Organizations											
Stephanie Durso	Community Based Organizations											
Taryn Miller	Community Based Organizations											
Tina Mentzel	Community Based Organizations											
Vaishnavi Vaddigiri	Community Based Organizations											
Veena Abraham	Community Based Organizations											
Victor Rivera	Community Based Organizations											
Adelaide Corvelle	Community Based Organizations											

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Advanced Care Alliance	Community Based Organizations											
Advanced Health Network (Liba)	Community Based Organizations											
Affinity Health Plan	Community Based Organizations											
Aid To The Developmentally Disabled, Inc Spv	Community Based Organizations											
Aides At Home, Inc	Community Based Organizations											
Altenburger Karen	Community Based Organizations											
American Heart Association/American Stroke Association	Community Based Organizations											
American Lung Association Of The Northeast/Asthma Coalition Of Long Island	Community Based Organizations											
Anchor House Inc.	Community Based Organizations											
Anthony Pelosi	Community Based Organizations											
Asl Pharmacy Inc D.B.A Town Drugs	Community Based Organizations											
Ball Jennifer	Community Based Organizations											
Baum Ryan	Community Based Organizations											
Bonsignore Julia	Community Based Organizations											
Brentwood Family Health Center	Community Based Organizations											
Brentwood Pediatric And Adolescent Associates Pc	Community Based Organizations											
Brooke Balchan	Community Based Organizations											
Brooke Balchan The Children'S Village	Community Based Organizations											
Brookhaven Family Medicine	Community Based Organizations											
Brown Ann	Community Based Organizations											
Bruce Darroch	Community Based Organizations											
Bruckner Allyson	Community Based Organizations											
Carla Keirstead	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cathleen Davis	Community Based Organizations											
Catholic Charities (Diocese Of Rockville Centre)	Community Based Organizations											
Catholic Charities Diocese Of Rockville Centre	Community Based Organizations											
Catholic Charities Diocese Of Rockville Centre - Chemical Dependence Services	Community Based Organizations											
Catholic Charities Diocese Of Rockville Centre - Commodity Supplemental Food Program (Csfp)	Community Based Organizations											
Catholic Charities Diocese Of Rockville Centre - Meals-On-Wheels	Community Based Organizations											

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Catholic Charities Diocese Of Rockville Centre-Congregate Meal Site	Community Based Organizations											
Catholic Charities Diocese Of Rockville Centre-Senior Housing	Community Based Organizations											
Caueb Pharmacy Corp. D/B/A Lighthouse Pharmacy	Community Based Organizations											
Celso A Hofilena	Community Based Organizations											
Charlene Maher	Community Based Organizations											
Christine Romano	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Christopher Mendolo	Community Based Organizations											
Cleven Rosemary	Community Based Organizations											
Collins Marissa	Community Based Organizations											
Community Development Corporation Of Long Island, Inc	Community Based Organizations											
Cook Trudy	Community Based Organizations											
Cruceta Gilbert	Community Based Organizations											
Cvs0275	Community Based Organizations											
Cvs0390	Community Based Organizations											
Cvs0553	Community Based Organizations											
Cvs0922	Community Based Organizations											
Cvs1115	Community Based Organizations											
Cvs1163	Community Based Organizations											
Cvs1190	Community Based Organizations											
Cvs1192	Community Based Organizations											
Cvs1228	Community Based Organizations											
Cvs1935	Community Based Organizations											
Cvs2059	Community Based Organizations											
Cvs2211	Community Based Organizations											
Cvs2225	Community Based Organizations											
Cvs2232	Community Based Organizations											
Cvs2286	Community Based Organizations											
Cvs2305	Community Based Organizations											
Cvs2721	Community Based Organizations											
Daly Bridget	Community Based Organizations											
Daniel Stein	Community Based Organizations											

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Daniele Tanzi	Community Based Organizations											
Darlene Shervington	Community Based Organizations											
Deborah Austin	Community Based Organizations											
Doc Care	Community Based Organizations											
Donald Willing	Community Based Organizations											
Donnelly Nicole	Community Based Organizations											
Doug Van Tassell	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dzwil Michael	Community Based Organizations											
Eac, Inc	Community Based Organizations											
Eac, Inc.	Community Based Organizations											
East Islip Family Care	Community Based Organizations											
Echo Pharmacy	Community Based Organizations											
Eshaghian Loretta	Community Based Organizations											
Family Health Care Center - Nyit College Of Osteopathic Medicine	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Advocacy	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Evening Drop In	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Financial Management	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Irving Berkowitz Residence Cr/Sro	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Outreach	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Peer Bridger	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Residential Respite	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Respite	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Senior Services	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled - Supported Housing	Community Based Organizations											
Federation Of Organizations For Nys Mentally Disabled -	Community Based Organizations											

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Transitional Community Residence												
Federation Of Organizations For Nys Mentally Disabled - Transportation	Community Based Organizations											
Finley Diane	Community Based Organizations											
Frank Dooley	Community Based Organizations											
Frasier Daniel	Community Based Organizations											
Gail Burrus	Community Based Organizations											
Galarza Cristina	Community Based Organizations											
Galfano Kathleen	Community Based Organizations											
George Stone	Community Based Organizations											
Girls Inc. Of Long Island	Community Based Organizations											
Gleason Alexandra	Community Based Organizations											
Hayden Cruz	Community Based Organizations											
Health And Welfare Council Of Long Island	Community Based Organizations											
Healthfirst Phsp	Community Based Organizations											
Healthfirst Phsp, Inc.	Community Based Organizations											
Holbrook Pharmacy & Surgical	Community Based Organizations											
Hope House Ministries	Community Based Organizations											
Isabel Tolentino	Community Based Organizations											
Island Harvest Food Bank	Community Based Organizations											
Jadeua Lee	Community Based Organizations											
Jbfcs- Central Islip Clinic	Community Based Organizations											
Jbfcs- Copiague Clinic	Community Based Organizations											
Jbfcs- Copiague Pros	Community Based Organizations											
Jbfcs- Suffolk Act Team	Community Based Organizations											
Jean Schultz	Community Based Organizations											
Jeffrey Skillman	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jewish Board Of Family & Children'S Services (Jbfcs)	Community Based Organizations											
Jill Ryan	Community Based Organizations											
John Mcginley	Community Based Organizations											
Joseph Catalano	Community Based Organizations											
Kalogeras Nadine	Community Based Organizations											

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Kamil Jacob	Community Based Organizations											
Keith Watkins	Community Based Organizations											
Kelly Dean	Community Based Organizations											
Kerry Caldroney	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
King Kullen Pharmacies Corp.	Community Based Organizations											
Kramer Heather	Community Based Organizations											
Krista Hofling	Community Based Organizations											
Lake Shore Adult Home	Community Based Organizations											
Lakeview Rehab And Care Center	Community Based Organizations											
Larios Nicole	Community Based Organizations											
Laura Mcgee-Chiusano	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lgbt Network	Community Based Organizations											
Lifeline System Company D.B.A. Philips Lifeline	Community Based Organizations											
Lindenhust Eye Phsycians And Surgeons	Community Based Organizations											
Little Flower Children And Family Services Of New York	Community Based Organizations											
Long Island Advocacy Center	Community Based Organizations											
Long Island Developmental Disabilities States Services Offices	Community Based Organizations											
Long Island Families Together	Community Based Organizations											
Long Island Families Together Inc	Community Based Organizations											
Long Island Health Collaborative/Nassau Suffolk Hospital Council	Community Based Organizations											
Long Island Minority Aids Coalition	Community Based Organizations											
Lori Pagano	Community Based Organizations											
Lovaglio Jennifer	Community Based Organizations											
Lubell Rachel	Community Based Organizations											
Lucy Allison	Community Based Organizations											
Mackenson David	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marchione Jessica	Community Based Organizations											
Margaret Richardsen	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maria Rn Nasis-Matuza	Community Based Organizations											
Mary Gibbons	Community Based Organizations											
Matthew Kessel	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Mccloud Melinda	Community Based Organizations											
Mcmahon Christine	Community Based Organizations											
Merril Englert	Community Based Organizations											
Michell Eisenstein	Community Based Organizations											
Michelle Doublet	Community Based Organizations											
Mintz Tracy	Community Based Organizations											
Molly Papish	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Momentum At South Bay For Rehab And Nursing	Community Based Organizations											
Morales Pharmacy D.B.A Moscoso	Community Based Organizations											
Mulhern Kimberly	Community Based Organizations											
Murdocco Jonathan	Community Based Organizations											
Narciso Kimberly	Community Based Organizations											
Nassau Suffolk Law Services	Community Based Organizations											
Nassau/Suffolk Law Services	Community Based Organizations											
New York Legal Assistance Group	Community Based Organizations											
Nona Holmes	Community Based Organizations											
Nurses Evolve	Community Based Organizations											
Oven Bonnie	Community Based Organizations											
Patricia Hartley-Ferrandino	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patricia Meade	Community Based Organizations											
Peninsula Counseling Center (Club House)	Community Based Organizations											
Perl Samantha	Community Based Organizations											
Petrungaro Tara	Community Based Organizations											
Piscitelli-Sharp Michele	Community Based Organizations											
Psch	Community Based Organizations											
Puccio Andrea	Community Based Organizations											
Quality Consortium Of Suffolk County	Community Based Organizations											
Quality Medical Care	Community Based Organizations											
Rbk Pediatrics Of Commack And Bay Shore	Community Based Organizations											
Response Crisis Center Of Suffolk County, Inc	Community Based Organizations											
Response Of Suffolk County, Inc.	Community Based Organizations											

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Retired Senior Volunteer Program - Rsvp	Community Based Organizations											
Riverhead Health Center	Community Based Organizations											
Rosa Lorraine	Community Based Organizations											
Rosenberg Terri	Community Based Organizations											
Rx Consulting Solutions, Llc	Community Based Organizations											
Saks Nicole	Community Based Organizations											
Sally Mcdonald	Community Based Organizations											
Sayo Evangeline	Community Based Organizations											
Sco Family Of Services	Community Based Organizations											
Self-Initiated Living Options D.B.A. Suffolk Independent Living Organization (Silo)	Community Based Organizations											
Sharon Zariello	Community Based Organizations	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Society Of St. Vincent De Paul	Community Based Organizations											
Southampton Pedaitrics Associates Pc	Community Based Organizations											
Southrifty Drug Inc	Community Based Organizations											
St.Hilaire Lucy	Community Based Organizations											
Stephanie Morris	Community Based Organizations											
Steven Parry	Community Based Organizations											
Suffolk County Coalition Against Domestic Violence	Community Based Organizations											
Suffolk County Department Of Health Services - Maternal Infant Community Health Collaborative	Community Based Organizations											
Suffolk County Dept Health, The Division Of Community Mental Hygiene	Community Based Organizations											
Suffolk County Dept Health, The Division Of Patient Care	Community Based Organizations											
Suffolk County Division Of Community Mental Hygiene	Community Based Organizations											
Suk Sik Kim	Community Based Organizations											
Sustainable Long Island	Community Based Organizations											
Tekverk Madeline	Community Based Organizations											
Telivita	Community Based Organizations											
The Children'S Collaborative	Community Based Organizations											
The New York Foundling Hospital	Community Based Organizations											
The New York Foundling Hospital- 12 Deruyter Place A	Community Based Organizations											

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The New York Foundling Hospital-10 Duryea	Community Based Organizations											
The New York Foundling Hospital-12 Deruyter Place A	Community Based Organizations											
The New York Foundling Hospital-12 Deruyter Place B	Community Based Organizations											
The New York Foundling Hospital-12 Duryea	Community Based Organizations											
The New York Foundling Hospital-15 David Place	Community Based Organizations											
The New York Foundling Hospital-19 David Place	Community Based Organizations											
The New York Foundling Hospital-19 David Place - Day Habilitation	Community Based Organizations											
The New York Foundling Hospital-20 River Road	Community Based Organizations											
The New York Foundling Hospital-208 Street	Community Based Organizations											
The New York Foundling Hospital-4 Duryea	Community Based Organizations											
The New York Foundling Hospital-4 Duryea - Day Habilitation	Community Based Organizations											
The New York Foundling Hospital-40 River Road	Community Based Organizations											
The New York Foundling Hospital-6 Duryea	Community Based Organizations											
The New York Foundling Hospital-8 Deruyter Place 1st Fl	Community Based Organizations											
The New York Foundling Hospital-8 Deruyter Place 2nd Fl	Community Based Organizations											
The New York Foundling Hospital-8 Duryea	Community Based Organizations											
The New York Foundling Hospital-Ardsley	Community Based Organizations											
The New York Foundling Hospital-Beechmont	Community Based Organizations											
The New York Foundling Hospital-Benchley 11h	Community Based Organizations											
The New York Foundling Hospital-Benchley 12b	Community Based Organizations											
The New York Foundling Hospital-Benchley 3h	Community Based Organizations											
The New York Foundling Hospital-Benchley 8e	Community Based Organizations											
The New York Foundling Hospital-Einstein 12f	Community Based Organizations											
The New York Foundling Hospital-Einstein 26f	Community Based Organizations											
The New York Foundling Hospital-Einstein 2f	Community Based Organizations											
The New York Foundling Hospital-Einstein 6c	Community Based Organizations											
The New York Foundling Hospital-Haverstraw	Community Based Organizations											
The New York Foundling Hospital-Isabella 2e	Community Based Organizations											
The New York Foundling Hospital-Isabella 3e	Community Based Organizations											
The New York Foundling Hospital-Laconia	Community Based Organizations											
The New York Foundling Hospital-New City	Community Based Organizations											

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The New York Foundling Hospital-Pelham	Community Based Organizations											
The New York Foundling Hospital-Stephens 153	Community Based Organizations											
The New York Foundling Hospital-Stephens 155	Community Based Organizations											
The New York Foundling Hospital-Thieriot 12g	Community Based Organizations											
The New York Foundling Hospital-Thieriot 1c	Community Based Organizations											
The New York Foundling Hospital-Wood Street	Community Based Organizations											
Thomas Goodhue	Community Based Organizations											
Thursday'S Child Inc	Community Based Organizations											
Town Of Babylon Division Of Drug And Alcohol Services Beacon Family Wellness Center	Community Based Organizations											
Town Of Babylon, Division Of Drug & Alcohol Services: Beacon Family Wellness Center	Community Based Organizations											
Unitedhealthcare	Community Based Organizations											
Valreen Hinds	Community Based Organizations											
Vannesa Taboada	Community Based Organizations											
Virginia Pugni	Community Based Organizations											
Visiting Nurse Service Of New York Home Care	Community Based Organizations											
Walgreens Co	Community Based Organizations											
Walker Dominique	Community Based Organizations											
Wan Kim	Community Based Organizations											
Wurlitzer Family Pharmacy	Community Based Organizations											
Senzel Lisa Beth Md	All Other											
Fengshuo Lan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tahmeena Ahmed	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Mandeep K R	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kanwal S Chaudhry Md	All Other											
Munira Husainy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matthew Adam Barish	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Williams Jr Jeffrey Slaney	All Other											
Ruffo Brett E	All Other											
Kenneth R Shroyer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kamal Sarwat	All Other											

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Neha S Pawar Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Toro Jose B Md	All Other											
Alper Huntley Joseph Md	All Other											
Kern Joshua	All Other											
Brahmbhatt Kaupin	All Other											
Axelrod David	All Other											
Disanti William	All Other											
Cohen Jason	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Almasry Ibrahim	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Mathew	All Other											
New York Foundling	All Other											
Gargano Emily Elizabeth	All Other											
Vancura Rachael M Md	All Other											
Glick Hc	All Other											
Trivedi Kiran	All Other											
Dalosis Bill	All Other											
Luxenberg Douglas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Soviero Vanessa	All Other											
Persaud Aretha	All Other											
Shenouda David	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Perlman Theodore	All Other											
Modesta M Tako Md	All Other											
Patel Nick Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mathew Rose	All Other											
Rolon Rolon	All Other											
Protosow Kristin Ann	All Other											
Jennifer Ann Nastasi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Desai Saili	All Other											
Madhavi Kadiyala	All Other											
Flocco Tara	All Other											
David P Mangiamel	All Other											

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Spinner Warren Daniel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chaudhry Tahira	All Other											
Jurak Margarita	All Other											
Weinstein Jonathan Brett	All Other											
Rina Meyer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schlossberg Sharon	All Other											
Probst Stephen A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Keith Webb Harris Ii	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chau M Nguyen	All Other											
Halegoua Jason	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Long William John	All Other											
Pallotta Arthur William Md	All Other											
Ross I Wank Md	All Other											
Levy David Do	All Other											
Samaritan Medical Services Pc	All Other											
Samaritan Emergency Medical	All Other											
Grossman Devin Scott Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Comprehensive Mri Of New York Pc	All Other											
Stand-Up Mri Of Melville Pc	All Other											
Kosinski Slawomir Md	All Other											
Chachere Julia Rebekah Theodora	All Other											
Yadin Zvi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gursoy Nurcan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mir Yasser N Md	All Other											
Allied Pediatrics Of New York Pllc	All Other											
Kalker Elliot David Md	All Other											
Passafaro Michael Do	All Other											
Zalta Nouri	All Other											
Gopal Vijay B Md	All Other											
Jeremias Elisabeth Md	All Other											
Chen Chun Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Delemos Michelle Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woo Henry H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gurley David Md	All Other											
Rickenbach Kiersten Md	All Other											
Kaplinsky Diana Md	All Other	✓					✓	✓	✓			
Raza Agha Mehmood Md	All Other											
Mcinerney-Lopez Regina Do	All Other											
Rosioreanu Alex Md	All Other											
Lubarsky Lev Do	All Other											
Yao Sheldon C Do	All Other											
Supe-Markovina Katarina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maryhaven Center Of Hope	All Other											
Page Christopher Robin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Maulik Mafatlal Md	All Other											
Vinayagasundaram Bhanumathy Md	All Other	✓					✓	✓	✓	✓		
Fapohunda Oluwafunmilayo Ruth Md	All Other											
Levy Robert Stuart Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Austriacu Octavian G Md	All Other											
Rogu Nicholas	All Other											
Lasner Allison	All Other	✓					✓			✓		
Mathew Jasilin	All Other											
Khan Yagoot Do	All Other											
Li Fangqin F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Santos Elisa Maria Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Field Keith C Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brandenstein Daniel J Md	All Other											
Stand-Up Mri Of Deer Park Pc	All Other											
Kang Michael N Md	All Other											
Young Mens Christian Assoc Li	All Other											
New Alternatives F Children	All Other											
Mcnulty Brian Md	All Other											

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Trope Avi Md	All Other											
Goldman Matthew Ian Md	All Other											
Haughton Adrienne Moore Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flood Russell Md	All Other											
Schwartz Guy J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bashir Ahmed Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kadayifci Sevinc Itir Md	All Other											
Chen Fang Md	All Other											
Ozcan Ismail Md	All Other											
Zinkin Noah T Md	All Other											
Fomitcheva Larissa Md	All Other											
Hall Charles Scott Md	All Other											
Gruberg Luis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accardi Rosario Anthony Rpt	All Other											
Yee Barry Do	All Other											
Cao Jie Jane Md	All Other											
Stephenson Kent Md	All Other											
Jeremias Allen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hamptons Center Rehab And Nrs	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Swoboda Eva Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Charitou Marina M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guran Adrian Eduard Md	All Other											
Welsh Tia Demille Md	All Other											
Noori Khalid A Md	All Other											
Samuel Shawn Kunjumon Do	All Other											
Lantsberg Ilya Y Md	All Other											
Eskander Eman Md	All Other											
Rodriguez Michael P	All Other											
Fleischer Laurene	All Other											
Shetty Sharmilee	All Other	✓					✓	✓	✓	✓		
Desanti-Siska Lara Anne Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Blenner Deborah S Md	All Other											
Modi Anang Md	All Other											
Spiegel Rebecca Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New York Foundling Hospital, The	All Other											
Stergiopoulos Kathleen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Charles Jean Gladimir Md	All Other											
Lo Lawrence Crew Md	All Other											
Sandoval Steven Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fortin Nancy	All Other											
Schwartz Sarah	All Other											
Bernstein Cliff Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Melnick Susan	All Other											
Hilsenroth Jessica Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Watson Andrea Nicole Md	All Other											
Abbasi Almas Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Durkin Brian Thomas Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Auerbach Mark Hillel Md	All Other											
Raanan Jonathan Lee Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zimmerman Asaph Md	All Other											
Dejhalla Mana Md	All Other	✓					✓	✓	✓			
Brener Dara Gail Md	All Other											
Roy Rajasree Md	All Other											
Town Of Smithtown	All Other											
Alternatives Counseling Servi	All Other											
Faroqui Fazal G Do	All Other											
Anand Bhupinder Singh Md	All Other											
Cher Natalie Do	All Other											
Verrier Tara Anne	All Other											
Sorbi Darius	All Other											
Franchina John	All Other											
Rashba Eric Jay Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Rochester Jeremy S Md	All Other											
Town Of Babylon	All Other											
Stony Brook Surgical Assoc Ufpc	All Other											
Salimi Zarrin Md	All Other											
Barnard Lawrence M Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Soljan Dorothy Rpa	All Other											
Horowitz Scott Alan Md	All Other											
Tassiopoulos Apostolos K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haque Tehmina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yu Yanping Md	All Other											
Fishbein Jason Craig Md	All Other											
Katsigiorgis Gus Do	All Other											
Wilentz Seth Edward Md	All Other											
Family Service League	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Courtney Ann Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anyichi Nonyelu Md	All Other											
Kalimi Lisa Mojdeh Md	All Other											
Lifschutz Dara Md	All Other											
Carpentieri Kym	All Other											
Mockler Gretchen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
All Metro Home Care Services Of New	All Other											
Pederson Krag Center Inc	All Other											
Roethel Marie Felicia Md	All Other											
Rubin Joyce Md	All Other											
Rubach Eugene Md	All Other											
Parnell John Vincent Md	All Other											
Shamekh Shahram Daniel Md	All Other											
Sawhney Harinder S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Desvarieux Marie Edduard N Md	All Other											
St Christopher Ottilie Day	All Other											
Wos Adam Francis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Kalansky Jennifer Elizabeth Md	All Other											
Mcmonigle Jennifer Marie Md	All Other											
Pileta Lourdes X	All Other											
Shaber Justin X	All Other											
Kamath Sangeetha S Md	All Other											
Maryhaven Ctr Of Hope Day	All Other											
Koehler Sharon Louise Md	All Other											
Kadayifci Sinan	All Other											
Gray Glenn Md	All Other											
Chan Edward Lau Yue Md	All Other											
Cavuoto Marie Anne Md	All Other											
Lardner Deborah Anne Do	All Other											
Banovich Rosalie Np	All Other											
Kao Johnny Md	All Other											
Weingart Scott D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Difalco Janet Patricia Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ren Xiao Li	All Other											
Rivera-Martinez Sonia	All Other											
Sheflin Karen M	All Other											
Ramesh Nadia S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Boykan Rachel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bilal Mohammad Ahmad Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ma Yupo Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shashaty James Patrick Ii	All Other											
Wallach David Mitchell Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Savrides Christopher A Md	All Other											
Khlat Mickel Do	All Other											
Izrailtyan Igor Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kolasa Alice Janet Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Horn Wendy L Md	All Other											
Rogove Andrew D Md	All Other											

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Kaplan Carl Philip Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Areman Russell David Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morganstern Jeffrey Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Seniorcare Emergency Medical Servic	All Other											
Roppelt Heidi J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jacob Zvi C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ferrand Ramon E Md	All Other											
Chan Thomas	All Other											
Kaufmann Tara L	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matthews Robert Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vanarsdale Daniel Martin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Youngmee	All Other											
Singh Balveen	All Other											
Moawad Alaaeldin Md	All Other											
Paccione Michael Francis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcmahon Donna-Marie Do	All Other											
West Steven Frederick Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Epelbaum Alexander Md	All Other											
Schwartz Daniel Md	All Other											
Berard Christopher J Do	All Other											
Magalhaes Carlos Jorge	All Other											
Ryder Lycia Maniscalco Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hwang Sonya Jimi Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Danesh Babak Md	All Other											
Puopol0 Steven Michael	All Other											
Smizzi O'Brien Kristen Anne	All Other	✓					✓	✓	✓	✓		
D'Agate David J	All Other											
Vamos Victoria Ann	All Other											
Anderson John F Do	All Other											
Cohen Madeline	All Other											
Cummings Candace Ayeshia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Chou Timothy Yound Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Viswanathan Subhash R Md	All Other											
Luchs Jonathan S Md	All Other											
Wang George L Md	All Other											
Dayani Negar Md	All Other											
Diel Jakob A Md	All Other											
Shpak Mikhail M Do	All Other											
Patel Rajeshri Md	All Other											
Cerniello Christine E Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sapala James Andrew Md	All Other											
St Christopher Ottilie Rsp	All Other											
Maryhaven Center Of Hope Rsp	All Other											
Gilmartin William Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Itzkowitz Jay Steven Md	All Other											
Hensley Jennifer Macmillan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hussain Mohammad S Md	All Other											
Kort Dawne Drayton Md	All Other											
Qadir Sonia Karima Md	All Other											
Rodriguez Ii Roberto	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thomas Mary M Md	All Other											
Decena Eric F Md	All Other											
Darras Frank S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hernandez Angelica Maria	All Other											
Rizzo Anthony J Md	All Other	✓					✓	✓	✓	✓		
Caselnova Ralph Md	All Other											
Frank Joshua	All Other											
Huntington Hills Ctr H&R Adhc	All Other											
Sethi Dinesh Md	All Other											
Weiss Lee Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khan Akbar Ali Md	All Other											
Mcmahon Brian Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Hansen Anne Grethe Do	All Other											
Lefenfeld Tara S Md	All Other											
Goloubenko Oleg	All Other											
Shih Peter H Md	All Other											
Iype Jay Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcbride Goldieann D Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Melton Alan R Md	All Other											
Rosenblatt Brett Md	All Other											
Lacy Roxane Evonne Md	All Other											
Immanuel David Md	All Other											
Albert Pradeep Md	All Other											
Southampton Hospital Assoc	All Other											
Nicolae Raluca Christina	All Other											
Gujral Jeetinder	All Other											
Ionescu Danita Daniela Do	All Other											
Sanders Marni J	All Other											
Murphy Cleadeous	All Other											
Fiumano Margaret	All Other											
Davis Jonathan	All Other											
Feldman Hal D	All Other											
Dong Jinwen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Green Shari B	All Other											
Jardine Michelle	All Other											
Adams Tanya R	All Other	✓					✓	✓	✓	✓		
Li To Shan Do	All Other											
Moore William Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lengyel-Kremenic Clara Md	All Other											
Gupta Sanjay Kumar Md	All Other											
Wodicka Scott C Md	All Other											
Makavana Jayeshkumar J Md	All Other											
Gershbaum Meyer David Md	All Other											

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Chao Steven S Md	All Other											
Semenyuk Natalie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Silverman Brett Ross Do	All Other											
Shapiro Marc Jerome Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Purow David Bruce Md	All Other											
Liu Jingxuan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Halitsky Alexandra Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sarwal Raju Md	All Other											
Sultan Peter Md	All Other											
Kaul Monica Md	All Other											
Yan Zhanquing	All Other											
Siderias Ioanis C Md	All Other											
Ford Sheri Lee Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ehlers Robert	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joseph Thomas Do	All Other											
Schweitzer Mark Eliot Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richter Amy R Md	All Other											
Cervone Agostino	All Other											
Sterling Mark J	All Other											
Bergman David I Md	All Other											
Nicastri Catherine Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wolert-Zaromatidis Maryann R	All Other											
Shikara Maan Muhammed Ali Md	All Other											
Gal Robert A	All Other											
Greenfield Barak Joseph Md	All Other											
Berger Jay Seth Md	All Other											
Muratori John Md	All Other											
Iannotti Sandra J	All Other											
Mayerson Bruce Roy	All Other											
Spinnato Tracey	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cohen Michael S	All Other											

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Turchin-Orent Lauren	All Other											
Bogdanov Assen Petrov Md	All Other											
Zotto Nicholas Paul Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Winslow Jason Allen Md	All Other											
Adam M Katof Pllc	All Other											
Ovsepian Armen Md	All Other											
Badler Ruth Leslie Md	All Other											
Hitner Jason	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davidson Aaron Md	All Other											
Lowenthal Michael	All Other											
Reynolds Dorothy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blando Lorna Md	All Other											
Bontempo Andrew Od	All Other											
Egner Kristi Marie Md	All Other											
Caprarella Rina Md	All Other											
Dulce Milagros Almanzar Md Pllc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Visser Ann Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ruppel William F Md	All Other											
Firouztale Edward Do	All Other											
Khwaja Melina Josephine Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sperandeo Vincent Robert	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cespedes Luz Del Carmen Md	All Other											
Cespedes Leslie Carmina Md	All Other											
Wilkins Sania Daliah Do	All Other											
Cruzen Eric Scott Md	All Other											
Mourtzikos Karen A Md	All Other											
Guevarra Rolando Capati Md	All Other											
Geehreng Wendy Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cirlincione Adam Scott Dpm	All Other											
Lieberman Cara	All Other											
Jacobs Linda	All Other											

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Hajduk-Bennett Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reinitz Jennifer Lyn	All Other	✓					✓			✓		
Glickman Scott	All Other											
Canavarros Jr A	All Other											
Ancona Keith	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strogach Edward Md	All Other											
Konsky Dmitry Do	All Other											
Blair Robyn Jill Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kalimi Robert Md	All Other											
Gasparis Antonios P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Willox Debra Mary	All Other											
Mancuso Gloria	All Other											
Yan Zengmin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barbara Maureen R	All Other											
Nadal Mayra Esther Md	All Other											
Galler Robert Michael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fenton Kimberly Erin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palla Venugopal Reddy Md	All Other											
Gehrhardt William	All Other											
Bailey Beth Platzer Md	All Other											
Capoccia Krystyna Rn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tique Liliana Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chu Cheong Keith Francis Md	All Other											
Nielsen James Cordry Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Terzella Michael	All Other											
Sill Elizabeth A	All Other											
Monahan Sally	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mesibov William	All Other											
Hamill Susan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cash Carla	All Other											
Khanijo Vinod Md	All Other											

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Schrank Philip	All Other											
Strittmatter Dennis	All Other											
Marshak Jennifer	All Other											
Lograno Paul	All Other											
Dickinson Troy	All Other											
Griffin Jennifer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Capon Daphne Ora Md	All Other											
Rose Marion Beth Md	All Other											
Ouzounian Steven P Md	All Other											
Soliman Manal	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dempsey George P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ghoshal Piya Md	All Other											
Tu Conan Md	All Other											
Speir Jeanne Frances	All Other											
Levine Heidi Jill Do	All Other											
Linker David Md	All Other											
Phillips Jedan Paul Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bagga Ramajit S Md	All Other											
Stillman Mark C Md	All Other											
Tegay David Harrison D.O.	All Other											
Chaudhari Neena Md	All Other											
Newton Erika Hallett Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assalone Natalie Md	All Other											
Rodriguez David R Md	All Other											
Cox Lincoln Irvington Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kassnove Matthew Dpm	All Other											
Tuzinkiewicz Steven	All Other											
Saradoff Christopher V Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hernandez-Cusati Elisa Md	All Other											
Affinity Skilled Living & Reh Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ruggiero George R Do	All Other											

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Perry Anthony	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Semel-Concepcion Jennifer J M	All Other											
Shinin John Arturo Md Pc	All Other											
Katriyar Neeraj Md	All Other											
Papaleo Marco Sebastian Md	All Other											
Chernyavskiy Igor Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cesa Christopher M Md	All Other											
Byrne Jennifer M Md	All Other											
Iroku-Malize Tochi Ifeoma L	All Other											
Ronan Michael Edward Md	All Other											
Harshit M Patel Physician Md Pc	All Other											
Leers Ella Md	All Other											
Huml & Vani Md'S Pc	All Other											
Griffin Todd Russell Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vosswinkel James Alexander Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meng Hong Md	All Other											
Bloom Adam Harry Md	All Other											
Klein Morey S Md	All Other											
Goldberg Amy D Md	All Other											
Graham Kenneth Md	All Other											
Stony Brook Childrens Svc Ufpc	All Other											
Mokhtari Forough B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Marc Allen Medical Pc	All Other											
Woolley Matthew L Md	All Other											
Zawin Marlene L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Juan C Espinoza Md Pc	All Other											
Chorost Mitchell I Md	All Other											
Innamorato Anthony Jr Dpm	All Other											
Findletar Heather Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maria Regina Residence Snf	All Other											
Magnetic Resonance Imaging	All Other											

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Sheena C Apun Md Pc	All Other											
Cornetta Anthony Jerome Md	All Other											
Khanna Dheeraj	All Other											
Schwartz Gynecologoc Onc Pllc	All Other											
Barasch Eddy Md	All Other											
Goldstein Jonathan	All Other											
Parrinello Michael Christopher	All Other											
Figlo Dawn Olsen Dpm	All Other											
Coudrey Laura Md	All Other											
Kirshbaum Michael S Rpa	All Other											
Fandos Luis Marcelo	All Other											
Kronberg Jason Daniel Md	All Other											
United Comprehensive Care Ltd	All Other											
Messineo Marc J Do	All Other											
New York Foundling Hosp Spv	All Other											
Avila Cecilia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Christopher Ottilie Spv	All Other											
Maryhaven Center Of Hope Spt	All Other											
Maryhaven Center Of Hope Spv	All Other											
Abrons Mitchell Lloyd Md	All Other											
Catholic Char Dio Rvc Spv	All Other											
Catholic Char Dio Rvc Spt	All Other											
Saravi Gonzalo Martin Md	All Other											
Baram Lena Diane Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Field Jonathan Md	All Other											
Yan Karen Joan Md	All Other											
Wu Maoxin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vincoff Nina	All Other											
Tung George	All Other											
Trepeta Michael F	All Other											
Sisselman Stephen	All Other											

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Sisselman Jill	All Other											
Serer Corina Md	All Other											
Segarra Pedro R	All Other											
Schoenhaus-Luchs Michelle S	All Other											
Scherpirro Jodi Helene	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosenthal Margot E	All Other											
Rivera Carlos J	All Other											
Purrier Steven D	All Other											
Perera Rohan G	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O'Connor John Md	All Other											
Moerck-Johnson Deborah Ann	All Other											
Meah Fatema Patricia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Patricia S	All Other											
Korpacz-Fink Mary J	All Other	✓					✓	✓	✓	✓		
Kee Mitsu A	All Other	✓					✓			✓		
Kaufman Jeffrey Md	All Other											
Gabalski Edward C Md	All Other											
Cote Sharon Md	All Other											
Berger David J	All Other											
Becker-Hamou Michele	All Other											
Basavaraju Nerlige G	All Other											
Island Nursing & Rehab Center	All Other											
Cohen David B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
University Assoc Ob & Gyn Ufpc	All Other											
Narain Tulika Md	All Other											
Von Althen-Dagum Isabelle M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barbera Saverio J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Avshalomov Gad Md	All Other											
Womack Lawrence	All Other											
Reichek Nathaniel Md	All Other											
Zubrinc Kim Md	All Other											

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Negron Michol Md	All Other											
Kunkov Sergey Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fraser-Farmer Gail A	All Other											
Singh Narendra Md	All Other											
Aziz Mohammed Ahmed Md	All Other											
Garrigan Diane Marie Do	All Other											
Tsang Vaiman S Md	All Other											
Ryzova-Vaysman Yekaterina	All Other											
Farmer Benjamin Troy Md	All Other											
Carnegie Hill Institute Inc	All Other											
Guo Michael Zheng Md	All Other											
Robert J Nejat Mc Pc	All Other											
Maghsoudlou Behzad Md	All Other											
Hormozi Shahram Md	All Other											
Buono Lawrence M Md	All Other											
Giantinoto Salvatore J Do	All Other											
Deramo Vincent A Md	All Other											
Bangiyev Lev Y Rpac	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cook Victoria	All Other											
Richman Paul S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walters Lisa A Do	All Other											
Anwar Jalil Md	All Other											
Collins Louise Mary Md	All Other											
Lerner Daniel Jeremy Md	All Other											
Tsiamtsiouris Theofanis Md	All Other											
Satyanath Siram Md	All Other											
El Kady Dina Md	All Other											
Constantatos Constantinos Md	All Other											
Carleo Christopher Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Granoff Martin Md	All Other											
Pourmand Rahman Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Family Residences & Esstl Ent	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barbato Ralph T Md	All Other											
Dickinson Richard D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Termini Medical Care Pc	All Other											
Osipova Lada Do	All Other											
Lone Anser N Md	All Other											
Patel Rakesh B Md	All Other											
Lesser Donna R Do	All Other											
Altman Alisa N Md	All Other											
Levokove Zachary Md	All Other											
Hamou Daniel C Md	All Other											
Mann Noelle N Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lewandoski Marc Albert Md	All Other											
Hiby Erika Hsiu Md	All Other											
Stony Brook Ophthalmology Ufpc	All Other											
Dorval-Drocely Marie Jose Md	All Other											
Lee Christopher C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dinowitz Marc Md	All Other											
Holmes Darius Anton Md Pc	All Other	✓					✓			✓		
Azaz Mohammed Rafeuddin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kavesteen David Md	All Other											
Murza Gina Michelle Md	All Other											
Vargas-Chen Nubia S Md	All Other											
Alejo Luis E Md	All Other											
Rand Lawrence M Md	All Other											
Corry Maureen Md	All Other											
Hom Jeffrey Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Buffa Peter D Md	All Other											
Anselmi Christopher M Md	All Other											
Schiller Kevin J Do	All Other											
Magnifico Christopher John Md	All Other											

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Patel Priti Md	All Other											
Dagum Alexander Bee Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Xian Hugh Hu	All Other											
Jacqueline M Spencer Do Pc	All Other	✓					✓	✓	✓			
Powell James R Jr. Md	All Other											
Arkonac Burak Mehmet Md	All Other											
Wackett Andrew Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oh Carolyn J Md	All Other											
Haque Abu Muhammad M Md	All Other											
Aid Dev Disabled Icf	All Other											
Maryhaven Ctr Of Hope Icf	All Other											
Pati Susmita	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mangiameli Susan Walker Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Korn Robert Md	All Other											
Wong Marilyn Md	All Other											
Kort Smadar Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mennella Anthony Michael	All Other											
Palermo Roxanne Bernedetta Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rich Jennifer Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gollapalli Sekhar Md	All Other											
Cheung Jeff K H Md	All Other											
Berkshire Nursing & Rehab Ctr	All Other											
Morrison Mary C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Doolan John Joseph Dpm	All Other											
Thomas Joseph Md	All Other											
Spencer William Robert Md	All Other											
Han Daniel Md	All Other											
Ahmed Abu Naser Ziauddin Md	All Other											
Zimmerman Steven Joseph Md	All Other											
Ezer Gay Elana Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Price Michelle Pegelow	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Rajapakse Ramona O Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kier Catherine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Held Evan Lee Md	All Other											
Garra Gregory Paul	All Other											
Manaris Anastasios Md	All Other											
Rubinos Marcia Md	All Other											
Hourizadeh Aman Do	All Other											
Alamia Vito Jr Md	All Other											
Mattimore Derek Noel Md	All Other											
Johnson Scott Edward Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siddiqui Sara Y	All Other											
St Catherine Of Siena Med Ctr	All Other											
St Catherine Of Siena Nrs Hm	All Other											
Gensler Zev Marc Md	All Other											
Flugman Scott Lawrence Md	All Other											
Jivani Aslam Aziz Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tom Edward H	All Other											
Lane Susan Wallace Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Felsen-Singer Elisa Cheryl Do	All Other											
Leon Jose Silivio Jr Md	All Other	✓					✓	✓	✓			
Lumerman Jeffrey	All Other											
Sanchez David Efrain Md	All Other											
Rubin Gerry Helaine Md	All Other											
Colucci Joseph Carmine Md	All Other											
Chong-Gayle Audrey A Md	All Other											
Honkanen Robert Anthony Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weiner Robert	All Other											
Rao Jhansi	All Other	✓					✓	✓	✓			
Ditkoff Michael	All Other											
Berger Jeffrey	All Other											
Larsen Joseph	All Other											

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Petraco Douglas Matthew Md	All Other											
Chang Shu-Ho S Md	All Other											
Sussman Howard Robert Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schuppe Victoria A Pt	All Other											
Contino Christopher M Md	All Other											
Oak Hollow Nursing Ctr Corp	All Other											
Stewart David	All Other											
Wecker Nora Elizabeth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chan Andrew Joseph	All Other											
Wishner Steven G Md	All Other											
Shaer Jennifer L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fries Bettina C J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dorschug Sarita K Md	All Other											
Zee Sui Yung Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Valentino Patrick Paul Do	All Other											
Miller Lawrence	All Other											
Khilnani Gita Monica Md	All Other											
Kevill Katherine Anne Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hannanian Farshad David Md	All Other											
Lewis Ronald Md	All Other											
Franceschi Dinko Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saitta Audrey Md	All Other											
Kohlroser James G Do	All Other											
Urmaza Anthony Chan Md	All Other											
Peconic Regional Hematlgy Onclgy Pc	All Other											
Spataro Joseph Angelo Md	All Other											
Schechter Marc Do	All Other											
Carillon Nrs Rehab Ctr Adhc	All Other											
Coll Deirdre M Md	All Other											
Bollhofer William John Md	All Other											
Lau Bernard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Zeira Shelly Md	All Other											
Berger Lisa Md	All Other											
Martin Jeffrey Lawrence Md	All Other											
Lavelle-Jardin Lori	All Other											
Scriven Richard Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ozsvath Robert Raymond Md	All Other											
Lane Andrew Harry	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brandspiegel Haim Zvi	All Other											
Srivastava Rajeev D Md	All Other											
Smith Robert Carl Md	All Other											
Bodoutchian Ani A Md	All Other	✓					✓	✓	✓	✓		
Ammirata Jacqueline A Md	All Other											
Perillo Ruthann Md	All Other											
Brennan John Joseph Md	All Other											
Ames John Worthington Md	All Other											
Skypala Patricia	All Other											
Shetty Tharun	All Other											
Nomberg Andrea	All Other	✓					✓	✓	✓	✓		
Moynihan Brian	All Other											
Schwartz Michael Craig Md	All Other											
Tornos Carmen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Canavire-Weber Carla C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
East End Disability Assoc Inc	All Other											
Tellechea Natasha A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pak Sang Ik Md	All Other											
Lockhart Maria E Md	All Other											
Fingergut Judy E	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caston Frederick E Md	All Other											
Gotlib Richard W Md	All Other											
Morelli Jeanine Murphy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ramek Joseph	All Other											

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Liberman Aleksandra	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Country Family Health & Med	All Other											
Raio Michael A Jr	All Other											
Livoti Charles Christopher	All Other											
Klein Richard	All Other											
Patel Rajesh	All Other											
Sagar Prem	All Other											
Vieytez Javier F	All Other											
O'Sullivan Patricia Md	All Other											
Bakshi Salil Md	All Other											
Motroni Betty Triantafillou	All Other											
Fisher Paul Ryan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Salatti Carolann Cnm	All Other											
Eastern Portable X-Ray Corp	All Other											
Eisenberg Pediatrics Pllc	All Other											
Persheff Nadine A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mohuchy Tamara Md	All Other											
Lai Yu Jen Md	All Other											
Breining Dwayne Md	All Other											
Tsouris John Dpm	All Other											
Que Schenley Ho Md	All Other											
Que Lalaine T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Longjohn Data Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Meltzer-Krief Eve	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lange Joan Lisanne Md	All Other											
Loscalzo John	All Other											
Greco Gina	All Other											
Sapan Melissa Robin Md	All Other											
Marsh Jonathan Harris Md	All Other											
Regenbogen Elliot Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stone Gary Carl Md	All Other											

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Mazzeo Robert	All Other	✓					✓	✓	✓	✓		
Opatich Juliana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Friedel Armand Md	All Other											
D'Esposito Robert	All Other											
Kasten Gary S Do	All Other											
Bonafede Mary Elizabeth	All Other											
Rothar John Fitzgerald Md	All Other											
Higgins James Andrew Do	All Other											
Reilly James Md	All Other											
Marshall Andrew	All Other											
Moriarty Diane Marie Md	All Other											
Schwitzer Sarah Md	All Other											
Gabriele Douglas	All Other											
O'Malley Grace	All Other											
Talwar Rohit Md	All Other											
Quirk J Gerald Jr Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pesce Steven John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Behar Jason Robert Dpm	All Other											
Cebelenski Rosanne M Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lundy Edward F Md	All Other											
Franko David M Md	All Other											
Kluge Jennifer Elaine Rpa	All Other											
Brown Howard A Md	All Other											
Balsamo Donato Michael Do	All Other											
Wind Shoshana M Md	All Other											
Wightman Katherine G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spencer-Holmes Celeste Md	All Other											
Maltin Elizabeth P Md	All Other											
Mcginley Brian J Md	All Other											
Hormozdi Steven M Md	All Other											
Cavanagh James Patrick Md	All Other											

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Cetin Lynn T Md	All Other											
Mani Anil John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freilich Jeffrey M Md	All Other											
Green Anne Elizabeth Md	All Other											
Dicanio Gary G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siddiqui Faisal Md	All Other											
Tsialas John Do	All Other											
Reavis David N Md	All Other											
Gerberg Bruce E Md	All Other											
Adler Howard L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Whyte Dilys Audrey Md	All Other											
Ohlig Karin J Md	All Other											
Gabbaizadeh David Md	All Other											
Bernhardt Stephen R Md	All Other											
Lee Michael Alan Md	All Other											
London Alexander L Md	All Other											
Kirschbaum Lisa S Md	All Other											
Ananda Anupama Md	All Other											
Berlin Scott F Md	All Other											
Mandel Scott Wayne Md	All Other											
Garcia-Moreno Francisco	All Other											
Bernstein Karen E Md	All Other											
Horowitz Laurie	All Other											
Oppenheimer Peter Daniel	All Other											
Hyman Susan	All Other											
Patel Rajoo C Md	All Other											
Klein-Ritter Diane Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Downs Traci Ann Md	All Other											
Hofilena Celso	All Other	✓					✓			✓		
Lerman Mark	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Korlipara Giridhav	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Selden Reid	All Other											
Manners Richard	All Other											
Zeller Robert C Md	All Other											
Shapiro Scott	All Other											
Ross Donald Md	All Other											
Sharma Sanjiv Md	All Other											
Natbony Sheila Md	All Other											
Pomykol-Petryk Magdalena Md	All Other											
Milman Marina	All Other											
Arcenas Elaine May	All Other											
Gee Christophe	All Other											
Patel Shobha R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shapiro Stacey	All Other											
Keane Brooke Rosen Md	All Other											
Harrington Thomas	All Other											
Chan Enoch Chung Md	All Other											
Tabibzadeh Marjan	All Other											
Venezia Joseph	All Other											
Levchuck Sean Gerard Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ricca Paul Md	All Other											
George Timothy Gerard Md	All Other											
Healy, Iii William	All Other											
Winick Jonathan Charles Md	All Other											
Marrese Damian	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Luntz Robert Kevin Md	All Other											
Peredo Marina	All Other											
Spitz Joel	All Other											
Grello Ciro Thomas	All Other											
Trazzera Salvatore	All Other											
Egre Howard	All Other											
Muia-Chisena Ines Md	All Other											

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Salem Alan Md	All Other											
Burmeister Rhonda	All Other											
Oshinsky Gary	All Other											
Shear Stephen Md	All Other											
Escobar Celia Curran	All Other											
Gerardi Frank	All Other											
Parry Steven	All Other											
Wertheim David	All Other											
Snow Amorita Migdalia Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kersten Roger Scott Md	All Other											
O'Neill Peter	All Other											
Kelly James	All Other											
Swersky Charles	All Other											
Farzana Ahsan Md Pc	All Other											
Gleckel Louis Wade Md	All Other											
Jetter Vicki	All Other											
Kenny Daniel	All Other											
Shaffran Mindy	All Other											
Gunduz Susan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cafaro John	All Other											
Mirski Anna	All Other											
Charytan Morris	All Other											
Resmovits Marvin	All Other											
Gerardi Eugene	All Other											
Kraft Howard	All Other											
Edelman Robert	All Other											
Vasudeva Kusum	All Other											
Bernier Jayne M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hershey Joel	All Other											
Baram Daniel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nussbaum Jack Md	All Other											

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Olgun Aydin Mehmet Do	All Other											
Singh Kamal Kishore Md	All Other											
Haltiwanger Kimberly S Md	All Other											
Catalano Lorraine E Md	All Other											
Kocis Christina M Cnm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zanolin Domenico Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nadal Evan C Do	All Other											
Lenefsky Ronald I Md	All Other	✓					✓	✓	✓			
Brosnan Stacey Cnm	All Other											
Hussain Zeenat Ahmed Md	All Other											
Jarbath John Alexander Dpm	All Other											
Mercado Ray Anthony Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Elfiky Ahmed Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Insinga Salvatore A Do	All Other											
Ingwer Irwin Md	All Other											
Savargaonkar Rajesh R Md	All Other											
Shalmi Craig L Md	All Other											
Sheynkin Yefim R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pillitteri Mark C Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gil John J Md	All Other											
Schulsinger David A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Benatar David Andrew Md	All Other											
Solomon Barry Andrew Md	All Other											
Rogu Delia Alexandra Md	All Other											
St Mary'S Comm Care Prof Inc	All Other											
Mason Maryanna Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oleszak Magdalena Maria	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Thomas Kang-Ming Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kukadia Ashok N Md	All Other											
Fiumano Santo James Do	All Other											
Hope For Youth, Inc	All Other											

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Rachel M Bautista Mdpc	All Other											
Chandrankunnel Rose J	All Other											
Rogu George D Md	All Other											
Lobo Neil Edward Md	All Other											
Stone Janet Audrey	All Other											
South Island Medical Care Pc	All Other											
Zainul Bibi N Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amin Anjumon A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yun Suk-Hyeon Md	All Other											
Roehrig-Martinez Dawn R	All Other											
Wang Shu Hsien Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goyal Pratima	All Other											
Anand Krishna Md	All Other											
Basnayake Kanista	All Other											
Johnson Sabrina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bulsara Girish M Md	All Other											
Vollmer Vivica Dade Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schneider Jay Laurence Md	All Other											
Americare Pharm Svcs Of F S I	All Other											
Grudman Mark Md	All Other											
Rosales Manuel Ramos Md	All Other											
Jasiewicz Ronald C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goodstein Mark L Md	All Other											
Colasacco James Andrew Md	All Other											
Buncke Filomena Massa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nagpal Inderjeet Singh Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deutsch Ezra Md	All Other											
Puccio Mary Md	All Other											
Nomberg Adam Todd Md	All Other											
Diaz Fredie Colon Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Creighton Jill S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Panasci David Joseph Md	All Other											
Ryu Samuel Md	All Other											
Cushner Fred Md	All Other											
Lambert Genevieve Md	All Other											
Nimmagadda Phani Rajakumari	All Other											
Johnston Jean Madinger Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rolston Florence Regina Md	All Other											
Lokshina Irina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huntington Hosp Dolan Fhc	All Other	✓					✓	✓	✓	✓		
East End Pediatrics Pc	All Other											
Oruci Edward Hamza Md	All Other											
Stern Sharone Dpm	All Other											
Gurwin Jewish Geri Ctr Lthhc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rakowska Urszula Krystyna Md	All Other											
Budorick Nancy Elizabeth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adhami Kourosh Md	All Other											
Budnick Lauri E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flaum Theodore Boyd	All Other											
Michael Mann Md Pc	All Other											
Baran Syma Deborah Md	All Other											
Ravindran Sugianthi	All Other	✓					✓	✓	✓			
Winkler Ian Md	All Other	✓					✓			✓		
Yellon Daniel H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siddiqui Qaiser Md	All Other											
Krotz William Md	All Other											
Mihalatos Dionisios George Md	All Other											
Daleview Care Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peller Paul Ahron Md	All Other											
Richter Craig Michael Md	All Other											
Romeo Louis Charles Md	All Other											
Kastner Ronnie Efraim Md	All Other											

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Peconic Bay Prim Med Care Pc	All Other											
Woroniecki Robert Peter Md	All Other											
Elkoulily Ahmed Moustafa Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Press Scott Mitchell Md	All Other											
Bolic Martin A Md	All Other											
Sagar Sushil Md	All Other											
Jhaveri Jigna Desai	All Other											
Bernasko James Wilson Md	All Other											
Rahman Mohammad Mujibur Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kee Mei Yuk Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
O'Hea Brian James Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ben-Sorek Ethan Samuel Winer Mc	All Other											
Heda-Maheshwari Meenu Md	All Other	✓					✓	✓	✓			
Sommo William Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Svitek Scott	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blando Roberto B Md	All Other											
Bleecher Charles G	All Other											
Mitromaras Antoun Saba	All Other											
Gleit-Caduri Daphne Md	All Other											
Onal Tracy A Do	All Other											
Aponte Alex Manuel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carlson Cynthia Md	All Other											
Bianco Roberta Ann Do	All Other											
Siegel Dana Barry Dpm	All Other											
Fink Leo P Do	All Other	✓					✓	✓	✓	✓		
Caruso Jeffrey Michael Do	All Other											
Cohen Paul Allen Do	All Other											
Gallagher Eileen Marie Md	All Other											
Wang Edward David Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chianese Maurice Joseph Md	All Other											
Ghooi Ashok Md	All Other											

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Rabin Glenn Edward Md	All Other											
Petraco John Gregg Md	All Other											
Yland J Marc	All Other											
Cardinal Lucien John Ii Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moriarty-Morris Karen Ann Md	All Other											
Strizik Brian Craig Md	All Other											
Coleman Cathy Marie Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bishop Eileen Rae Md	All Other											
Brietstein Daniel Md	All Other											
Ross Health Care Center	All Other											
Damour Yvon Md	All Other											
Turri Lisa Ann Md	All Other											
Kelly Gerald John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sampino Anthony F Md	All Other											
Fruth Giacobbe Christine Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Paul J H Md	All Other											
Mormando Robert M Md	All Other											
Morgan Maxine P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hutchinson Leigh Ann Md	All Other											
St Christophers Inn Inc	All Other											
Gambino Charles Anthony Md	All Other											
Jeran Daniel Dpm Pc	All Other											
Cohen Daniel Hirsh Md	All Other											
Cramer Elizabeth M	All Other											
Richheimer Michael S Md	All Other											
Nori Venkatesh Md	All Other	✓					✓	✓	✓			
Frank-Kaplan Andrea B Md	All Other											
Jaber Diala A Md	All Other											
Best Henry James Iv Do	All Other											
Wasser Stuart Md	All Other											
Bek Esenbike Md Pc	All Other											

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Landolphi Daniel Robert Md	All Other											
Kugaczewski Jane	All Other											
Gutierrez-Lazo Eleonor Piquer	All Other											
Prakash Devina Md	All Other											
Gentil Clark A Md	All Other											
Marx Lisa J Md	All Other											
Panzer Arnold D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Escamilla Gloria Mercedes Md	All Other											
Stephen Bibiana Dudra	All Other											
Goodrich David J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dalal Prateek Vinod Md	All Other											
Khan Muhammad Tariq	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sacknoff Andrea L Md	All Other											
Shapiro Michael	All Other											
Esposito Teresa A Do	All Other											
Broadlawn Manor Nh Adhc	All Other											
Knopp Edmond A Md	All Other											
Bono Nancy A Do	All Other											
Krauss Eugene S Md	All Other											
Klug Jonathan D Md	All Other											
Li State Veterans Hm Adhc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fein Allen Lawrence Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ezratty Ari Marcel Md	All Other											
Goldberg Barry Edward Md	All Other											
Gold David Mitchell Md	All Other											
Kessler Bradley H Md	All Other											
Costello Laurie Jane Md	All Other											
Maldonado Luis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beckerman Adam Howard Md	All Other											
Theoharakis Spiro Md	All Other											
Lynn Howard S Md	All Other											

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Andrew Zaw Lin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khanijo Sarita Md	All Other											
Benoit Marcel M Md	All Other											
Abselet Denise A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Koty Richard E Md	All Other											
Bainnson Andrew N Md	All Other											
Gentiva Health Services	All Other											
Sacknoff David M	All Other											
Caravella Salvatore Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cipolla Anthony Physician Pc	All Other											
Alcus Patricia Dwyer	All Other											
Hutzel Michael Robert	All Other											
Singer Adam	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Foehr Mark Thomas Md	All Other											
Antoniadis Athanasios Md	All Other											
Cah Association/Technology	All Other											
Buchholtz Michael S Md	All Other											
Kadish Elisa G Md	All Other											
Halpert Richard L Md	All Other											
Livoti Joseph Md	All Other											
Dannenberg Michael J Md Pc	All Other											
Gutman Frederick B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcbrearty Thomas Edward Md	All Other											
Westhampton Care Ctr	All Other											
Betschart Paul J Dpm	All Other											
Kamdar Nitinkumar B Md	All Other											
Loiodice Louis F Md	All Other											
Polofsky Robert S Md	All Other											
Zoeb Rana Md	All Other											
Pechera Francisco Md	All Other											
Solomon Mark David Md	All Other											

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Vullo John James Md	All Other											
Staiger Melinda J Md	All Other											
Afzal Syed Ali Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Susan Y Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldstein Ilene Joy Md	All Other											
Kopp Alan J F Md	All Other											
Dimaio Frank Md	All Other											
Joseph Richard S Md	All Other											
Baltus Michele Nadine Md	All Other											
Teves-Mani Milagros D	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orner Shahnaz D Md	All Other											
J & P Watson Inc	All Other											
Uy Decerina Md	All Other											
Valmassoi Janice Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Berkshire Farm Center	All Other											
Poon Michael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cunningham Pascucci Robin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mandal Kumar Sankar Md	All Other											
Kim Daniel Md	All Other											
Zwanger-Mendelsohn Susan Md	All Other											
Scarlata Robin Marie Md	All Other											
Wertheim William A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Listhaus Michelle B Md	All Other											
Lederman Steven Md	All Other											
Pearl Michael L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thompson Bruce Frederick Md	All Other											
Petersen Michael J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siegel Gerald Michael Md	All Other											
Krawitz Paul L Md	All Other											
North Shore Univ Hosp Amb Svc	All Other											
Litl Flower Child Svc Ny Hcbs	All Other											

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Mathew Jacob Kurudamannil Md	All Other											
Blaustein Brian Do	All Other											
St Christopher Ottilie Hcbs	All Other											
Haig Ellen Md	All Other											
Ardito Anthony P Md	All Other											
Saraceno Joseph L	All Other											
Giacobbe Robert C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Co Rogelio Md	All Other											
Schumer Marc Allan Md	All Other											
Abraham Mohan P Md	All Other											
Robbins Stewart A Md	All Other											
Sticco Ronald Jay Md	All Other											
Vaccari Maria Md	All Other											
Restivo Kathleen M Md	All Other											
Grafstein Harold M Md	All Other											
Kochar Jasjit Singh Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Labiak John Joseph Md	All Other											
Schneider Abraham T Md	All Other											
Opti-Healthcare	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Young Colene Md	All Other											
Gupta Neelam Md	All Other											
Jones Beresford A Md	All Other											
Professional Svc Ctr Handicap	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dintenfass Nancy J Md	All Other											
San Roman Guillermo A Md	All Other											
Cacciabaudo Jean Md	All Other											
Bellovin Neil M Md	All Other											
Busch-Devereaux Erna	All Other											
Multz Michelle A Md	All Other											
Yee Lily Fong Cho Md	All Other											
Lerias Edgar F Md	All Other											

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Kobren Myles S Md	All Other											
Valinotti Richard J Md	All Other											
Peyster Robert G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Calma Maria Faustina Md	All Other											
Moore James Arthur Md	All Other											
Elbaba Fadi Z Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Regioncare Inc	All Other											
Bridge Back To Life Ctr Inc	All Other											
Chawla Anupama Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spears Thomas Md	All Other											
Sommers Keith Lewis Md	All Other											
Harris Gwen N Md	All Other											
Moodhe Carole L Md	All Other											
Sheren Scott B Md	All Other											
Mitchnick Eric Ira Md	All Other											
Renna Mary Ellen Md	All Other											
Fisch Joseph Md	All Other											
Akhund Birjis George Md	All Other											
Jacobson Marc S Md	All Other											
Carrion Wesley Vanwye Md	All Other											
Halfpenny James M Md	All Other											
Thallur Seetha Md	All Other											
Bhatty Samina Md	All Other											
Duroseau Herold Md	All Other											
Owens Jonathan D Md	All Other											
Malik Ummekalsoom R Md	All Other											
Aral Isamettin Andrew Md	All Other											
Gardyn Jorge L Md	All Other											
Golinowski Steven C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scanlon Robert Francis Jr Md	All Other											
Areba Casriel Institute	All Other											

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Stavola Thomas Md	All Other											
Mitchell I Weinstein Do Pc	All Other											
Dabbagh Raghda Md	All Other											
Constant Mireille M Md	All Other	✓					✓	✓	✓			
Deiparine-Sygaco Maria T Md	All Other											
Gutman David Michael Md	All Other											
Weinstein Mark Jeffrey Md	All Other											
Mccormack Janice Md	All Other											
Tepper Linda E Md	All Other											
Goldman Theodore L Md	All Other											
Siddiqui Hena Alvi Md	All Other											
Shanon Roy M Md	All Other											
Dabhi Rameshchandra Md	All Other											
Debevoise Susan D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conway Christine A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milton Gayle P Md	All Other											
Torno Maria Amor Md	All Other											
Bliss Robin Laurell Md	All Other											
Sygnarowicz Krzysztof A Md	All Other											
Imperato Michael T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wanerman Jeffrey B Md	All Other											
Neurology Assoc Stony Brook Ufpc	All Other											
Maisel Richard Howard Md	All Other											
Eskreis David S Md	All Other											
Garden Ct Surg& Hsp Sup Corp	All Other											
Roche Patricia E Md	All Other											
Romanelli John F Md	All Other											
Cohan Gail A Md	All Other											
Lee Michael S Md	All Other											
Ackerman Kenneth R Md	All Other											
Spillane Eileen M Do	All Other											

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Landau Stuart W Md	All Other											
Farrelly Patricia A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Christopher-Ottilie Richmo	All Other											
Guram Mohinder K Md	All Other	✓					✓			✓		
Kaufmann Louise E Md	All Other											
Iyer Shanker P Md	All Other											
Balbi Howard Jorge Md	All Other											
Chandran Latha Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Foda Hussein D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mckenna Brian P Md	All Other											
Scharf Mildred F Np	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Donelan Susan V Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baker Lisa A Md	All Other											
Balot Barry Hal Md	All Other											
Dilorenzo Randolph Paul Md	All Other											
Dorfman David R Md	All Other											
Patel Nileshkumar Gokal Md	All Other											
Mebrahtu Samson Md	All Other											
Bhasin Raman K Md	All Other											
Brahmbhatt Bimalkumar P Md	All Other											
Mercy Medical Center	All Other											
Thompson Robin E Md	All Other											
Greenberg Ronald Md	All Other	✓					✓	✓	✓			
Fagan Ronald C Md Pc	All Other											
St Johnland Nh Lthhp	All Other											
Muscara Cory A	All Other											
Edward J Hallal Jr Md Pc	All Other	✓					✓	✓	✓			
Kilion Daphna Md	All Other											
Verardo Louis T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kurtz Arthur Samuel Md	All Other											
Festa Robert S Md	All Other											

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Wagner John R Md	All Other											
Lituchy Andrew Ethan	All Other											
Perrotta Joseph V Md	All Other											
Stony Brook Emergency Phys Ufpc	All Other											
Kallus Lester Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chale Stuart N Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stabile Nicholas Md	All Other											
St Christophers Ottilie Kew	All Other											
Meltzer Donna I Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patane Andrew Md	All Other											
Able Health Care Serv Inc	All Other											
Haberman Jeffrey Md	All Other											
Hellman Harriet L Cpnp	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Schultheis Eric Hayes Md	All Other											
Cyran Daniel J	All Other											
Chatalbash Robert Thomas Md	All Other											
Karpowicz Frank Joseph Md	All Other											
Suh Heesuck Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harrington Donald P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bebirian Richard John Do Pc	All Other											
Kessinger Donna L	All Other											
Gopal Aasha S Md	All Other											
Taylor James Roy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Judge Peter Adam Md	All Other											
Egnor Michael R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bendit Ezra Md	All Other											
Haeni Elizabeth A Dpm	All Other											
Sanroman Gabriel A Md	All Other											
Patel Kalpana M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Galvin-Parton Patricia A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quinn Leslie M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Parker Robert Ingalls Md	All Other											
Mcdonagh Thomas J Md	All Other	✓					✓			✓		
Capo-Granata Angela T Md	All Other											
Tarricone Nicholas J Md	All Other											
Han Don Md	All Other											
Good Shepherd Hospice	All Other											
Baktidy Vlassi Md	All Other											
Katz Jordan P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blanco Miguel Luis Md	All Other											
Barry Patricia Ann Md	All Other											
Weissman Gary S Md	All Other											
Gubert Emily Francesca M Md	All Other											
Leiboff Arnold R Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maryhaven Ctr Of Hope Icf 5	All Other											
Vomero Ernest Md	All Other											
Bernardini Dennis Md	All Other											
Mckinley Matthew J Md	All Other											
Tri County Home Nur Ser Inc	All Other											
Baggott Annette M Md	All Other											
Superio Jao Md Pc	All Other											
Premier Nursing Services	All Other											
Chawla Opkar S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kugler David Bruce Do	All Other											
Groth Maritza Lastra Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lowenheim Mark S Md	All Other											
Moulinie Paul Charles Md Pc	All Other											
Burke Stephen M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tamarkin Arthur N Md	All Other											
Fastlich Ira L Md	All Other											
Duprey-Murphy Deborah L Md	All Other											
Nestola Joseph F Md	All Other											

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Tonnesen Marcia G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strano-Paul Lisa Ann Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stony Brook Dermatology Ufpc	All Other											
Gottlieb Robert Joseph Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wax Mark Richard	All Other											
Seidman Roberta J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morano Placido A Md	All Other											
Novotny Howard Seth Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kvilekval Kara H V Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Subramani Krishnaiyer Md	All Other											
Kurfist Lee Anthony Md	All Other											
Federbush Richard	All Other											
Rodriguez Jose I Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gurtowski James P Md	All Other											
Matthews Katherine L Md	All Other											
Schuster Michael W Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yu Hilma H M Md	All Other											
Collin Pierre Gustave Md	All Other											
Saunders Mitchell Alan Md	All Other											
Hirsch Kenneth A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clark Richard A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suffolk Co Doh Mh	All Other											
Zielinski Ronald Anthony Md	All Other											
Xerri Joseph Md	All Other											
Tomlinson Edmund Md	All Other											
Hantverk Jed Allen Md	All Other											
Goyal Sudhir Md	All Other											
Fracchia Michael Md	All Other											
Gudesblatt Mark Md	All Other											
Kramer Mitchell Scott Md	All Other											
Kremer Stephen D Md	All Other											

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Durban Lawrence H Md	All Other											
Walker Stanford L Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Dilip Vallabhbhai Md	All Other											
Parker Jewish Geriatric D&T	All Other											
Schuller Alan Morris Md	All Other											
Brookhaven Mem Hsp Mc Hospice	All Other											
Siev Joel M Md	All Other											
Wexler Craig B Md	All Other											
Spitzer Eric D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dominican Sisters Family Lthh	All Other											
Ignacio Cruz Zenaida Reyes Md	All Other											
Broomfield Paul Howard Md	All Other											
Fields Suzanne D Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parles James G Md	All Other											
Kazenoff Robert Md	All Other											
Nudelman Jeffrey S Md	All Other											
Heinemann Donna F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cooper David Jonathan Md	All Other											
Rosiello Arthur P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosen Steven Alan Md	All Other											
Cohen Ronald B Md	All Other											
Perone Robert W Md	All Other											
Fagin James C Md	All Other											
Goutos John P Md	All Other											
Edwards Lance H Md	All Other											
Bilfinger Thomas Victor Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sharma Rakesh Kumar Md	All Other											
Camesas Adrienne Muller Md	All Other											
Bayshore Famiy Medical Care Pc	All Other											
Seodat Vishnudat Md	All Other											
Kropf Mark Joseph Md	All Other											

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Onyebeke William	All Other											
Neuschotz Frieda Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maryhaven Ctr Of Hope Icf 4	All Other											
Basuk Pamela Jeri Md	All Other											
Nord Edward Philip Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Masiar Stephen J Md	All Other											
Farkash Arthur E Md	All Other											
Gewirtz Ilene S Md	All Other											
Bronson Richard A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vallone Ambrose Martin Md	All Other											
Golden Jonathan James Md	All Other											
Fuhrer Jack Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kass Dan M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zingale Robert Md	All Other											
Loizides Edward Andrew Md	All Other											
Brookhaven Hlth Care Snf	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Forletti Damian Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bennett Laura Beatriz Grinber	All Other	✓					✓			✓		
Seafield Services Inc	All Other											
Steinberg Jay Md	All Other											
Morgenstern Barry R Md	All Other											
Davis Richard Gary Md	All Other											
Soranno Carl Andrew Md	All Other											
Ladinsky Michael Alan Do	All Other											
Walker James T Md	All Other											
Aid Dev Disabled Cutchogue	All Other											
Orshan Steven Gregory Md	All Other											
Ferretti John A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Johnland Nh Non-Occ	All Other											
Shapiro Eric Dale Md	All Other											
Avalon Gardens Reh & Hcc Adhc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Byrnes Richard Thomas Md	All Other											
Faitell David Md	All Other											
White Oaks Nursing Home	All Other											
Farber Charles S Md	All Other											
South Shore Home Health Svc	All Other											
Jaber Rajaa A Md	All Other											
Moses Jeffrey W	All Other											
Han In Ho Md	All Other											
Zito Gary J Md	All Other											
Oviasu Felix Izuhunwa Md	All Other											
Bock Jay Lawrence Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lipstein-Kresch Esther	All Other											
Chernilas Joseph Z	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wadhwa Nand K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Teplitz Donald Howard Md	All Other											
Mcnamara Diane Rn	All Other											
Maryhaven Ctr Of Hope Hse C	All Other											
Peconic Bay Skilled Nursing Facilit	All Other											
Raciti Alfred Md	All Other											
Melman Yelena Md	All Other											
Anthony N Donatelli Md Pc	All Other											
Ebarb Raymond Louis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maryhaven Ctr Of Hope Hse B	All Other											
Maryhaven Ctr Of Hope Hse A	All Other											
Inkeles Sharon Lee Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matilsky Michael Alan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Krupp Lauren B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ehrlich Martin H Md	All Other											
Waldman Glenn Md	All Other											
Caiati Paul Md	All Other											
Kim Bong Soon Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Kelly Patricia Anne Md	All Other											
St Christophers-Ottilie Jamai	All Other											
Ford Patricia Ann Md	All Other											
Slattery Michael James Md	All Other											
Weinberg Jed J Md	All Other											
Raeder Ernst A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weiss Tamara Esther Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kao Wei Md	All Other											
Pilchman Martha D Md	All Other											
Van De Vegte G Lucy Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carrucciu Joseph M Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Davis Raphael P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gelato Marie C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cusumano Barbara Jane Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aid Dev Disabled Jamesport Ic	All Other											
Bobrow Robert S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maryhaven Ctr Of Hope Icf 3	All Other											
Marquis Belinda Agharese Md	All Other											
Vesey Kevin G Md	All Other											
Peters Robert M Md	All Other											
Heimann Alan Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Westermann Christian Md	All Other											
Mattheos P Mary	All Other											
Stony Brook Preventive Medicine	All Other											
Outreach Development Corp	All Other											
Marcus Sergiu Md	All Other											
Friedman Steven G Md	All Other											
Wohlberg Gary Md	All Other											
Tan Mark	All Other											
Fetterman Alan David Md	All Other											
Kornblit Arthur Md	All Other											

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Guida Charles Vincent Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Timson Charles Roger Md	All Other											
Sinha Anjani Kumar Md	All Other											
Van Tosh Andrew Md	All Other											
Campbell Lawrence Daniel Md	All Other	✓					✓	✓	✓			
Valdman Lyudmila Md	All Other											
Sparto Robert Md	All Other											
Gould Elaine S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dragone James Anthony Md	All Other	✓					✓	✓	✓	✓		
Packy Theodore F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gupta Arun Kumar Md	All Other											
Sperling Edward J Dpm	All Other											
Adiyody Joseph Vinod Md	All Other											
Pediatric Professional Care P	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stein Neil H	All Other											
Golub Barry Md	All Other											
Kramer Robert Md	All Other											
Margolis Brian Howard Md	All Other											
Stretch Gwendolyn Md	All Other											
Kaplan Gary P Md	All Other											
Vinokur Eric T Md	All Other											
Spiegel Steven Md	All Other											
Delrosario Lucelle M Md	All Other											
Sabinsky Richard Neal Md	All Other											
Perlmutter Robert A Md Md	All Other											
Carter Robert F Md	All Other											
Frischer Zelik I Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burzotta John L Dpm	All Other											
Pollack Jed Michael Md	All Other											
Iqbal Azmat Md	All Other	✓					✓	✓	✓			
Bergman Mark Jerry Md	All Other											

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Gold Avram R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bonheim Paul Md	All Other											
Chandrasekaran Chidambaranath	All Other											
Stambler Jay Bennett Md	All Other											
Maryhaven Ctr Of Hope Icf 2	All Other											
Kleopoulos Nicholas Md	All Other											
Kohan Dodis Md	All Other											
Goswamy Ichcha Md	All Other											
Carlson Harold E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosenberg Craig Hilliard Md	All Other											
Lopes John J Md	All Other											
Riverhead Care Center	All Other											
Wyner Perry A Md	All Other											
Friedman Gary R Md Pc	All Other											
Bermanski Paul	All Other											
Brunetti Valerie Ann Dpm	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Buro Edward A Dpm	All Other											
Lippert Lawrence J Md Pc	All Other											
Parker Jewish Geri Inst Lthhc	All Other											
San Roman Gerardo A Md	All Other											
Lester Denise E Md	All Other											
David Aaron Md	All Other											
Braunstein Michael Charles Md	All Other											
Zwang Jeffrey S Md	All Other											
Engelberg Laurence A Md	All Other											
Bodi Kip L Md	All Other											
Klapholz Mark Bernard Md	All Other											
Chernobilsky Lev Md	All Other											
Trager Gary Alan Md	All Other											
White Joseph C Md	All Other											
Greene Darius Md	All Other											

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Park Tae Lyong Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Roque-Rodriguez Pedro Md	All Other											
Weissberg David J Md	All Other											
Warhit Jeffrey Md	All Other											
Riegel Edward Marc Md	All Other											
Leddy Vincent R Md Pc	All Other											
Bourla Steven L Md	All Other											
Citron Marc L Md	All Other											
Hampton Phyllis A Md	All Other											
Trilling Jeffrey Stephen Md	All Other											
Maryhaven Ctr Of Hope Icf 1	All Other											
East Neck Nursing & Rehab Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Friedman Larry Jay Pc Md	All Other											
Goldberg Steven M Md	All Other											
Michalowicz Richard Francis	All Other											
Siddiq Foazia Md	All Other											
St Agathas 11 Hayden Circle	All Other											
Rizvi Hasan A Md	All Other											
Weil Peter A Md	All Other											
Wertlieb Gerald S Md	All Other											
Goldblum Lester Frederick Md	All Other											
Valentine Edward S Md	All Other											
Caimano Francis Xavier Dpm	All Other											
Able Health Care Service Inc	All Other											
Streiter Michael L Md	All Other											
Wasnick Robert J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Attentive Care	All Other											
Fuentes Robert O Brien Md	All Other											
Shepard Barry R Md	All Other											
Wengrover Steven I Md	All Other											
Diaz Ruth Gibe Md	All Other											

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Shepherd Steven William Md	All Other											
Cassano Michael Dpm	All Other											
Woletsky Ira P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suffolk Pediatric Assoc Pc	All Other											
Sampson Steven Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serotoff Marjorie B Md	All Other	✓					✓			✓		
Silver-Weber Stacey Md	All Other											
Quinn Joseph B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reitano John Michael	All Other											
Our Lady Of Consolation Cc	All Other											
Walser Lawrence A Md	All Other											
Badia James Daniel Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chengot Mathew T Md	All Other											
Stony Brook Radiation Oncology Ufpc	All Other											
Nash Bernard J Md	All Other	✓					✓	✓	✓			
Stony Brook Pathologists Ufpc	All Other											
Lane Bernard P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kaplan Cynthia Gordon Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Galanakis Dennis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sokol Jerry Alan Md	All Other											
Mercy Radiology	All Other											
Aid Dev Disabled Northville I	All Other											
Backus W William Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mariwalla Rajesh Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jenkins Mary Dale Md	All Other											
Ferguson James William Md	All Other											
Ribaudo Thomas P Md	All Other											
Deyhimpanah Reza Md	All Other											
Bezalel Rehab & Nursing Ctr	All Other											
Mendelsohn Steven L Md	All Other											
Hertz Howard M Md	All Other											

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Gold Kenneth D Md	All Other											
Scheinberg Lawrence D Md	All Other											
Berman Stuart M Md	All Other	✓					✓			✓		
Bernstein Stephen Glenn Md	All Other											
Maisel James M Md	All Other											
Fein Alan Marc Md	All Other											
Siegelheim Mark Roy	All Other	✓					✓	✓	✓			
Stony Brook Urology Ufpc	All Other											
Balsam Dvorah W Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New York Spine & Brain Surg Ufpc	All Other											
O'Brien Dennis Sean Md	All Other											
Boughal Richard Patrick Md Pc	All Other											
Lieblich Lawrence Martin Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sagamore Childrens Pc	All Other											
Passarelli John Gabriel	All Other											
Patcha Rajeswara Rao Md	All Other											
Conrad Arnold R Md	All Other											
Young Shug-Hong	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kleinberg Mitchell Md	All Other											
Thies Harold L Md	All Other											
Gutman Harvey Md Pc	All Other											
Rudansky Max Charchat Md	All Other											
Kleiner Myron I Md	All Other											
Simon Lloyd Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosenberg Richard Md	All Other											
Desio Frank Paul Dpm	All Other											
Lazo Bernardita T Md	All Other											
Khan Rashid Javed Md	All Other											
Guida Anthony A Md	All Other											
Viccellio Asa William Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Altschul Larry M Md	All Other											

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Brunswick Hall	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Corriel Robert N Md	All Other											
Fagelman Donald Md	All Other											
Polcino Michael H Md	All Other											
Ny College Of Osteopathic Med	All Other											
Wilson Thomas A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oh Jung K Md	All Other											
Hazan Marc B Md	All Other											
Scotti Louis Dpm	All Other											
Bestcare Company	All Other											
Mills Carl Md	All Other											
George Usha Md	All Other											
Sibony Patrick A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bautista Orlando	All Other											
Loiodice Joseph Md	All Other											
Schonfeld Gail A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mclaughlin Edward F Dpm	All Other											
Mclaughlin Bruce J Dpm	All Other											
Parasmo Frank J Jr Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Easow Babu Md	All Other											
Shobin David Pc Md	All Other											
Ludemann Eve Patricia Md	All Other											
Lawson William E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nolan Patricia Mary Md	All Other											
Sosulski Richard Md	All Other											
Mankes Seth O Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Balter Richard R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parker Jewish Institute Hlth	All Other											
St Agathas Depaul Icf	All Other											
St Agathas 13 Hayden Circle	All Other											
Stony Brook Orthopaedic Assoc Ufpc	All Other											

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Hauer David I Md	All Other											
Celentano John V Md	All Other											
Suffolk Cnty Doh Svcs Rv	All Other											
Golub Stephen Md	All Other											
Rehman Hafiz Ur Md	All Other											
Huang David Md	All Other											
Parles Stephen Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Recco Home Care Service Inc	All Other											
Greenfield Martin Md	All Other											
Meagher John Gerald Pc Md	All Other											
Boswell Robert J Md	All Other											
Catholic Charities Rockvl Ctr	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Muhlrad Jeffrey S Md Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rothburd Jeffrey S Md	All Other											
Lin Matthew M Md	All Other											
Altman Stuart J Md	All Other											
Tokar Stanley W Md	All Other											
Camacho Alicia Urmaza Md	All Other											
Boccia Barbara A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cohen Martin Benjamin Md	All Other											
Selter Steven Gerald Md	All Other											
Ancona Richard Carmine Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freed Jay Md	All Other											
Sauter Michael Ottmar Md	All Other											
Karp Michael E Md	All Other											
Schwinn Hans Dieter Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Panebianco Richard J Md	All Other											
Anto Maliakal Joseph	All Other											
Lao Rogelio S Md	All Other											
Matalon Martin Md	All Other											
Yambo Edwardo M Md	All Other											

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Mathew Kolathu A	All Other											
Kirschner Marc Richard Md	All Other											
German Harold Pc Md	All Other											
Lieberman Elliott Md	All Other											
Pollack Mitchell Coleman Md	All Other											
Dantes Araceli R Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hyman Paul M Md	All Other											
Weingarten Clifford M Pc Md	All Other											
Gill Iqbal Singh Md	All Other											
Gill Devendra K Md	All Other											
Bonura Frank Salvatore Md	All Other											
Smith Suzanne Md	All Other											
Stony Brook Internists Ufpc	All Other											
Mund Douglas Jay Md	All Other											
Scott Bharathi Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rafii Mahvash Md	All Other											
Consigliere Gino Anthony Md	All Other											
Vlay Stephen C Md	All Other											
Sia Concepcion G Md	All Other											
Weindorf Stanley Md	All Other											
Appelbaum Jeffrey C Md	All Other											
Cohn Peter F Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tocher Alexander A Md	All Other											
Stony Brook Family Med Grp Ufpc	All Other											
Stony Brook Radiology Ufpc	All Other											
Stony Brook Anaesthesiology Ufpc	All Other											
Tchao Paul P Md	All Other											
Lampert Alan R Md	All Other											
Edelman Norman H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weinberg Marc Md	All Other											
St Agathas Pelham Manor Icf	All Other											

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St Agathas Ardsley Icf	All Other											
Lee Douglas S Md	All Other											
Romano Rosario J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Waltzer Wayne C Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bevelaqua Frederick A Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Horn Lawrence Allan Md	All Other											
Coyle Patricia K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chin Yin Lee Md	All Other											
Giammarino Anthony Md	All Other											
Augustine Viruppamattam M Md	All Other											
Harrison Aaron Richard	All Other											
Visiting Nur Ser/Hospice Suf	All Other											
Suffolk Cnty Doh Clinic Serv	All Other											
Hudson River Healthcare Inc	All Other											
Etra Richard G Md	All Other											
Hito Hassan Md	All Other											
Khan Sardar Ali Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amityville Internal Medicine	All Other											
Good Samaritan Nursing Home	All Other											
Levites Kenneth B Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Levine Steven M Md	All Other											
Arbeit Leonard A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shevde Nirmala Kata	All Other											
Medical Arts Radiol Grp Pc	All Other											
Finkel Noah S Md	All Other											
Ruggiero Robert F Md	All Other											
Hurst Lawrence Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drs Zwanger And Pesiri	All Other											
Bradford Michael Jay Md	All Other											
Kaplan Martin P Md	All Other											
Etra Kenneth S Md	All Other											

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Lunati Frank Paul Md	All Other											
Gould Eric Franklin Md	All Other											
Brodsky Paul K Md	All Other											
Kalmar Robert Keith Dpm	All Other											
Maiorino William Md	All Other											
Lalia Joseph F Dpm Pc	All Other											
Giorgini Renato J Dpm	All Other											
Pallotta John Anthony Md	All Other											
Newman Stephen Mark Md	All Other											
San Simeon Sound Ctr Nrs & Re	All Other											
Steigbigel Roy T Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Planned Prtd Hudson-Peconic I	All Other											
Archer Herbert M Md	All Other											
Beccia David J Md	All Other											
Rosenman Arthur J Md	All Other											
Mollick Lawrence B Md	All Other											
Klein Steven A Md	All Other											
Ilamathi Ekambaram Md	All Other											
Central Nassau Guidance & Cns	All Other											
Cesa Michael P Md	All Other											
Zirin Heddy Md	All Other											
Paltzik Robert L Md	All Other											
University Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Epilepsy Fdtn Of Long Island	All Other											
Suffolk Cnty Doh Svcs Br	All Other											
Suffolk Cnty Doh Svcs Fa	All Other											
Bonanno Richard J Md	All Other											
Bateman Lewis Lee	All Other											
Gross Robert Md	All Other											
Bruno Peter F Jr	All Other											
Kaplan Michael A Md	All Other											

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Peninsula Gen Nursing Home	All Other											
Dominican Sister Family Healt	All Other											
Catholic Home Care	All Other											
Suffolk Doh Svcs Bur Pub H Co	All Other											
Fishkin Michael M Do	All Other											
Broadlawn Manor Nur & Rehab C	All Other											
Komanoff Ctr/Geriatric Rehab	All Other											
Parker Jewish Inst Hlth Cr Re	All Other											
Hwang Yuan T Md	All Other											
Central Island Healthcare	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Our Lady Of Consoltation Gcc	All Other											
St Marys Hospital For Childre	All Other											
Shore View Nursing Home	All Other											
Morningside House Nursing Hom	All Other											
Suffolk Center Rehabilitation & Nrs	All Other											
Apex Rehabilitation & Care Center	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Johnland Nursing Ctr Inc	All Other											
Sea-Crest Health Care Center	All Other											
Sunrise Manor Ctr Nrs & Rehab	All Other											
Woodhaven Nursing Home Llc	All Other											
Nussbaum Michael Md	All Other											
Mantia Augustus G Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Becher Rodney A Md	All Other											
Belding Alfred Md	All Other	✓					✓	✓	✓	✓		
Mandell Barbara Md	All Other											
St Charles Hsp	All Other											
Southampton Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
South Oaks Hospital	All Other	✓	✓				✓					
John T Mather Mem Hosp	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huntington Hosptial	All Other	✓	✓	✓								
Good Samaritan Hosp Med Ctr	All Other											

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Eastern Long Island Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peconic Bay Med Ctr	All Other											
Medical Arts Sanitarium	All Other											
Southside Hospital	All Other	✓	✓	✓								
Federation Emplmt/Guid Svc	All Other											
Falkove Michael Pc Md	All Other											
Platnik Bruce H Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stubel Joseph P Md	All Other											
Brookhaven Memorial Hospital	All Other											
Peninsula Counseling Ctr	All Other											
St Francis Hsp	All Other											
Chaudry Aziz Ur Rehman Md	All Other											
Sacher Howard L Do	All Other											
Monetti Henry J Do	All Other											
Levine Cary L Md	All Other											
Ashkin Jeffrey R Md	All Other											
Bass Lewis Do	All Other											
Kaganowicz Eliza G Md	All Other											
Spak Thaddeus J Md	All Other											
Cossari Alfred J Md	All Other											
Banik Bhola N Md	All Other											
Soretes Santiago C Md	All Other											
Pollak Harvey B Md	All Other											
Mohiuddin Sultan Md	All Other											
Khodadadian Parviz K Md	All Other											
Pascual Margarita C Pc Md	All Other											
Montero Carlos F Md	All Other											
Cooperman Leslie B Md	All Other											
Greenberg Stephen R Md Pc	All Other											
Miller Jay A Facog Md	All Other											
Bleifeld Charles J Md	All Other											

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Giorgini Gino L Md	All Other											
Klausner Stanley K Md	All Other											
Grappell Paul M Md	All Other											
Schwartz Paul C Md	All Other											
Benatar Benzion Pc Md	All Other											
Stephen Hom Do	All Other											
Desire Anthonette Rosemarie Md	All Other											
Wright Brian J Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decostanzo Denise	All Other											
Napolitano Blaise	All Other											
Kravets Igor	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cataldo Rosa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Morley Eric	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Beneri Christy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gelfand Mark	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Diblasio Ferdinand	All Other											
Hernandez Deborah	All Other											
Martinez Maritza	All Other											
An Jianqiang Md	All Other											
Garas Nageh Ayoob	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Edward Townsend	All Other											
John Stephen	All Other											
Maizel Rahkil	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Larsen Helaine	All Other											
Fan Roger Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stengel Andrea Curnett	All Other											
Mohammad N Mazid Md	All Other	✓					✓	✓	✓	✓		
Nesconset Center Nursing & Rehab	All Other											
Center For Addiction Recovery And	All Other											
Desai Vikas	All Other											
Roberto Cm Bergamaschi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Nichols Neil	All Other											
Pilip Adalbert	All Other											
Chadha Manish	All Other	✓					✓	✓	✓			
Ny Foundling Hospital St Agathas Da	All Other											
St Charles Hospital	All Other											
Konstantinova Nina	All Other											
Cimmino Marc	All Other											
Altman Erik	All Other											
Datta Anita Rani	All Other											
Lado David Christopher	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harvey Marc Md	All Other											
Stephanie Nucci	All Other											
Salunke Swati Abhijit Md	All Other											
Zarrilli Gina Marie Do	All Other											
Stelea Carmen Felica Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lehner George Jack Md	All Other											
Bruckner Richard Lance Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serynek Stephen	All Other											
Sussman Scott E	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hoverkamp Douglas K Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Economic Opportunity Council Day	All Other											
Lee June Jieun Md	All Other											
Singh Meenakshi Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Burns Patrick Barnett	All Other											
Nett Michael Patrick	All Other											
Golbin Jason	All Other											
Harnick Joel	All Other											
Profitlich Laurie E Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shabnam Shehla Md	All Other											
Qureshi Muhammad	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zahler Christine	All Other											

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Rahman Abdul	All Other											
Hiltzik Yuval	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon-Goldman Phyllis Gabrielle Md	All Other											
Sood Deepika Md	All Other											
Uyguanco Eric Ryan Md	All Other											
Samaritan Pediatric Services Pc	All Other											
Gurian Cynthia Taponga	All Other											
Mohammad Junaid Chohan	All Other											
South West Suffolk Medical Pc	All Other											
Cheryl Sladkin Altschuler	All Other											
Simon Nina Jill	All Other											
Sadlofsky Jason	All Other											
Fiorella David John Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lee Chau H Md	All Other											
Nagula Satish Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hinestroza Howard Md	All Other											
Abate Mersema Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cherian Varghese P Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tito Matthew Frank	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arif Nadia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller-Horn Jill Wallis Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sedaghat David	All Other											
Gloria S Escobar Md	All Other											
Audiino Joseph Matthew Rpa	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demishev Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kasnicki Megan Irene	All Other											
Roman Liberman	All Other											
Polena Sotir	All Other											
Sean M Donahoe	All Other											
Hoffert Gaylord Thomas Md	All Other											
Brandler Ethan S Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Davila Santini Luis	All Other											
Palamidessi Nicholas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Choy Cara	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Labarca Robyn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Denoya Paula Irina Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parizianu Constantin	All Other											
Desai Alpa G	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serena S Wu Md	All Other											
Ardeljan Marinel	All Other											
Kavita Mariwalla	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anthony Frederick Knott	All Other											
Michael Beck James	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laighold Saaron Levy Md	All Other											
Rubin Robert Daniel	All Other											
Gallo Cono William	All Other											
Landau David Stuart	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eliscu Allison	All Other											
Boyle Nariman Sharara	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hill Jennifer	All Other											
Flug Adam	All Other											
Walsh Kathleen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Asher Baer	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adults And Children W Learn/Devel D	All Other											
Engelsohn Eliyahu	All Other											
Finamore Peter Simon	All Other											
Dunkin Jared Michael Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guirand Joyce Gertrude	All Other											
Bao Philip Quy-Trung	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guevara Ruth	All Other											
Abraham Biju	All Other											
Steven Sattler	All Other											

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Aziz Farzana	All Other											
Degaetano Danielle	All Other											
Meeting House Lane Medical Practice	All Other											
Tran Bryan John Md	All Other											
Patel Rupal D	All Other											
Subbaiah Sathish J	All Other											
Perry Shapiro Do	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yusupov Eleanor Md	All Other											
Family Residence And Essential Ente	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mauro John	All Other											
Hossain Shabbir	All Other											
Kraszewski Beverley	All Other											
Sumit Chowdhery Md	All Other											
Genua Jill Christina Md	All Other											
Gidseg David Scott	All Other											
Elham Safaie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosenthal Jason Michael Md	All Other											
John T Mather Memorial Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guevarra Maria Sarah Navarro	All Other											
Rotblat Operman Michele	All Other											
Skope Medical Care Pc	All Other											
Chen-Stiebel Agnes	All Other											
Hickey Debra Ann	All Other											
Fani Pauline	All Other											
Verga Trevor Anthony	All Other											
Abedin Jahidul	All Other											
Chryssos Emanuel Demetrios	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Francis Cardiovascular Physician	All Other											
Koch Pamela	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Janna Z Andrews	All Other											
At Home Active Motion Pt Svcs Pc	All Other											

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John-Lewis Janice Njamiu	All Other											
Kooyman Patricia	All Other											
Byrne Lauren Michele	All Other											
Blair Greg	All Other											
Abu-Sbaih Reem	All Other											
Asaad Bassem Onsy	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goldstein David A	All Other											
Abola Ramon Eduardo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blazey William	All Other											
Cerqueira Ryo Paula	All Other											
Anand Saloni	All Other											
Berrones Marco Antonio Jr Rpa	All Other											
Mishail Alek	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rimpel Lisa Minerva Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Shah Tajammul Md	All Other											
Northorn Lawrence	All Other											
Jain Hitender	All Other											
Patel Ekta	All Other											
Alian Andrus	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bassis Guy	All Other											
Cherian Julie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kranz Kimberly Ann	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hertz-Shargel Michal	All Other											
Bellhaven Center Rehab & Nrs Care	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bucobo Juan Carlos	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mark F Marzouk	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kelly Lawrence William Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Li Wei Md	All Other											
Spaeth Kenneth	All Other											
Schaefer Elaine	All Other	✓					✓	✓	✓			
Kowal Renata	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Zito Joseph	All Other											
Ahn Christine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parikh Purvi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bailey Alban	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Floyd Thomas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alexios Apazidis	All Other											
John T Mather Memorial Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Obedian Rebecca Tabib	All Other											
Plummer Christopher Paul	All Other											
Lindsey Rose Grober	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joseph H Quercia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New York Therapy Placement Svce Inc	All Other											
Ciminiello Michael Emanuel	All Other											
Nadel Alice Harriet	All Other											
Paci James Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huang Minquin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
George Brenda	All Other											
Muhlrad Samantha	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
St Francis Hospital	All Other											
Edano Debbie Elamparo	All Other											
Constantine Matthew Wayne Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gathungu Grace N K	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Queens-Long Island Renal Institute	All Other											
Parnia Sam	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bello John Md	All Other	✓					✓	✓	✓			
Hogan Laura	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mary Kathleen Berry	All Other											
Silva Joann	All Other											
Melissa A Strafford	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcconnell Darcy	All Other											
Brookhaven Physician Services Pc	All Other											

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Ng Joseph	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
White-Fricker Elizabeth Post	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sini Amanda	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rosenthal Joshua	All Other											
Angelillo David Craig	All Other											
Danielle D Alleva-Byrne	All Other											
Jeanne Marie Schaefer	All Other											
Bryan Skilled Home Care	All Other											
Llorens Anthony L	All Other											
Markowitz Carol Anne	All Other	✓					✓	✓	✓	✓		
Rosaria Barone Pa	All Other											
Kolk-Seda Barbara	All Other											
Amb Medical Services Pc	All Other											
Lafemina Tina	All Other											
Visentin Lisa	All Other											
Laura Mcdowell	All Other											
Farakh Nabil	All Other											
Griffith Rosemary	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vip Health Care Services Inc	All Other											
Hanna Ehab Sabry	All Other											
Stony Brook Community Medical Pc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chen Morgan	All Other											
O'Donoghue-Kitt Christine	All Other	✓					✓	✓	✓			
Boriskin Howard	All Other											
Osipoff Jennifer N	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dynamic Care Physical Therapy Pc	All Other											
Mourad Mervat A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community Care Companions Inc	All Other											
Solomita Mario	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Barnwell Nursing & Rehab Cent	All Other											
Loh Shang Arvin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Pachter Jarid Scott	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ottavio Peter	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michele Welch	All Other											
Gavilanes Edison Genaro	All Other											
John T Mather Memorial Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kupersmith Lauren	All Other											
Extraordinary Home Care	All Other											
Katzman Marc	All Other											
Chappelle Joseph A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chauhan Alia	All Other											
Khan Sabbir Rashid	All Other											
Long Island Pediatrics Of Brentwood	All Other											
Robles Christine	All Other											
Lefkowitz Lance S	All Other											
Henretta Melissa Susan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Geralemou Sofia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Klek Katarzyna	All Other											
Island Endoscopy Center Llc	All Other											
Curran Amy	All Other											
Palmieri Marco	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Garduno Elizabeth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Long Island Orthopaedic & Spine	All Other											
Radhakrisanan Ravi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Koss Elana	All Other											
Mills Pond Nursing & Rehab Ctr	All Other											
Barsi James Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bluestone Avraham Yakov	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Booker Timberly E	All Other											
Mapley Andrew C	All Other											
Knoll Faye Md	All Other											
Sco Family Of Services	All Other											

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Fastenberg Michael	All Other											
Seshadri Sangeetha	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Feldmann Eric	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Singh Vijay	All Other											
Tottenham Dawn	All Other											
Yablok Svetlana	All Other											
Suprenant Valmore	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
An Yuehuei Huey	All Other											
Hoda Syed Tanvir	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Mather Memorial Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Mather Memorial Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jaglall Neil D	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Jason M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wong Rachel G	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fitzgerald John	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Philippe Neubert	All Other											
Gill Rupinder K	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kogan Anna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Iqbal Adeel Azmat	All Other											
Artale Joseph U	All Other											
Preventive Diagnostics Inc	All Other											
Patti Lauren	All Other											
Pryor Aurora	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harbor View Medical Services Pc	All Other											
Rosenbloom Ella	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Saila	All Other											
Shah Trusha Narendra	All Other											
Schwinge Genine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rocky Point Medical Care Pc	All Other											
Shams Rizwana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ferraro Denise M	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Abazari Azin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marino Kristen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urazov Peter	All Other											
Nabi Saiqa Haque	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
George Eldose	All Other	✓					✓	✓	✓	✓		
Parikh Pushpaben	All Other											
Trivedi Saumil Hardev	All Other											
Rutigliano Daniel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Shore-Lij Medical Pc	All Other											
Sacher Mandy Lauren	All Other											
Patel Neal	All Other											
Rali Mayur Sureshchandra	All Other											
Dicpinigaitis Paul	All Other											
Irina Aminova	All Other											
Rzonca Merissa A	All Other											
Cofler Koldorff Mara	All Other	✓					✓	✓	✓	✓		
Fernando Rajeev Santiago	All Other											
Halo Network Inc Day/Ch	All Other											
Mustafa Bina	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Queller Hayley	All Other											
Nedelea Dana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scotti Alphonso A	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Uythoven Nancy Lynn	All Other											
Baravarian Albert	All Other											
Michael P Oliveri	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pandolfi Jacqueline	All Other											
Colucci Mylene	All Other											
Davis Adam Ross	All Other											
Kupersmith Adam J	All Other											
Bozek Joshua P	All Other											
Ellis Lori Md	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Molnar Rene	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Happel Patricia	All Other											
New York Foundling Hospital	All Other											
Awadallah Morad	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tafuri Kimberly Sue	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Forchheimer Ilana Lindsey	All Other											
Chuang Michael S	All Other											
Kontonotas Diana	All Other											
Patnaik Asha	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kamath Ganesh Suresh	All Other											
Davis James E	All Other											
Sturm Andrew P	All Other											
Kathuria Parampreet K	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lien Kenny	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John T Mather Memorial Hospital	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mansour Mohamed	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hikin Dimitry	All Other											
Saxon Penny	All Other											
Ednick Mathew	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emmet Mari	All Other											
Lawrence David	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Landres Inna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cangelosi Jeffrey	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Khodadadian Jonathan Joseph	All Other											
Jaiya Rampersad	All Other	✓					✓	✓	✓			
Rao Nadia S	All Other											
Kamireddi Ajay	All Other											
Hwu Irene	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Helfner Brett	All Other											
Brodsky Jennie E	All Other											
Beck Michael A	All Other											

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Chung William Booyoung	All Other											
Antis Satwatie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ahmad Sahar	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hunte Frederick Sinclair	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Majeed Sohaib	All Other	✓					✓	✓	✓			
Moskowitz Michael Scott	All Other											
Rosero Maria J	All Other											
Elrich Susan Maria	All Other											
Chandra Preeti Abhinav	All Other											
Meslemani Danny	All Other											
Gimenez Cecilia Elena	All Other											
Kaplowitz Kevin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lambert Nahesi Natalie	All Other											
Albert Sunil David	All Other											
Arkali Christine A	All Other											
Kohane Daniel J	All Other											
Unnati Tailor	All Other											
Heard Amanda D	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mcloughlin Kammy	All Other											
Woodall Aaron	All Other											
Fisher Maria	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Szafran Martin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Abilities Inc Day/Ch	All Other											
Zhao Qian	All Other											
Blaber John-Paul	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kessler Karen Riess	All Other											
Dumrese Danielle Lee	All Other											
Mazer Nicole A	All Other											
Kapoor Shruti	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cella Paul R	All Other											
Lobrutto Paul T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Ali Usman H	All Other											
Bugay Josefino	All Other											
Grossman Michael	All Other											
Macron Donald Scott	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jones Vinci Samuel	All Other											
Zwick Deborah Anne	All Other											
Arnold Joanne	All Other											
Eckberg Peter Harold	All Other											
Earl James L	All Other											
Paidoussis Demetrios Michael	All Other											
Good Samaritan Hospital	All Other											
Sposito Krystal Lynn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pacheco-Stabile Gretchen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Harbor View Medical Services Pc	All Other											
Good Samaritan Hospital United	All Other											
St James Operating Llc	All Other											
Levinskaya Natalia	All Other											
Gor Chirayu	All Other											
Serotoff Michael	All Other											
Barna Barna Kelly Maria	All Other											
Khalili Michael	All Other											
Ripton-Snyder Jennifer Faye	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Slutsky Jordan Barry	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Costello Thomas Edward	All Other											
Stern Michael R	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stoebe Christopher Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mukhi Ruhayna	All Other											
Hertz Jared Adam Do	All Other											
Southwest Suffolk Medical Pc	All Other											
Boykin Rachel L	All Other											
United Cerebral Palsy Association O	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Chu Brian T	All Other											
Jain Sanjeev	All Other											
Gandotra Puneet	All Other											
Wilner Adam	All Other											
Longo Michael A	All Other											
Defraia Charles J	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Jignesh K	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zheng Haoyi	All Other											
Maxwell Carolyn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hassanain Ehab	All Other											
Kowalska Dorota	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weick Edward T	All Other											
Falkner Evangelia S	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jopal Sayville Llc	All Other											
Maxis Christina Pardo	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Klingenberger Jennifer Lynn	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huston Katherine Barth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Markovics Sharon	All Other											
Grassi Christina M	All Other											
Malhotra Radhika	All Other											
Akerman Stuart	All Other											
Stein Scott Alexander	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Salz Michelle	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ng Lauren Elizabeth	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patel Rajeev Balwant	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wynne Linda	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
De Grauw Roosje Suzanne	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pourtaheri Neema	All Other											
Karas Luz	All Other											
Pathickal Betsy	All Other											
Reinhardt Keith R	All Other											

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Pultz Brian	All Other											
Montiel Norma	All Other											
Gaing Byron	All Other											
Fuchs Suzanne	All Other											
Ahdoot Allen	All Other											
Litroff Adam Howard	All Other											
Adler Michael	All Other											
Bolnet-Quettant Gina	All Other											
Aminian Ameneh	All Other											
Peters John	All Other											
Brehm Anthony	All Other											
Gill Gagandeep	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pushchinska Galyna	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gaffney-Adams Alexea Makiya	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Manganas Louis Nicholas	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blaber Jennifer Marie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sidhu Jasmine Kaur	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dowdy Christopher Lamont	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wang Lin	All Other											
Douyard Jessica Lynn	All Other											
Thomas Justin Michael	All Other											
Varughese-Raju Joyce	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kalabacas Erika	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Henning Shannon Lynn	All Other											
Patel Brijal Thakor	All Other											
Williams Daryl Wesley	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fasano Andrew	All Other											
Marchitelli Roberto	All Other											
Shah Lisa	All Other											
Frischberg Sarah	All Other											
Sharma Neha	All Other											

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Sakellarios Nicholas	All Other											
Koullias George	All Other											
Bilder Joan Horan	All Other											
Karwoski Jeffrey David	All Other											
Hamdani Mohammad Adnaan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fodera Vito	All Other											
Zinkin Heather	All Other											
Meraj Seema	All Other											
Casiero Deena	All Other											
Corcoran Anthony	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Loli Shelley Barbara	All Other											
Jean-Philippe Ronie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blumenthal Brianne F	All Other											
Blydenburgh Jessica	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rodriguez-Jaquez Carlos R	All Other											
Semeisberger Carrie F	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller Joshua David	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hong Richard E	All Other											
Maleson Andrew	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freeman Katherine	All Other											
Grijnsztein Jacob M Md	All Other											
Patti Joseph M	All Other											
Vallone Donna Ceil	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Didwell Loretta	All Other											
East End Physician Services Pc	All Other											
Lefkowitz Amanda	All Other											
Muir Regina G	All Other											
Tischler Stephanie Anne	All Other											
Roberts Timothy M	All Other											
Felicetta Michael Pasquale	All Other											
Chan York Sing	All Other											

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Feiner Joshua	All Other											
Liu Hui	All Other											
Malhotra Shilpa	All Other											
Klonsky Jonathan David	All Other											
Avcioglu Ayse	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ahmed Irmana	All Other											
Kumbar Sujata M	All Other											
Schaefer Michael W	All Other											
Harbor View Medical Services Pc	All Other											
Jopal Bronx, Llc	All Other											
Chung Ivy D	All Other											
Wagner Matthew Robert	All Other											
Mather Primary Care Pllc	All Other											
Kolanko Nicholas Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rashid Asma Abdul	All Other											
Zaveri Jatin	All Other											
Neri Brian	All Other											
Glasser-Caine Melissa	All Other											
Brookshield Laurent	All Other											
Shpilberg Katya A	All Other											
Holzer Stuart Marc	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joneja Jaspreet Singh	All Other											
Suffolk Nephrology Associates Pc	All Other											
Utnick Lenore	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stanca Carmen Magdalena	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Patchogue Pediatrics Pc	All Other											
Brooks Debra Ellen	All Other											
Chesler David Andrew	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flanagan Brenainn M	All Other											
Philip Jasmine	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chimpiri Annapurneswara Rao	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Eschler Deirdre Cocks	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andraous Wesam Farouk	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mauser Reed	All Other											
Koenig Scott	All Other											
Sgro Melissa	All Other											
Oduro Angela Yaa	All Other											
Franco Joseph John	All Other											
Dreznick Elliott B	All Other											
Hall Amy Mia	All Other											
Sneller Hannah Marie	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Louie Tracey Yingqi	All Other											
Young Matthew Gregory	All Other											
Mendes Nelson	All Other											
Limsuvanrot Lily	All Other											
Pizzurro Josephine	All Other											
Mockler Daniel	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Halbert Caitlin	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stessin Alexander Michael	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rabinovich Valerie	All Other											
Chung Grace	All Other											
Bernal Cynthia	All Other											
Derespina Kim	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sadigh Kaveh	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chu Winifred	All Other											
Yoon Hannah	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freiberg Evan	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zhang Yue	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Splichal Emily	All Other											
Filatov Alexander	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spiegel Louis R	All Other											
Kokkosis Angela Amalia	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Bober Wojciech	All Other											
Majahar Mahmuda	All Other											
Falkowski Laura	All Other											
Boudreau Kathleen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Butler Javed	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chiramel Tintu	All Other											
Diaz Rina	All Other											
Courgi Robert G	All Other											
Obrien Scarchilli Abigail	All Other											
Umar Mohammed	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dulce Almanzar Md Pc	All Other											
Gupta Amit	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eisenberg Jason Zeus	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reznyk Yevhen	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woroch Luboslav	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jones Stephanie Renee	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reiter Michael Jason	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chin-Tan Jessica Mon	All Other											
Fana Melissa Darlene	All Other											
D'Orazi Francis T	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Odetalla Fatima	All Other											
Yaddanapudi Kavitha	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marszalek Joi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zwibel Hallie Y	All Other											
Manthani Kaushik S	All Other											
Perera Thushanthi	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trinidad Elizabeth Marron	All Other											
Singh Tara Kaur	All Other											
Householder Travis Cole	All Other											
Hashmi Noor Ul Ain	All Other											
Hagigi Mershad	All Other											

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Concepcion Carlos Alberto	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Longo Wendy	All Other											
Henslee Heidi Burry	All Other											
Brentwood Pediatric And Adolescent	All Other											
Tolentino Jonathan Lee	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Camarda Joanne	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Silva Monica	All Other											
Heron Dihan	All Other											
Gengler Cristin Rose	All Other											
Homchaudhuri Angana	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cheng Tinting Yeouting	All Other											
Rosser Nicole	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Buttar Kamalpreet	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lukose Biju	All Other											
Bitton Rachelle	All Other											
Buglino Lisa	All Other											
Lawton Hernandez Lillian	All Other	✓					✓			✓		
Schwarz Jennifer	All Other											
Victoria Vamos Nurse Practitioner I	All Other											
Suffolk First Medical P C	All Other											
Economic Opportunity Council Of Suffolk, Inc.	Uncategorized											
Mckinnon Nikita	Uncategorized											
Sco Family Of Services	Uncategorized											
General Vision Services	Uncategorized											
Little Flower Child/Fam Ser Ny B2h	Uncategorized											
Stony Brook Cpmp	Uncategorized											
Collins Tara	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sikorski Regina	Uncategorized											
Epic Medical Servcies	Uncategorized											
Abdul Sayed	Uncategorized											
Laraine Burke	Uncategorized											

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Stewart Michelle	Uncategorized											
H&J Medical Supplies Inc	Uncategorized											
Sharma, Fiza	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Obeid Lina Dr.	Uncategorized											
Lifeline Systems Company (Dba Philips Lifeline)	Uncategorized											
Mentis.Marc	Uncategorized											
Gyato, Kunsang Phd	Uncategorized											
Christine Colacino	Uncategorized											
Elliott Ewa Mrs.	Uncategorized											
John Clark	Uncategorized											
Dr John Walsh	Uncategorized											
Lorraine Danowski	Uncategorized											
Michelle Graff	Uncategorized											
Gurwin Home Care Agency	Uncategorized											
Dana Hall	Uncategorized											
Hughes Michael	Uncategorized											
Palliative Care Group	Uncategorized											
Callan Noreen Mrs.	Uncategorized											
Eads Theresa	Uncategorized											
Kathryn Cottell	Uncategorized											
Vip Health Care Services, Inc.	Uncategorized											
James Morse	Uncategorized											
Home Care Solutions Inc	Uncategorized											
Krieger, Stuart Od	Uncategorized											
Grucela Richard Mr.	Uncategorized											
H&J Medical Supplies Inc	Uncategorized											
Dermedx Dermatology	Uncategorized											
Peninsula General Nursing Home	Uncategorized											
Ditrani, Michael	Uncategorized											
Rachelle Warren	Uncategorized											
Joan Monaghan	Uncategorized											

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Saltz Joel Dr.	Uncategorized											
Catholic Charities Diocese Of Rockville Centre-Residential Svcs-People W/Dev. Disabilities	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nysarc Inc Suffolk Chapter	Uncategorized											
Debra Reilly	Uncategorized											
Sharon Shyrier	Uncategorized											
Bryant Ficklin	Uncategorized											
Amityville Pulmonology Pllc	Uncategorized											
Allison Marshall	Uncategorized											
Moll Ute Dr.	Uncategorized											
Iris Cohen	Uncategorized											
Crystal Shepard	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Byrne	Uncategorized											
Peggy Murphy	Uncategorized											
Care First Family Medical Pc	Uncategorized											
Brookhaven Memorial Hospital Medical Center	Uncategorized											
Hrh Riverhead	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walgreens5439	Uncategorized											
Wong-Cruz Shirley Mrs.	Uncategorized											
Preventive Diagnostics Inc	Uncategorized											
Resource Medical Services, Pc (D.B.A. Arcwell Medical)	Uncategorized											
Heather Magone	Uncategorized											
Brouxhon Sabine Dr.	Uncategorized											
Carolyn Malkowski	Uncategorized											
Oasis Rehabilitation And Nursing	Uncategorized											
St Francis Hospital	Uncategorized											
Johnson, Lisa M.	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Teves	Uncategorized											
Charlene Dreher	Uncategorized											
Jennifer Keluskar	Uncategorized											
Sco Family Of Services	Uncategorized											
Perrone Jessica	Uncategorized											

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Halo Network, Cnc	Uncategorized											
Kimberly Lachky	Uncategorized											
Samantha Musgrave	Uncategorized											
Sayville Nursing And Rehab Center	Uncategorized											
Berkshire Farm Center & Services For Youth	Uncategorized											
Swerdloff Mark Dr.	Uncategorized											
Carli Alin	Uncategorized											
Claire Olsen	Uncategorized											
Josephine Connolly-Schoonen	Uncategorized											
Jennifer Saul	Uncategorized											
Margaret Krepp	Uncategorized											
Bethlyn Devito	Uncategorized											
Shanna Gonzalez	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Princy Paulson	Uncategorized											
Prohealth Care Associates, Llp	Uncategorized											
Janet O'Grady	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Attentive Care	Uncategorized											
Good Samaritan Hospital Medical Center	Uncategorized											
Cutolo Roseanne	Uncategorized											
Barbara Frisina	Uncategorized											
Neurology Group	Uncategorized											
Danielle A Angotta	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mercyfirst	Uncategorized											
East End Disability Associates, Inc	Uncategorized											
Lakeville Ambulete Transportation, Llc	Uncategorized											
American Dental Offices Pllc	Uncategorized											
Moran Helene	Uncategorized											
Renee Cooke	Uncategorized											
George P. Dempsey, Md Pc	Uncategorized											
South Bay Cardiovascular	Uncategorized											
Morningside House Nursing Home	Uncategorized											

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Shore View Nursing Home	Uncategorized											
Hannun Yusuf	Uncategorized											
Access Home Care Inc.	Uncategorized											
Marie Francis	Uncategorized											
Dominique Muren	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Cosgrove	Uncategorized											
Wood Megan	Uncategorized											
Lauren Brand	Uncategorized											
Kathleen Hasay	Uncategorized											
Colleen Bass	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Walgreens7628	Uncategorized											
Michele Mcmath	Uncategorized											
The Community Programs Center Of L.I.	Uncategorized											
Medina Christopher Dr.	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alan Levine	Uncategorized											
Petit Armelle	Uncategorized											
Justin Benson	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hrh Amityville	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jill Smarrelli	Uncategorized											
Hrh Shirley	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hampton Nelda Ms.	Uncategorized											
Antoniadis Marie	Uncategorized											
Maria Abate-Emde	Uncategorized											
Pagano Alexandra	Uncategorized											
Hrh Coram	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sinram Diane	Uncategorized											
Jaclyn Mascia	Uncategorized											
Long Island Medical Associates	Uncategorized											
Walgreens10751	Uncategorized											
Andrea Smoller	Uncategorized											
Rochelle Pachman	Uncategorized											

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John Norcott	Uncategorized											
Levy Jo-Ann	Uncategorized											
Dipierro Charles Dr.	Uncategorized											
Owais Igbal	Uncategorized											
Kimberly Probeck	Uncategorized											
West Sayville Pediatrics	Uncategorized											
St. Francis Hospital	Uncategorized											
Rice Sabrina	Uncategorized											
Mercy Medical Center	Uncategorized											
Maribeth Mckeever	Uncategorized											
Karol Olsen	Uncategorized											
Heather Kanastab	Uncategorized											
Maya Fox-Ryvicker	Uncategorized											
Roger Streeseman	Uncategorized											
Lorraine Sawyer	Uncategorized											
Hrh Patchogue	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debra Jemison	Uncategorized											
Vip Health Care Services, Inc.	Uncategorized											
Rhonda Menikheim	Uncategorized											
448 Griffing Ave. Nurse Practitioner Pc	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joseph Garbarino	Uncategorized											
Suffolk County Dept Of Health Services, Public Health Nursing	Uncategorized											
David Burgess	Uncategorized											
Heidi Phillips	Uncategorized											
Mcgowin, Casey	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ellen Kozyansky	Uncategorized											
Kathleen Reid	Uncategorized											
Care Connection Home Care Llc	Uncategorized											
John Steinert	Uncategorized											
Joyce Little	Uncategorized											
Anita Belman	Uncategorized											

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Trivedi Chandrakant Mr.	Uncategorized											
Connecting For Purpose	Uncategorized											
Leslie Bitman	Uncategorized											
Peter Rosenthal	Uncategorized											
Becht Joan Ms.	Uncategorized											
Perkell Joan	Uncategorized											
Celia Bilfinger	Uncategorized											
Lauren Miceli	Uncategorized											
Christina Pecoraro	Uncategorized											
Brunswick Hospital Center, Inc	Uncategorized											
Advanced Rehabilitation Medicine Pllc	Uncategorized											
Brookhaven Mhmc Wound Care	Uncategorized											
Turner Louise	Uncategorized											
Kaushansky Kenneth Dr.	Uncategorized											
Regina Gibaldi	Uncategorized											
Granek Iris Dr.	Uncategorized											
Mercy Medical Center	Uncategorized											
Virdone Residence	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kids First Pediatrics	Uncategorized											
Joyce Paulette	Uncategorized											
Raio Dental, Pc	Uncategorized											
Alanna Kugler	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hrh Southampton	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Balot David Dr.	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Veronica Dekoning	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ellen Powell	Uncategorized											
Hrh Brentwood	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Eysler	Uncategorized											
Grindley Sabrina	Uncategorized											
Kaitlyn Hickey	Uncategorized											
Vip Health Care Services, Inc.	Uncategorized											

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Ira Eckstein	Uncategorized											
Fred Friedberg Phd	Uncategorized											
Puccio Linda	Uncategorized											
Kelly Connelly	Uncategorized											
Brion Mccarren	Uncategorized											
Sanders Elizabeth Mrs.	Uncategorized											
Long Island Internal Medicine Associates P.C.	Uncategorized											
Elizabeth Smith	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paula Fries	Uncategorized											
Paula Baumer	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jennifer Russo	Uncategorized											
Ryan Maria Dr.	Uncategorized											
Jessica Nami	Uncategorized											
Feeney, Nicole	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Elizabeth Becchinelli	Uncategorized											
Nancy Harbord-Ansman	Uncategorized											
City Medical Of The Upper East Side Pllc	Uncategorized											
Agewell New York, Llc	Uncategorized											
Mercy Medical Center	Uncategorized											
Regioncare Nursing Agency	Uncategorized											
Janet Starr	Uncategorized											
St Francis Hospital?	Uncategorized											
Nicole Joseph	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michelle Turner	Uncategorized											
Park House Inc	Uncategorized											
Ann Mccarthy	Uncategorized											
Gina Devine	Uncategorized											
St. Francis Hospital?	Uncategorized											
Rogelio Martinez	Uncategorized											
Prime Care Medical Office Of Long Island Pc	Uncategorized											
Maria J Spera	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Mercy Medical Center	Uncategorized											
George Scott Boege D.C.	Uncategorized											
Racioppi Jeanne	Uncategorized											
Khan,Bilal	Uncategorized											
New Alternatives For Children	Uncategorized											
Nancy Rivera	Uncategorized											
Rona Marc	Uncategorized											
Rachelle Converso	Uncategorized											
Bruno Patricia	Uncategorized											
Chait, Lois Rd	Uncategorized											
Margaret Mcgovern	Uncategorized											
Monica Prino	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Endelmann Karisa	Uncategorized											
Luciano Angela	Uncategorized											
Michelle Caluori	Uncategorized											
Donna Reinesch	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vip Health Care Services, Inc.	Uncategorized											
Charles Waltzer	Uncategorized											
Michael Stoltz	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Llanos, Evelyn Md	Uncategorized											
Thompson-Labissiere Robin Mrs.	Uncategorized											
Constellation Home Care Llc	Uncategorized											
Shari Levy	Uncategorized											
Hrh Greenport	Uncategorized											
Alex Lemma	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Miller Jennifer	Uncategorized											
Jzanus Home Care Inc	Uncategorized											
Eric Smith	Uncategorized											
St. Joseph Hospital	Uncategorized											
Little Flower Children And Family Services Of New York	Uncategorized											
Paul Kathleen Miss	Uncategorized											

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Mercy Medical Center	Uncategorized											
Community Enterprises, Inc	Uncategorized											
Christine Goldstein	Uncategorized											
Lenore Rosenberg	Uncategorized											
Shinnecock Indian Health Clinic	Uncategorized											
Sheehu Batra	Uncategorized											
Tracy Wenzel	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Susan Smith	Uncategorized											
Aides At Home	Uncategorized											
Odingo Nora Dr.	Uncategorized											
Neal P Houslanger, Dpm,	Uncategorized											
Sheryl Goodman	Uncategorized											
Janet Lavelle	Uncategorized											
Jean-Fils Margareth	Uncategorized											
Debra Lerner	Uncategorized											
Patel Vrajesh	Uncategorized											
Center For Prenatal Care At Greenport	Uncategorized											
David Rogers Center	Uncategorized											
Colasacco Grace	Uncategorized											
Trouocchio, Michael	Uncategorized											
Dodge, Kenneth	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Island Neonatology	Uncategorized											
Francine Silverfish	Uncategorized											
Morrill Ann Ms.	Uncategorized											
Hrh Wyandanch	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suzy Ingram	Uncategorized											
Massey Susan	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kim Bridgwood	Uncategorized											
Maria Juvan	Uncategorized											
Saint James Rehab And Health Care Center	Uncategorized											
Cathy Ficalora Babylon Medical Office	Uncategorized											

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Michelle Blum	Uncategorized											
Jacquelyn Murphy	Uncategorized	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michelle Davis	Uncategorized											

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