



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception:

II. Appeal Applicant Information

Organization Name: Abbasey Medical PLLC
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Internist
 Operating Certificate/License #: 231805
 MMIS*: 3059721
 NPI*: 1053419028
 Agency Code:
 Billing Entity ID:
 Address: _____ City: _____ State: _____ Zip: _____

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

This field is populated when you select a VAP Exception in Section IV

Character Count: 0

III. Appeal Point of Contact

Contact Person: Dr. Salman Abbasey
 Title:
 Contact Phone: 585-243-0550 Extension:
 Contact Email: sabbasey@gmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	6%	2%	Practice First	2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Salman Abbasey
 Title: MD/physician
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Amy Damiani, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 01417358 NPI*: 1174626170
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 609 Central Ave City: Dunkirk State: NY Zip: 14048

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1518

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Dunkirk, NY Location: 609 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Amy Damiani, MD; MMIS#: 01417358; NPI: 1174626170; License #: 190873

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	19%	2%	EMR	2013-2014

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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**State of New York Department of Health
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Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Ashley Sajdak, PA
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 03618637 1861833824
 Agency Code:
 Billing Entity ID:
 Address: 3725 N Buffalo Rd City: Orchard Park State: NY Zip: 14127

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1484

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Orchard Park, NY Location: 3725 N Buffalo Rd, Orchard Park, NY 14127 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Ashley Sajdak, PA; MMIS#: 03618637; NPI: 1861833824; License #: 016555

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County. The General Physicians PC – Orchard Park, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).
 This office location is near by the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
 This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,769 resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Bonnie Sunday, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 01346689 NPI*: 1992778674
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 2701 Transit Rd St # 143 City: Elma State: NY Zip: 14059

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1420

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Elma, NY Location: 2701 Transit Rd St # 143, Elma, NY 14059 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Bonnie Sunday, MD; MMIS#: 01346689; NPI: 1992778674; License #: 187904

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County. The General Physicians PC – Elma, NY primary care location serve the West Seneca Cheektowaga Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the West Seneca Cheektowaga PCSA is 15% above the 5 year goal (1,400/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 20,591 resident Medicaid and uninsured population in the West Seneca Cheektowaga Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	5%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: _____
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: _____ MMIS* _____ NPI* _____
 Unique Identifiers: F305382-1 _____ 1689994147
 Agency Code: _____
 Billing Entity ID: _____
 Address: 12 Martin St City: Wellsville State: NY Zip: 14895

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 686

III. Appeal Point of Contact

Contact Person: Tracy Gates (Brad Speta NP)
 Title: Hospital CFO
 Contact Phone: 585-596-4004 Extension: _____
 Contact Email: gatest@jmhny.org

Brad Speta NP is an essential provider in the Allegany County Community, serving a heavy Medicare and dual eligible population. One of the DSRIP projects selected for the Finger Lakes PPS is related to reducing readmissions. Brad Speta admits a significant number of the local hospital patients. His ability to impact the readmission number is significant and his involvement in DSRIP for this project will be key. In addition to Brad Speta's connection to the nursing home population and readmissions, the Hornell market is failing and we are anticipating we will need to take additional Medicaid patients into the practice which will also increase Brad Speta's DSRIP participation.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	s	4%	Internal	2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Tracy Gates Yes No
 Title: CFO
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians-MD
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 137216
 MMIS*: 00632013
 NPI*: 1407821986
 Unique Identifiers: 137216
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10
 City: Westfield
 State: NY
 Zip: 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak, RN
 Title: Office Manager
 Contact Phone: 716-326-4678
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	ance roster and	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3142

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,
 Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
 Title: CEO Westfield Family Physicians, PC
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Bruce W MacKellar MD PC
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician Office
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 1093769358
 Agency Code:
 Billing Entity ID:
 Address 111 Loder St City State Zip
 Hornell NY 14843
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1197

III. Appeal Point of Contact

Contact Person: Kristine MacKellar
 Title: Chief Operating Officer
 Contact Phone: 607-324-5404 Extension 505
 Contact Email: kmackellar@cvfpractice.com

Our practice is located in a rural area 65 miles south Rochester, NY. Many of our patients do not have their own transportation. There is limited access to public transportation during the day and none available during the evening and nighttime hours. Currently, the future of healthcare in our area is uncertain with the possible closing of St James Mercy Hospital. We anticipate this will add to the difficulty of obtaining adequate healthcare in our area.
 Our organization consist of 5 primary care providers with an additional 26 support personnel on staff. We service approximately 8500 patients with 20% over the age of 65. We provide various services for our patients including, cardiac and pulmonary testing, extensive point of care testing and serve as a lab draw station for the local hospital. We do limited imaging studies, diabetic education and offer medication samples to indigent patients. We have a proven record of meeting high standards of care through meaningful use and PQRS.
 In summary, we are a key provider of medical service in our area where there is a known shortage of healthcare providers. We are excited about possible being part of a new delivery of healthcare.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	5%	Billing Company	2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Kristine MacKellar Yes No
 Title COO
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: C & S Medical Building
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Practice-solo provider
 Operating Certificate/License #: 225376
 MMIS*: 02367215
 NPI*: 1013986256
 Unique Identifiers: 225376
 Agency Code:
 Billing Entity ID:
 Address: 19 Lakeshore Drie
 City: Dunkirk
 State: NY
 Zip: 14048

III. Appeal Point of Contact

Contact Person: Carmen Rivera
 Title: Receptionist
 Contact Phone: (716)363-6377
 Contact Email: csmedicalbldg@aol.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	12%	1%	EHR	2013

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Helen M. Suchanick, D.O.
 Title: Owner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3157

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community to receive the services they need to manage their care on a regular basis. They cannot easily travel to other providers in either of the WNY Performing Provider Systems.

As a solo practitioner in the Northern part of Chautauqua County, my Medicaid patients depend on the services I provide. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, I am involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

To truly make an impact on the Medicaid population in Chautauqua County, providers like me need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at my practice will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: CapitalCare Medical Group, LLC
 Joined PPS: Albany Medical Center Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Group Medical Practice
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 02177719 1811946775
 Agency Code:
 Billing Entity ID:
 Address 501 New Karner Road Albany NY 12205
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

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 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3141

III. Appeal Point of Contact

Contact Person: Louis S. Snitkoff, MD
 Title: Chief Medical Officer
 Contact Phone: 518-452-1337 Extension: 7097
 Contact Email: lsnitkof@capcare.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	<1%	Practice Manage	2014 YTD

CapitalCare Medical Group is a multi-specialty group practice predominantly providing primary care services at outpatient facilities in four counties, including Schenectady, Saratoga and Albany within the Albany Medical Center Hospital PPS service area. Our Southernmost Albany County site in Ravena also serves residents of Greene County. In addition, we provide sub-specialty services in Endocrinology, Pulmonary and Sleep Medicine, Nephrology, Adult and Pediatric Neurology and Developmental and Behavioral Pediatrics. All 28 clinical facilities throughout our network serve Medicaid FFS and Managed Medicaid beneficiaries. CapitalCare practitioners provide the following services to children and adults: preventive health services and immunizations, acute same-day care for illnesses and minor injuries, and management of patients with complex chronic diseases, including care coordination. In several of our communities--notably Berne, Ravena and Ballston Spa--CapitalCare is the major provider or the only provider of outpatient services. In Ravena, our percentage of Medicaid patients by volume was 16.9%. Many residents of these communities cannot easily travel to the Federally-Qualified Health Centers or other safety-net providers located in Schenectady or Albany County. In addition, CapitalCare provides the vast majority of services in Developmental and Behavioral Pediatrics (DBP) in the Capital Region; our percentage of Medicaid by volume in our DBP office was 48.7%. CapitalCare operates seven primary care offices in Schenectady County and also serves a substantial number of Schenectady County residents at our two offices in Guilderland, which are situated in close proximity to the Albany-Schenectady County line. The percentage of Medicaid patients by volume at our Pediatrics office in the City of Schenectady was 17.2%. Due to our large number of practitioners serving Schenectady County we are among the top three providers of services to Medicaid beneficiaries in the County and we believe it is unlikely that the safety-net providers have the capacity to accommodate the large number of patients that we serve. Group-wide, we have seen an increase in Medicaid patients by volume from 2013 to 2014, presumably due to implementation of the ACA. All but two of our 21 primary care offices are NCQA-certified as Level 3 Patient-Centered Medical Homes, or are in the process of achieving that certification. Each of our outpatient facilities is supported by a Central Business Office that provides administrative and clinical support services, the latter of which include a Clinical Quality Team comprising four Clinical Quality Analysts, a Director of Clinical Services and a Manager of Clinical Quality Initiatives, all under the guidance of the Chief Medical Officer. We believe that our facilities and providers will enhance the network of services for the PPS in the communities we serve by offering convenient, community-based healthcare delivered by highly-performing teams of health care professionals in an environment in which significant primary care practice transformation has already taken place.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name _____ 5
 Title Chief Medical Officer
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Carl Contino, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 00613525 1417922154
 Agency Code:
 Billing Entity ID:
 Address 237 Linwood Ave. Fl 2 Buffalo NY 14209
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1566

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Buffalo, NY Location: 237 Linwood Ave. Fl 2, Buffalo, NY 14209 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Carl Contino, MD; MMIS#: 00613525; NPI: 1417922154; License #: 082841

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	2%	EMR	2013-2014

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in in the high poverty Buffalo Medically Underserved Area is inadequate.
 The General Physicians PC – Buffalo, NY primary care location serves the South Buffalo Lackawanna Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering the level and need and Medicaid population. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).
 This office location is in the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 23,419 resident Medicaid and uninsured population in the South Buffalo Lackawanna Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Child and Adolescent Health Associates
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Pediatrician
 Operating Certificate/License #: _____ MMIS*: 601818 NPI*: 1861589384
 Unique Identifiers: _____ Agency Code: _____ Billing Entity ID: _____
 Address: 513 Washington St Ste. 1 City: Watertown State: NY Zip: 13601

III. Appeal Point of Contact

Contact Person: Brian Marcolini
 Title: Director
 Contact Phone: 315-755-2020 Extension: 31
 Contact Email: bmarcolini@fdrhpo.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	1%	EMR	2013

VIII. Yes I hereby certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Brian Marcolini
 Title: Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1806

Child and Adolescent Health Associates is a group of 4 pediatricians and 2 mid-levels. Their office is centrally located in Watertown. Watertown is the county seat for Jefferson County and currently has 27,161 residents but is frequently visited and sought out by the surrounding areas. Jefferson County has a population of 116,299, with the majority of these patients receiving care within Watertown. Watertown is an underserved population in regards to Healthcare. Watertown continues to face the challenge of lack of primary care services, and pediatrics continues to be an area that is significantly impacted. Currently in the DSRIP application there is only two other providers of pediatric services one being a FQHC and another independent pediatric group that covers Jefferson County. With the importance being put on behavioral health, preventive care, obesity, asthma, and diabetes we feel that pediatricians play a crucial role in being able to transform the pediatric healthcare system not only for Medicaid but for all. If we positively impact them as youth chances are good behaviors continue into adulthood. If the two independent pediatric offices are not considered as vital access providers there is a very large probability of the network, not being able to meet any of the criteria that involves the pediatric population. Currently Child and Adolescent Health Associates takes care of 15% Medicaid and Uninsured patients, if you were to add Child Health Plus into that date the office would be over 25%. Child Health plus is all too often left out of the calculations when looking into the Managed care breakdown. When looking at this tough to treat population and the population that DSRIP is targeting you should consider the amount of Child Health Plus a Vital Access Provider has.



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians, PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider-Physician Assistant
 Operating Certificate/License #: 012164 MMIS*: 02960736 NPI*: 1487833117
 Unique Identifiers: 012164 02960736 1487833117
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10 Westfield NY 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak,RN
 Title: Office manager
 Contact Phone: 716-326-4678 Extension: 236
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	in rosters and PPS	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
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Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

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Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam,MD
 Title: CEO Westfield Family Physicians,PC
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii iii

II. Appeal Applicant Information

Organization Name: Crystal Run Healthcare, LLP
 Joined PPS: Westchester Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPSs. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician Group
 Operating Certificate/License #: NA
 MMIS*: 2409709
 NPI*: 1952376410
 Unique Identifiers: NA
 Agency Code:
 Billing Entity ID:
 Address: 155 Crystal Run Road
 City: Middletown
 State: NY
 Zip: 10941

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3491

Crystal Run Healthcare (CRHC) is providing substantial care to the safety net population of the lower Hudson Valley. Using Medicare's definition of active patient as a patient seen once in the last three years, we estimate that we have provided services to 85% (15,088) of the Medicaid population in Sullivan County and 43% (30,303) in Orange County. Although not meeting the safety net provider definition, CRHC is clearly an essential provider of health care to the Medicaid, dual-eligible and uninsured residents of our region.

The Westchester Medical PPS is developing a regional approach to system transformation for the Hudson Valley. This region has experienced a dramatic growth in Medicaid enrollment and increases in minority and aging populations. Total NYS Medicaid spend is approx. \$3.8B across in this region. Data suggests that there is significant variation in health care indicators and access to care across this geography. Our executives are actively participating on the PPS executive leadership committee and serving in advisory roles for project development.

CRHC is delivering value based care to a significant percentage of the Medicaid population. CRHC capabilities (attachments A-D) such as data analytics, best practices, transitional care protocols, and care management strategies are fundamental to successful DSRIP implementation. CRHC has a strong track-record in providing comprehensive, patient-centered care that is supported by a sophisticated infrastructure: accreditation by the Joint Commission; designations as NCOA Level III PCMH across all primary care and pediatric sites; the only accredited NCOA Level II ACO in NYS; the first of 27 MSSP ACO participants in the country; and shared savings agreements with multiple commercial payers and Managed Medicaid plans. CRHC has surpassed quality metrics across a number of these initiatives. CRHC also has traditional and transformational management services, including risk management (i.e. data analysis, risk contracting) and care optimization (i.e. care facilitation, physician engagement training.)

DSRIP is an opportunity to work with our regional partners to promote integration, collaboration, and clinical excellence. Our 300+ physicians cover 40 medical and surgical specialties and maintain privileges at Orange Regional Medical Center, Catskill Regional Medical Center, St. Anthony Community Hospital, St. Luke's-Cornwall Hospital, Westchester Medical Center, Nyack Hospital, and Good Samaritan Hospital. In our primary hospitals, we provide on call coverage for the specialty services we provide. In our region, we are the: (1) largest providers of care to the frail elderly and the developmentally disabled; (2) only pediatricians on staff at Catskill Regional Medical Center where we cover 100% of the births and emergency room call; (3) major provider at Achieve Rehab, Valley View Center for Nursing Care and Rehabilitation, Middletown Park Rehab & Health Care Center, Ramapo Manor Center for Rehabilitation and Nursing; and Highland Rehab; and (4) provider of primary and specialty care to the Center for Discovery.

The total number of distinct Medicaid patients that we serve continues to grow: 21,128 (2011); 25,831 (2012); 28,915 (2013); 30,493 (YTD.) Based on our substantial and growing contribution to the care of the safety net population in the lower Hudson Valley and our experience in successfully transforming care, CRHC should be granted vital access provider status.

III. Appeal Point of Contact

Contact Person: Michelle Koury, M.D.
 Title: Chief Operating Officer
 Contact Phone: 845-703-6107
 Contact Email: mkoury@crystalrunhealthcare.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%	1%	Internal Analysis	1/1/13-1/1/14

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Michelle A. Koury, MD
 Title: Chief operating officer
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Dale L. Deahn, M.D., P.C.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 150120
 MMIS*: 711064
 NPI*: 1871573378
 Unique Identifiers: 150120
 Agency Code:
 Billing Entity ID:
 Address: 401 Main Street
 City: Arcade
 State: NY
 Zip: 14009

III. Appeal Point of Contact

Contact Person: Amy Gilbert
 Title: Manager
 Contact Phone: 585-492-5088
 Extension: 32
 Contact Email: agilbertoffice@yahoo.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	20%	5%	EMR	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
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Character Count: 583

We are a 5 provider Family Practice office located in Arcade. We serve approximately 5000 patients. Arcade is in a federally qualified physician shortage area. There is only one other family practice physician in the community and has been so for the past 29 years. We are a level 3 PCMH recognized practice. We have always scored very high on any reporting matrix with all the insurance companies, ACOs, IPAs and IPRO. We have served this community for almost 30 years and are familiar with the needs of the population and its barriers to access to care in our rural area.

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Dale L. Deahn, M.D.
 Title: owner
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: _____
 Joined PPS: Finger Lakes PPS

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Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: _____ MMIS* _____ NPI* _____
 Unique Identifiers: 173875-1 _____ 1104810944
 Agency Code: _____
 Billing Entity ID: _____
 Address: 12 Martin St City: Wellsville State: NY Zip: 14895

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Character Count: 679

III. Appeal Point of Contact

Contact Person: Tracy Gates (Dr. Christopher R Depner MD)
 Title: Hospital CFO
 Contact Phone: 585-596-4004 Extension: _____
 Contact Email: gatest@jmhny.org

Dr. Depner is an essential provider in the Allegany County Community, serving a heavy Medicare and dual eligible population. One of the DSRIP projects selected for the Finger Lakes PPS is related to reducing readmissions. Dr. Depner admits approximately 50% of the local hospital patients. His ability to impact the readmission number is significant and his involvement in DSRIP for this project will be key. In addition to Dr. Depners connection to the nursing home population and readmissions, the Hornell market is failing and we are anticipating we will need to take additional Medicaid patients into the practice which will also increase Dr. Depner's DSRIP participation.

IV. Please choose the following VAP Exception:

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	s	4%	Internal	2013

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Tracy Gates
 Title: CFO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

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You have chosen the following VAP Exception: i

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Provider Type: Other
 Provider Type - Other: Primary Care Provider-MD
 Operating Certificate/License #: 142899
 MMIS*: 00722069
 NPI*: 1487629515
 Unique Identifiers: 142899
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10
 City: Westfield
 State: NY
 Zip: 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak, RN
 Title: Office Manager
 Contact Phone: 716-326-4678
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

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Character Count: 3143

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Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
 Title: CEO Westfield Family Physicians, PC
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Elizabeth O'Neill, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 02845792 1346204377
 Agency Code:
 Billing Entity ID:
 Address 1412 Sweethome Rd Amherst NY 14228

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1337

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Amherst, NY Location: 1412 Sweethome Rd, Amherst, NY 14228 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Elizabeth O'Neill, MD; MMIS#: 02845792; NPI: 1346204377; License #: 193863

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	2%	EMR	2013-2014

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in the East Amherst Clarence Primary Care Service Area (PCSA) north of the high poverty Buffalo Medically Underserved Area is inadequate. The General Physicians PC – Amherst, NY primary care location serves the East Amherst Clarence PCSA. The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 8,844. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the East Amherst Clarence PCSA is rate is 1,844/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also secondarily serves the extremely high need Buffalo HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Faiza Wajid, MD
 Joined PPS: Erie County Medical Center Corporation

**** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 03735095 1326359126
 Agency Code:
 Billing Entity ID:
 Address City State Zip
 Address 517 Sunset Dr Hamburg NY 14075

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	9%	2%	EMR	2013-2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1466

General Physicians PC - A multi-specialty medical group
 Hamburg, NY Location: 517 Sunset Dr, Hamburg, NY 14075 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Faiza Wajid, MD; MMIS#: 03735095; NPI: 1326359126; License #: 271789

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County. The General Physicians PC – Hamburg, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This office location is not far from the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,769 resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Answer Yes No

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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family Health Medical Services, PLLC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 007012
 MMIS*: 02342107
 NPI*: 1124019948
 Agency Code:
 Billing Entity ID:
 Address: 95 E. Chautauqua St. City: Mayville State: NY Zip: 14757
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3498

III. Appeal Point of Contact

Contact Person: Diane Franklin
 Title: Project Manager
 Contact Phone: 716-753-7107 Extension: 104
 Contact Email: diane.franklin@fhmsmed.com

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	47%	19%	EHR-Medent	2013-2014

As a group, Family Health Medical Services (FHMS) serves approximately 7,808 Medicaid patients (Includes FFS, Managed Care,) and 3,647 uninsured patients as a large Family Practice in Chautauqua County. Four out of 15 of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. Many of the providers in that PPS are located in the Buffalo area which is approximately 60 miles away.

FHMS serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHeLINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at FHMS will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Robert Berke, MD
 Title: Owner/Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Family Health Medical Services, PLLC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 008740
 MMIS*: 02651650
 NPI*: 1437140423
 Unique Identifiers: 008740
 Agency Code:
 Billing Entity ID:
 Address: 95 E. Chautauqua St. City: Mayville State: NY Zip: 14757

III. Appeal Point of Contact

Contact Person: Diane Franklin
 Title: Project Manager
 Contact Phone: 716-753-7107 Extension: 104
 Contact Email: diane.franklin@fhmsmed.com

IV. Please choose the following VAP Exception:

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V. Percentage of Medicaid & Uninsured members that your facility serves

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Character Count: 3498

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

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Name: Robert Berke, MD
 Title: Owner/Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Family Health Medical Services, PLLC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 015235
 MMIS*: 03406177
 NPI*: 1528345469
 Unique Identifiers: 015235
 Agency Code:
 Billing Entity ID:
 Address: 95 E. Chautauqua St. City: Mayville State: NY Zip: 14757

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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Character Count: 3498

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III. Appeal Point of Contact

Contact Person: Diane Franklin
 Title: Project Manager
 Contact Phone: 716-753-7107 Extension: 104
 Contact Email: diane.franklin@fhmsmed.com

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I. Are you a Medicaid Provider

Answer Yes No

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II. Appeal Applicant Information

Organization Name: Family Health Medical Services, PLLC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 011192
 MMIS*: 03163022
 NPI*: 1982695839
 Unique Identifiers: 011192
 Agency Code:
 Billing Entity ID:
 Address: 95 E. Chautauqua St. City: Mayville State: NY Zip: 14757

III. Appeal Point of Contact

Contact Person: Diane Franklin
 Title: Project Manager
 Contact Phone: 716-753-7107 Extension: 104
 Contact Email: diane.franklin@fhmsmed.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	47%	19%	EHR-Medent	2013-2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3498

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

As a group, Family Health Medical Services (FHMS) serves approximately 7,808 Medicaid patients (Includes FFS, Managed Care,) and 3,647 uninsured patients as a large Family Practice in Chautauqua County. Four out of 15 of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. Many of the providers in that PPS are located in the Buffalo area which is approximately 60 miles away.

FHMS serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHeLINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at FHMS will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Robert Berke, MD
 Title: Owner/Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Finger Lakes Medical Associates, LLP
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician practice
 Operating Certificate/License #: _____ MMSIS*: _____ NPI*: _____
 Unique Identifiers: _____
 Agency Code: _____
 Billing Entity ID: _____
 Address: 200 North Street City: Geneva State: NY Zip: 14456
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2079

III. Appeal Point of Contact

Contact Person: Lewis Irvin
 Title: CAO
 Contact Phone: 315-787-5199 Extension: _____
 Contact Email: Lew.irvin@flhealth.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	21%	2%	PM	2014

We feel that we are well suited for the DSRIP Grant for the following reasons:

1. We feel we can satisfy and exceed the selection criteria.
 - a. We have a significant number of patients who are Medicaid and Medicare eligible.
 - b. We are actively utilizing electronic medical record and have been for the past two years.
 - c. We have 13.00 FTE providers in adult, pediatric and family medicine practice.
 - d. We are in a socioeconomically diverse community.
2. We believe that we can accomplish the goals set forth in this program, because:
 - a. We provide high quality conservative medical care and use a team-based approach that includes mid-level providers, nurses and support staff that effectively communicate with patients and participate in the coordination of services to ensure timeliness and follow through.
 - b. Our clinical staff have participated in a number of pilot projects through Monroe Plan For Medical Care, such as the NCOA Diabetes Recognition Physician Outreach Program and the Pediatric Asthma Care Project (PACE). In both situations we've exceeded the expectations of the projects. We also received PCMH level 3 certification by the NCOA May of 2014.
 - c. We have a significant number of at-risk patients in our service market.
 - d. We have service providers in Ontario and in Yates County.
 - e. We offer a number of support services to enhance the care of our patients, such as a Coumadin clinic, Childbirth education classes, Diabetic teaching and Group sessions, Cardiac echo, stress echo and obstetric/gynecologic ultrasound. We have facilitators on the premise to help patients enroll in the many managed care plans that are available in our region.
 - f. We have a number of subspecialists working in our office, such as cardiology, urology, nephrology, gastroenterology and obstetrics and gynecology to support continuity and improve communication among the care providers.
 - g. We have and will continue to demonstrate a willingness to Partner with area organizations to support innovative care delivery systems focused on improvements in health care.

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Lewis Irvin
 Title: CAO
 Answer: CAP No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Franklyn Campagna, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 00613492 1063488542
 Agency Code:
 Billing Entity ID:
 Address: 237 Linwood Ave. Fl 2 Buffalo NY 14209
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1570

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Buffalo, NY Location: 237 Linwood Ave. Fl 2, Buffalo, NY 14209 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Franklyn Campagna, MD; MMIS#: 00613492; NPI: 1063488542; License #: 082623

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in in the high poverty Buffalo Medically Underserved Area is inadequate.

The General Physicians PC – Buffalo, NY primary care location serves the South Buffalo Lackawanna Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering the level and need and Medicaid population. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This office location is in the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 23,419 resident Medicaid and uninsured population in the South Buffalo Lackawanna Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** **When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Tat-Sum Lee, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 00600702 NPI*: 1477500304
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 3839 Vineyard Dr City: Dunkirk State: NY Zip: 14048

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1524

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	12%	2%	EMR	2013-2014

General Physicians PC - A multi-specialty medical group
 Dunkirk, NY Location: 3839 Vineyard Dr, Dunkirk, NY 14048 (Chautauqua County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Tat-Sum Lee, MD; MMIS#: 00600702; NPI: 1477500304; License #: 126308

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Gordon Comstock, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 00603778 NPI*: 1972596229
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 263 Liberty St, Arcade, NY 14009

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1577

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Arcade, NY location: 263 Liberty St, Arcade, NY 14009 (Wyoming County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Gordon Comstock, MD; MMIS#: 00603778; NPI: 1972596229; License #: 134678

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Wyoming, southern Erie and northern Cattaraugus and Allegany Counties.

The General Physicians PC - Arcade, NY primary care location serves the Warsaw Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This provider office is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Warsaw PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).

This location also serves the rural Cattaraugus County HPSA, Allegany County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii** - The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians-MD
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 168596 01032475 1942275441
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10 Westfield NY 14787
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak,RN
 Title: Office manager
 Contact Phone: 716-326-4678 Extension: 236
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	ance roster and	2014

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
 Title: CEO Westfield Family Physicians, PC
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer: Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Grant W. Stephenson, MD
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPS's" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Sole proprietor/ Family Practice
 Operating Certificate/License #: 170427
 MMIS*: 01041730
 NPI*: 1720055999
 Unique Identifiers: 170427
 Agency Code:
 Billing Entity ID:
 Address: 1 1/2 Goodrich St. City: Ripley State: NY Zip: 14775-0693

III. Appeal Point of Contact

Contact Person: Annie Watson
 Title: Office Manager
 Contact Phone: (716)736-6300 Extension:
 Contact Email: watson2102@fairpoint.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	25%	4%	Kareo	2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3311

Chautauqua County is one of the largest rural and most impoverished counties in New York. It is consistently ranked as one of the state's poorest communities characterized by a shrinking and aging population, poverty, and difficulty accessing healthcare. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 census). Per Salient Data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1065 mi.² and is divided with population centers in the north (Dunkirk/Fredonia) and South (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in primary care, dental care, and mental health. As a sole proprietor in family medicine, Grant W. Stephenson, MD serves approximately 848 Medicaid patients and 124 uninsured patients as a primary care practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas the majority of Medicaid patients are not served by clinics and FQHC's, but rather they are scattered across the private provider network. There are currently 3 small Article 28 clinics serving an estimated 5000 -6000 Medicaid lives. The lack of reliable, affordable transportation by low income individuals living in the county means Medicaid patients must be served in their own communities as they cannot easily travel to other providers in the Catholic Medical Partners PPS to receive the services required to manage their care on a regular basis. As the only Family Practice in the Ripley area, Medicaid patients of all ages have access to quality primary care services including newborn care, pediatrics, adult and geriatric medicine, and women's health. It is also the only practice to offer obstetrical services north of Jamestown or west of Dunkirk/Fredonia. As a provider, I would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of healthcare providing access to quality services and meeting the needs of consumers as well as providers through clinical transformation. Some of the projects supported in the county include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHelink, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, chronic disease self-management programs, and Care Transitions Intervention. These activities align with the proposed DSRIP domain projects. My practice would also potentially have access to technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers such as myself must be included as full participating members of a PPS. The services and infrastructure already in place at Grant W Stephenson, MD will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Grant W. Stephenson, MD
 Title: MD/ OWNER
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Guthrie Medical Group, P.C.
 Joined PPS: United Health Services Hospitals, Inc

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Group
 Operating Certificate/License #: N/A
 MMIS*: 2079481
 NPI*: 1245246644
 Unique Identifiers: N/A
 Agency Code:
 Billing Entity ID:
 Address: 1 Guthrie Square, Sayre, PA, Zip: 18840

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3336

III. Appeal Point of Contact

Contact Person: Rita Urbanek
 Title: Patient Safety, Program Manager
 Contact Phone: 607-937-7572
 Contact Email: rurbanek_rita@guthrie.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	13%	9%	DBMS Query	2013

Guthrie Medical Group (GMG) has 18 clinic locations in the Southern Tier NY service area, closely following the footprint served by the UHS PPS. The PPS vision is to optimize the Medicaid beneficiary's health outcomes by engaging participants in coordinated delivery of care that utilizes the most appropriate, cost effective setting given medical, behavioral and social needs. The project selection focuses on the common disease states and ambulatory sensitive conditions that are associated with higher rates of preventable admissions and emergency room use. It is critical that the PPS successfully integrate care delivery through an effective shared community based care coordination model. In the counties of Tioga, Chemung, and Steuben, the total number of primary care physicians per 100,000 individuals is below the state and national levels for all three NY counties. In every NY county except Tioga County, the average number of individuals living below the poverty level is greater than the national average. In addition, a lack of consistent source of primary care was also identified by the Corning Hospital CHNA as a need of the community. This information was derived from self-reported data, adults aged 18 or older who felt they did not have at least one person who they thought of as their personal doctor or health care provider. Although current Medicaid patient base is 13% for GMG, there is significant opportunity to expand and impact the health of these patients. GMG is uniquely positioned in the PPS to impact the primary care access concerns in Chemung, Steuben, and Tioga counties. Without GMG being included, these communities will not be adequately addressed by the PPS. GMG also plays a significant role in access to specialty care. In the Cancer service line, Guthrie participates in the cooperative group programs through the National Clinical Trial Network sponsored primarily by the National Cancer Institute. This allows Guthrie to provide the community it serves access to a broader range of clinical trials that study new cancer treatments. Through this participation we have over 30 trials open for enrollment which cover a number of therapeutic areas including lung, breast, colon, hematologic disorders, pancreatic, esophageal, and renal cancers. Cancer mortality rate per 100,000 in the counties the PPS and GMG share is 164.6 in Schuyler, 201.2 in Steuben, 206.6 in Chemung, and 188.2 in Tioga. The PPS has chosen to specifically target cardiovascular health as a priority project. GMG offers cardiology services at 7 separate clinic locations across the Southern Tier, increasing access that would not be as widely available to the PPS community without GMG. Heart disease death rate per 100,000 in these counties is 154.5 in Schuyler, 135.1 in Steuben, 125.7 in Chemung, and 125.9 in Tioga. Further, the PPS partners do not include a comprehensive list of medical group practices that can match Guthrie's wide breadth of services under one organization. GMG's use of the EHR (EPIC) also provides a significant advantage to the PPS since it is already fully integrated between all clinic locations. The structure, resources, location, and range of specialty and primary services available with GMG would significantly increase the feasibility of achieving the stated goals of the PPS.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Joseph Scopelliti, MD
 Title: CEO, The Guthrie Clinic
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Howard T. Meny MD, PC
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Practice Provider
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 03464826 1205031937
 Agency Code:
 Billing Entity ID:
 Address 7785 N STATE ST STE 320 City Lowville State NY Zip 13367
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1779

III. Appeal Point of Contact

Contact Person Brian Marcolini
 Title Director
 Contact Phone 315-755-2020 Extension 31
 Contact Email bmarcolini@fdrhpo.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	5%	EMR	2013

Lowville, NY is part of Lewis County one of NYS most rural counties. Lewis county has a population of 27,149 and a unemployment rate of 7.1%. Lewis County is made up of two distinct areas, Adirondack Park and the Tug Hill Plateau. There are currently 21.3 people per square mile within Lewis County. Lowville NY is one of those towns within Lewis County, thier population is 3,459. The per capita income is \$21,968 with 15% of Lowville residents falling under the povety line. Currently Dr Meny and his practice which consists of himself, Dr Monica Kwicklis and Nurse Practioner Tammy Camidge serve the Medicaid population. Dr Meny's family practice currently is made up of 32.5% Medicaid, Managed Medicaid, and Uninsured patients. Also of importance, if you were to include Child Health Plus into those calculations the practice would have 36% of thier patients coming from the population DSRIP is intending on serving and transforming healthcare for. Dr Meny's practice specializes in Newborn Care, Immunizations, Pediatrics, Adolescent and Adult Medicine, Geriatrics and Nursing Home Care. This rural area like other areas is lacking in the primary care services, but if this area was to lose a practice like Dr Meny's it would be devistating to both Lewis County and Lowville. As is the case for most areas Primary care services are dwindilling in Lewis County, if Dr Meny's practice was currently not serving the Medicaid population and still accepting new patients there would be only one other practice serving the medicaid population. That other practice currently only has 4% medicaid within thier practice. Please consider this appeal thouroughly, having the ability for DSRIP to assist Dr Meny and his team on the transformation of healthcare is absolutely critical.

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Brian Marcolini
 Title Director of North Country Initiative
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: JAMESTOWN PEDIATRIC ASSOCIATES
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: PEDIATRICS
 Operating Certificate/License #: 381058
 MMIS*: 3735173
 NPI*: 1922344159
 Unique Identifiers: 381058
 Agency Code:
 Billing Entity ID:
 Address: 816 FAIRMOUNT AVE
 City: JAMESTOWN
 State: NY
 Zip: 14701

III. Appeal Point of Contact

Contact Person: SCOTT SEIBERG
 Title: MANAGER
 Contact Phone: (716) 664-2589
 Extension: 4973
 Contact Email: PEDS@NETSYNC.NET

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	50%	5%	HER	2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 2886

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

As a group, Jamestown Pediatric Associates (JPA) serves approximately #4,500 Medicaid patients (Include FFS, Managed Care,) and #575 uninsured patients as a large Pediatric Practice in Chautauqua County. 5 out of 10 of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary, so we would like to include another. This VAP exception is for Allison Johnson CPNP. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs, but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis.

Jamestown Pediatric Associates serves pediatric Medicaid patients providing access to quality primary care services. Some of the projects that we are implementing include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHeLINK, PCMH and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at JPA will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: LYNN DUNHAM
 Title: MANAGING PARTNER
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Jamestown Primary Care
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 016685
 MMIS*: 03706407
 NPI*: 1417393927
 Unique Identifiers: 016685
 Agency Code:
 Billing Entity ID:
 Address: 17 Sherman St. Suite 2100
 City: Jamestown
 State: NY
 Zip: 14701
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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Character Count: 3137

III. Appeal Point of Contact

Contact Person: Kathleen Stanton
 Title:
 Contact Phone: 716-665-8184
 Extension:
 Contact Email: k.stanton@jamestownprimarycare.com

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

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Name: Patrick S. Collins, MD
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 Answer: Yes No
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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 138697
 MMIS*: 00722330
 NPI*: 1073511424
 Unique Identifiers: 138697
 Agency Code:
 Billing Entity ID:
 Address: 17 Sherman St. Suite 2100
 City: Jamestown
 State: NY
 Zip: 14701

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Contact Person: Kathleen Stanton
 Title:
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Provider Type: Other
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 Operating Certificate/License #: 333431
 MMIS*: 02518789
 NPI*: 1053339622
 Unique Identifiers: 333431
 Agency Code:
 Billing Entity ID:
 Address: 17 Sherman St. Suite 2100
 City: Jamestown
 State: NY
 Zip: 14701

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 Provider Type - Other: Primary Care Provider
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 MMIS*: 01358552
 NPI*: 1215955984
 Unique Identifiers: 189247
 Agency Code:
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014030	1306157326	1306157326
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Name: Patrick S. Collins, MD
 Title: Partner
 Answer: Yes No
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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Jamestown Primary Care
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 175795
 MMIS*: 01213372
 NPI*: 1851319685
 Unique Identifiers: 175795
 Agency Code:
 Billing Entity ID:
 Address: 17 Sherman St. Suite 2100
 City: Jamestown
 State: NY
 Zip: 14701

III. Appeal Point of Contact

Contact Person: Kathleen Stanton
 Title:
 Contact Phone: 716-665-8184
 Extension:
 Contact Email: k.stanton@jamestownprimarycare.com

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Character Count: 3137

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 171050
 MMIS*: 01033210
 NPI*: 1215961347
 Unique Identifiers: 171050
 Agency Code:
 Billing Entity ID:
 Address: 17 Sherman St. Suite 2100
 City: Jamestown
 State: NY
 Zip: 14701

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Contact Person: Kathleen Stanton
 Title:
 Contact Phone: 716-665-8184
 Extension:
 Contact Email: k.stanton@jamestownprimarycare.com

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 235137
 MMIS*: 02637929
 NPI*: 1952329591
 Unique Identifiers: 235137
 Agency Code:
 Billing Entity ID:
 Address: 17 Sherman St. Suite 2100
 City: Jamestown
 State: NY
 Zip: 14701
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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 189244
 MMIS*: 01358570
 NPI*: 1235157926
 Unique Identifiers: 189244
 Agency Code:
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 Address: 17 Sherman St. Suite 2100
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Organization Name: Jefferson Family Medicine, P.C.
 Joined PPS: Finger Lakes PPS

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Provider Type: Other
 Provider Type - Other: Sole Community Providers
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 01038260 1578732608
 Agency Code:
 Billing Entity ID:
 Address 924 Jefferson Avenue City Rochester State NY Zip 14611

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 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
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Character Count: 2088

III. Appeal Point of Contact

Contact Person: Mark Brown
 Title: MD
 Contact Phone: 585-463-3870 Extension:
 Contact Email: missionsmark@gmail.com

Jefferson Family Medicine should be a safety net provider because greater than 30% of all patients have a Medicaid product or are dual eligible. We were not aware of the first appeal process to be added to the safety net provider list. Further, Jefferson Family Medicine (JFM) is located in a Health Provider Shortage Area in the inner city of Rochester, NY. The providers at Jefferson Family Medicine treat patients of all ages. The majority of our patients have incomes below the poverty line and live within walking distance of the practice. At JFM, 77% of our patients self-identify as African American. Many of our patients rely on public transportation to reach their medical appointments. We have agreed to allow the Rochester Public Transit to build a bus stop on our property to help accommodate these patients' transportation needs. Most of our patients have multiple co-morbidities and a low medical literacy. As diabetes is one of our most prevalent diagnosis, we run a bi-weekly diabetes education class discussing diet, medication and lifestyle changes to help patients better understand how to live with diabetes. Without Jefferson Family Medicine most of our patients would rely on the emergency department for their medical care. Jefferson Family Medicine has 2 physicians and 2 nurse practitioners seeing between 40-50 patients a day. As a NCQA level III patient centered medical home, Jefferson Family Medicine is uniquely qualified to be the gatekeepers for our patients' medical treatments and well being. JFM tracks and manages all open laboratory and imaging orders and all referrals made on behalf of our patients to ensure that appointments are made and kept. We also monitor hospitalizations and emergency department visits; helping to educate our patients on their appropriate usage. Jefferson Family Medicine is also involved in the Greater Rochester Health Home Network. Through our association with this organization we provide care management to Medicaid patients and help to provide services for patients requiring housing, and other social services.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	54%	6%	EHR	2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Mark Brown
 Title: MD, VP Jefferson Family Medicine
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Jennifer Ruh, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 01830331 1891814028
 Agency Code:
 Billing Entity ID:
 Address: 3725 N Buffalo Rd City: Orchard Park State: NY Zip: 14127
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1482

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Orchard Park, NY Location: 3725 N Buffalo Rd, Orchard Park, NY 14127 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Jennifer Ruh, MD; MMIS#: 01830331; NPI: 1891814028; License #: 187406

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County. The General Physicians PC – Orchard Park, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).
 This office location is near by the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
 This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,769 resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	13%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Jordan Christy PA
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 03529426 1780932822
 Agency Code:
 Billing Entity ID:
 Address: 100 Ohio St, Medina, NY 14103

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1537

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Jordan Christy PA; MMIS#: 03529426; NPI: 1780932822; License #: 015817

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	25%	2%	EMR	2013-2014

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties. The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).

This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Karen Manning NP
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 02209070 NPI*: 1114909066
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 210 E Main Street City: Springville State: NY Zip: 14141

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1412

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Karen Manning NP; MMIS#: 02209070; NPI: 1114909066; License #: F332545

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern Cattaraugus and Chautauqua Counties.
 The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
 In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
 This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	29%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Kathleen Kait NP
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 02503859 170208028
 Agency Code:
 Billing Entity ID:
 Address: 515 Swan St, Dunkirk, NY 14048
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1518

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Dunkirk, NY Location: 515 Swan St, Dunkirk, NY 14048 (Chautauqua County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Kathleen Kait NP; MMIS#: 02503859; NPI: 170208028; License #: 301371

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	27%	2%	EMR	2013-2014

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Kathleen Simms NP
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 03308803 1194058966
 Agency Code:
 Billing Entity ID:
 Address: 100 Ohio St, Medina, NY 14103

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1539

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Kathleen Simms NP; MMIS#: 03308803; NPI: 1194058966; License #: F301582

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties. The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).

This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** **When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	29%	2%	EMR	2013-2014

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Kelsey Stack, MD
 Joined PPS: Upstate University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 262832
 MMIS*: 03428026
 NPI*: 1033344049
 Unique Identifiers: 262832
 Agency Code:
 Billing Entity ID:
 Address: 750 East Adams Street
 City: Syracuse
 State: NY
 Zip: 13210

III. Appeal Point of Contact

Contact Person: Rick Platis
 Title: Coordinator, Meaningful Use and Quality Incentives
 Contact Phone: 315-464-5181
 Contact Email: platisr@upstate.edu

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	37%	n/a	EHR	CY 2013

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Lorraine Manzella
 Title: Administrative Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 594

This VAP exception is requested for an emergency medicine physician affiliated with Upstate University Health System. Upstate University Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine physician engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (46 Medicaid/126 total encounters = 36.51% Medicaid).



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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Ken Osborn PA
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 01274304 1417939943
 Agency Code:
 Billing Entity ID:
 Address 210 E Main Street City Springville State NY Zip 14141
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1411

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Ken Osborn PA; MMIS#: 01274304; NPI: 1417939943; License #: 003354-1

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern Cattaraugus and Chautauqua Counties.

The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).

In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	26%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians,PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider-MD
 Operating Certificate/License #: 188164
 MMIS*: 01387062
 NPI*: 1003884289
 Unique Identifiers: 188164
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10
 City: Westfield
 State: NY
 Zip: 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak,RN
 Title: Office manager
 Contact Phone: 716-326-4678
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	in rosters and PPS	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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You chose the qualification i, in the space below please include:

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- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
 Title: CEO Westfield Family Physicians,PC
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Lake Erie Medical Services, PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 270871
 MMIS*: 03518187
 NPI*: 1437409638
 Unique Identifiers: 270871
 Agency Code:
 Billing Entity ID:
 Address: 268 W Main St Suite 2
 City: Fredonia
 State: NY
 Zip: 14063

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3461

III. Appeal Point of Contact

Contact Person: Vanessa Campbell
 Title: Credentialing Specialist and Billing Supervisor
 Contact Phone: 716-672-2000
 Extension: 206
 Contact Email: vcampbell@lakeeriehealth.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	46%	2%	PM	2014

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care, and Mental Health. Lake Erie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014 (Includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs' but rather they are scattered across the provider network. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access to quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHeLINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice would also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are already in place at Lake Erie Medical Services will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: John R Tallett, MD
 Title: President
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Lake Erie Medical Services, PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 271432
 MMIS*: 03386270
 NPI*: 1356534713
 Unique Identifiers: 271432
 Agency Code:
 Billing Entity ID:
 Address: 268 W Main St Suite 2
 City: Fredonia
 State: NY
 Zip: 14063

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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Character Count: 3461

III. Appeal Point of Contact

Contact Person: Vanessa Campbell
 Title: Credentialing Specialist and Billing Supervisor
 Contact Phone: 716-672-2000
 Extension: 206
 Contact Email: vcampbell@lakeeriehealth.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	46%	2%	PM	2014

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care, and Mental Health. Lake Erie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014 (Includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs' but rather they are scattered across the provider network. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access to quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHeLINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice would also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are already in place at Lake Erie Medical Services will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: John R Tallett, MD
 Title: President
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Lake Erie Medical Services, PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 276408
 MMIS*: pending
 NPI*: 1407112105
 Unique Identifiers: 276408
 Agency Code:
 Billing Entity ID:
 Address: 268 W Main St Suite 2
 City: Fredonia
 State: NY
 Zip: 14063

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3492

III. Appeal Point of Contact

Contact Person: Vanessa Campbell
 Title: Credentialing Specialist and Billing Supervisor
 Contact Phone: 716-672-2000
 Extension: 206
 Contact Email: vcampbell@lakeeriehealth.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	46%	2%	PM	2014

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care, and Mental Health. Lake Erie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014 (Includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs' but rather they are scattered across the provider network. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access to quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHeLINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice would also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are already in place at Lake Erie Medical Services will only enhance the ability of the PPS to achieve project goals and improve patient outcomes. Medicaid Tracking# 142510264.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: John R Tallett, MD
 Title: President
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Lake Erie Medical Services, PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 275052
 MMIS*: pending
 NPI*: 1720214349
 Unique Identifiers: 275052
 Agency Code:
 Billing Entity ID:
 Address: 268 W Main St Suite 2
 City: Fredonia
 State: NY
 Zip: 14063

III. Appeal Point of Contact

Contact Person: Vanessa Campbell
 Title: Credentialing Specialist and Billing Supervisor
 Contact Phone: 716-672-2000
 Extension: 206
 Contact Email: vcampbell@lakeeriehealth.org

IV. Please choose the following VAP Exception:

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- iii Any state-designated health home or group of health homes. **

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	46%	2%	PM	2014

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: John R Tallett, MD
 Title: President
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3461

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care, and Mental Health. Lake Erie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014 (Includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs' but rather they are scattered across the provider network. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access to quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHeLINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice would also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are already in place at Lake Erie Medical Services will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider-MD
 Operating Certificate/License #: 233677
 MMIS*: 02586029
 NPI*: 1003381400
 Unique Identifiers: 233677
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10
 City: Westfield
 State: NY
 Zip: 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak, RN
 Title: Office Manager
 Contact Phone: 716-326-4678
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	Insurance roster	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
 Title: CEO Westfield Family Physicians, PC
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Letchworth Family Medicine- Barb Walker, NP
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2995040	1295727949	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	3 Handley St	Perry	NY	14530

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1096

III. Appeal Point of Contact

Contact Person	Linda Franke		
Title	Practice Facilitator		
Contact Phone	716-816-7267	Extension	
Contact Email	frankelqmc@gmail.com		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	11%	2%	EMR	2013-2014

Letchworth Family Medicine
3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
Vital Access Provider within the ECMC Performing Provider System
Provider: Barb Walker, NP; NPI 1295727949; MMIS 2995040; License # F330129
There are no other Wyoming County Safety Net designated providers in the ECMC PPS at this time. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) this area is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).
This location is in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map showing HPSA areas and the VAP location (black push pin).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name J. Thomas Reagan, MD

Title Owner

Only appeals from the CEO, CFO or comparable will be accepted

Answer
 Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Letchworth Family Medicine- Daniel Zerbe, MD
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1745094	1033101720	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	Address 3 Handley St	Perry	NY	14530

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1377

III. Appeal Point of Contact

Contact Person	Linda Franke		
Title	Practice Facilitator		
Contact Phone	716-816-7267	Extension	
Contact Email	frankelqmc@gmail.com		

Letchworth Family Medicine
3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
Vital Access Provider within the ECMC Performing Provider System
Provider: Daniel Zerbe, MD; NPI 1033101720; MMIS 01745094; License # 1999761

Needed as Vital Access Providers within the ECMC Performing Provider System
Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin) and nearest Safety Net locations (white stars).
Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin).
This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VAP location (black push pin).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name J. Thomas Reagan, MD Yes No
 Title Owner
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Letchworth Family Medicine- Julie Grover, NP
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1922930	1003808296	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	3 Handley St	Perry	NY	14530

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1377

III. Appeal Point of Contact

Contact Person	Linda Franke		
Title	Practice Facilitator		
Contact Phone	716-816-7267	Extension	
Contact Email	frankelqmc@gmail.com		

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	9%	2%	EMR	2013-2014

Letchworth Family Medicine
3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
Vital Access Provider within the ECMC Performing Provider System
Provider: Julie Grover, NP; NPI 1003808296; MMIS 01922930; License # F332449

Needed as Vital Access Providers within the ECMC Performing Provider System
Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin) and nearest Safety Net locations (white stars).

Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin).

This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VAP location (black push pin).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name J. Thomas Reagan, MD Yes No
 Title Owner
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Letchworth Family Medicine- Mary Richards, NP
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2189435	1154380038	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	Address	3 Handley St	Perry	NY 14530

* REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1378

III. Appeal Point of Contact

Contact Person	Linda Franke		
Title	Practice Facilitator		
Contact Phone	716-816-7267	Extension	
Contact Email	frankelqmc@gmail.com		

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	9%	2%	EMR	2013-2014

Letchworth Family Medicine
3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
Vital Access Provider within the ECMC Performing Provider System
Provider: Mary Richards, NP; NPI 1154380038; MMIS 02189435; License # F331697

Needed as Vital Access Providers within the ECMC Performing Provider System
Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin) and nearest Safety Net locations (white stars).

Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin).

This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VAP location (black push pin).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name J. Thomas Reagan, MD Yes No
 Title Owner
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Letchworth Family Medicine- Rodney Logan, MD
Joined PPS:	Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other		
Provider Type - Other:	Primary Care		
Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:	604140	1811989015	
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
3 Handley St	Perry	NY	14530

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1375

III. Appeal Point of Contact

Contact Person	Linda Franke
Title	Practice Facilitator
Contact Phone	716-816-7267
Contact Email	frankelqmc@gmail.com

Letchworth Family Medicine
3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
Vital Access Provider within the ECMC Performing Provider System
Provider: Rodney Logan, MD; NPI 1811989015; MMIS 00604140; License # 146686
Needed as Vital Access Providers within the ECMC Performing Provider System
Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin) and nearest Safety Net locations (white stars).
Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQ Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin).
This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VAP location (black push pin).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	8%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name J. Thomas Reagan, MD Yes No
 Title Owner
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Letchworth Family Medicine- J. Thomas Reagan, MD
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other		
Provider Type - Other:	Primary Care		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:		488546	1174515373
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
	Address 3 Handley St	Perry	NY 14530

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1380

III. Appeal Point of Contact

Contact Person	Linda Franke		
Title	Practice Facilitator		
Contact Phone	716-816-7267	Extension	
Contact Email	frankelqmc@gmail.com		

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	2%	EMR	2013-2014

Letchworth Family Medicine
3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
Vital Access Provider within the ECMC Performing Provider System
Provider: J. Thomas Reagan, MD; NPI 1174515373; MMIS 00488546; License # 136428
Needed as Vital Access Providers within the ECMC Performing Provider System
Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin) and nearest Safety Net locations (white stars).
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This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VAP location (black push pin).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name J. Thomas Reagan, MD Yes No
 Title Owner
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Letchworth Family Medicine, P.C.
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Practice
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 488564 1154313351
 Agency Code:
 Billing Entity ID:
 Address 3 Handley Street Perry NY 14530
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:
 a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1164

III. Appeal Point of Contact

Contact Person Daniel Zerbe
 Title MD
 Contact Phone (585) 237-6734 Extension
 Contact Email letchworthfamilymedicine@gmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	17%	21%	MEDENT	2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Zerbe
 Title Co-owner/partner
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

a. Letchworth Family Medicine is the only medical practice in the Town of Perry, and is the largest practice in Wyoming County. We believe we have usually been one of the only practices accepting adult Medicaid patients in the region until Oak Orchard opened part time in nearby Warsaw. We believe we are the largest Medicaid provider in our area. The population of Perry is 5,575 but in the last year we have seen 6,227 patients with 24,697 patient visits. Our practice is at the forefront of using our MEDENT EMR and meaningful use attestation for the good of patients as a medical home.
 b. We are a full spectrum family practice. We have no pediatrician practices in the county, and we are the largest pediatric provider in the county and the only practice covering pediatrics at Wyoming County Community Hospital. As a rural practice, we are uniquely challenged and equipped to serve patients from both the Rochester and the Buffalo regional health information exchanges. Our practice is made up of three physicians and three family nurse practitioners.
 c. More information about our practice is available at our website, www.letchworthfamilymedicine.com.



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: LIBERTY PEDIATRICS, PC
 Joined PPS: Westchester Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Pediatrics
 Operating Certificate/License #: 17864
 MMIS*: 1131213
 NPI*: 1477643856
 Unique Identifiers: 17864
 Agency Code:
 Billing Entity ID:
 Address: 39 old monticello rd
 City: ferndale
 State: ny
 Zip: 12734

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3500

III. Appeal Point of Contact

Contact Person: Colette Sheridan
 Title: Office Manager
 Contact Phone: 845-292-6684
 Extension:
 Contact Email: Libertypediatrics39@yahoo.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	62%	8%	report	2013

Liberty Pediatrics, PC an established pediatrics office located in Sullivan County has been providing patient care to families and children since 1989. Dr. Darshan Trivedi the owner and pediatrician at Liberty Pediatrics has an outstanding reputation within the community as well as many professional and business associated relationships. With previous affiliations with the local hospital Catskill Regional located in Harris NY for over 20 years, and now affiliations with Ellenville Regional Hospital located in Ulster County NY, Dr. Trivedi is very involved in surrounding patient care. With several school districts in the county and surrounding ones as well as a local college Liberty Pediatrics has developed a strong communication amongst their health services and our office. Providing continuing care and patient referrals as needed and working with patients families to help address their needs for health services. Liberty Pediatrics prioritizes our patient's health as the utmost importance and never turns away a sick child. Our staff works with the parents to call insurances if there is a lapse, delay, or error in the communication between them, to better help them understand what they can and need to do to fix the problem and have there child's insurance active and eligible. Our records indicate that in year 2013 the total patient volume of Medicaid, managed care, and uninsured patients we provided service for totaled 70%. We have been a member of the Vaccine for Children's immunization program as an effort to help all children receive their vaccines and required preventative services since 1994. Many of our patients struggle with reliable transportation, financial health care cost, and other geographical situations that affect their ability to come to the doctors routinely as needed. Liberty Pediatrics understands this and works with Medicaid Transportation services to help set up need appointments for children to our office as well as to referred specialist care. Our office is open six days a week Monday through Saturday to better accommodate parent's schedules, and avoid emergency room visits for non urgent matters. We provide an answering service that is available 24 hours seven days a week to reach Dr. Trivedi . We provide flexible scheduling and same day appointments as well as accept walk-ins. Liberty Pediatrics is among other pediatricians and healthcare facilities in the community that accepts straight Medicaid as well as managed care HMOS. Other providers that have a large cliental such as Crystal Run Healthcare do not participate with straight Medicaid and are unable to give patient care to patients such as: newborns with Medicaid insurance for the first 30 days before it switches to managed care plans, patients that have Medicaid as a primary or secondary insurance, patients with disabilities that are fully covered by Medicaid insurance, foster children that are under the state's care, etc. Our practice is currently in stage 2 of The Meaningful Use program as well, helping to keep our records up to date and our practice aware of needs of improvements and concerns regarding patient care. Becoming apart of The Westchester Medical PPS we feel we can help identify areas of needed improvement and conflict regarding Medicaid and managed Care Insurance patients, with hopes to assist in finding reasonable resolutions. As a practice we can offer vital information about Sullivan County to the PPS and the current network providers.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Colette Sheridan
 Title: Office Manager
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Linda Cole PA
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 01282397 1669454005
 Agency Code:
 Billing Entity ID:
 Address: 263 Liberty St, Arcade, NY 14009

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1572

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Arcade, NY location: 263 Liberty St, Arcade, NY 14009 (Wyoming County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Linda Cole PA; MMIS#: 01282397; NPI: 1669454005; License #: 004200

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Wyoming, southern Erie and northern Cattaraugus and Allegany Counties.

The General Physicians PC - Arcade, NY primary care location serves the Warsaw Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This provider office is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Warsaw PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).

This location also serves the rural Cattaraugus County HPSA, Allegany County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

** **When choosing VAP Exception iii** - The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Linda Fuller NP
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 03546590 1609045343
 Agency Code:
 Billing Entity ID:
 Address 515 Swan St Dunkirk NY 14048
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1519

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Dunkirk, NY Location: 515 Swan St, Dunkirk, NY 14048 (Chautauqua County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Linda Fuller NP; MMIS#: 03546590; NPI: 1609045343; License #: 306314

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%	2%	EMR	2013-2014

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: _____
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: _____ MMIS* _____ NPI* _____
 Unique Identifiers: F331354-1 _____ 1194710236
 Agency Code: _____
 Billing Entity ID: _____
 Address: 12 Martin St City: Wellsville State: NY Zip: 14895

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 698

III. Appeal Point of Contact

Contact Person: Tracy Gates (Linda Pullman NP)
 Title: Hospital CFO
 Contact Phone: 585-596-4004 Extension: _____
 Contact Email: gatest@jmhny.org

Linda Pullman NP is an essential provider in the Allegany County Community, serving a heavy Medicare and dual eligible population. One of the DSRIP projects selected for the Finger Lakes PPS is related to reducing readmissions. Linda Pullman admits a significant number of the local hospital patients. Her ability to impact the readmission number is significant and her involvement in DSRIP for this project will be key. In addition to Linda Pullman's connection to the nursing home population and readmissions, the Hornell market is failing and we are anticipating we will need to take additional Medicaid patients into the practice which will also increase Linda Pullman's DSRIP participation.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	s	4%	Internal	2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Tracy Gates Yes No
 Title: CFO
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Lisa M. Evans, NP
 Joined PPS: Upstate University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Nurse Practitioner
 Operating Certificate/License #: F333074
 MMIS*: 02137126
 NPI*: 1861499196
 Unique Identifiers: F333074
 Agency Code:
 Billing Entity ID:
 Address: 750 East Adams Street
 City: Syracuse
 State: NY
 Zip: 13210

III. Appeal Point of Contact

Contact Person: Rick Platis
 Title: Coordinator, Meaningful Use and Quality Incentives
 Contact Phone: 315-464-5181
 Extension: n/a
 Contact Email: platisr@upstate.edu

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	46%	n/a	EHR	CY 2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 590

This VAP exception is requested for an emergency medicine provider affiliated with Upstate University Health System. Upstate University Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine provider engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (6 Medicaid/13 total encounters = 46.15% Medicaid).

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Lorraine Manzella
 Title: Administrative Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: M. Shane Jennings, MD
 Joined PPS: Upstate University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 266197
 MMIS*: 03486688
 NPI*: 1639316797
 Agency Code:
 Billing Entity ID:
 Address: 750 East Adams Street, City: Syracuse, State: NY, Zip: 13210

III. Appeal Point of Contact

Contact Person: Rick Platis
 Title: Coordinator, Meaningful Use and Quality Incentives
 Contact Phone: 315-464-5181
 Contact Email: platisr@upstate.edu

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	37%	n/a	EHR	CY 2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 595

This VAP exception is requested for an emergency medicine physician affiliated with Upstate University Health System. Upstate University Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine physician engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (154 Medicaid/418 total encounters = 36.84% Medicaid).

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Lorraine Manzella
 Title: Administrative Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians ,PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider-Adult Nurse Practitioner
 Operating Certificate/License #: 305556 MMIS*: 02937988 NPI*: 1750473419
 Unique Identifiers: 305556
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10 Westfield NY 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak
 Title: Office manager
 Contact Phone: 716-326-4678 Extension: 236
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	ance roster and	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
 Title: CEO Westfield Family Physicians, PC
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Marcel Rosario NP
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 02897749 NPI*: 1992996912
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 100 Ohio St, Medina, NY 14103

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1875

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	2%	EMR	2013-2014

General Physicians PC - A multi-specialty medical group
 Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Marcel Rosario NP; MMIS#: 02897749; NPI: 1992996912; License #: F430346-1

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties. The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).

This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Mary Beth Earl, NP
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 02674115 1962424226
 Agency Code:
 Billing Entity ID:
 Address 3725 N Buffalo Rd Orchard Park NY 14127
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1485

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Orchard Park, NY Location: 3725 N Buffalo Rd, Orchard Park, NY 14127 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Mary Beth Earl, NP; MMIS#: 02674115; NPI: 1962424226; License #: 330684
 Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County. The General Physicians PC – Orchard Park, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).
 This office location is near by the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
 This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,769 resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted
 Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Mary Obear MD PLLC (dba Pembroke Family Medicine)
 Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Medicine Practice
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 03044906 1780698555
 Agency Code:
 Billing Entity ID:
 Address 860 Main Road City State Zip
 Corfu NY 14036
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

III. Appeal Point of Contact

Contact Person: Christy Zell
 Title: Business Manager
 Contact Phone: 585 599 4034 Extension
 Contact Email: christyz@pembrokefamilymed.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	32%	2%	EMR	2014

Character Count: 2809

Pembroke Family Medicine is the largest Family Medicine practice in Genesee County, serving approximately 10,000 patients with an annual visit volume of about 24,000. We are a Level 3 Patient Centered Medical Home. Our provider staff consists of three physicians, five nurse practitioners, and a Licensed Mental Health Counselor. The practice has grown over the past twelve years from three providers to nine. We are recruiting new provider staff to meet the demands of our growing patient roster. At this time there are no other Primary Care offices from Genesee County participating in the FLPPS DSRIP project. Geographically our office serves patients from not only Genesee County but Orleans and Wyoming counties as well. We have three office locations situated throughout the county one of which is in the county seat of Batavia. Our Batavia office maintains the majority of our Medicaid and Medicaid Managed Care volume. Our patients with transportation barriers can take a bus, taxi, or walk to our Batavia office. The practice offers our patients access to integrated behavioral health care by way of our staff on LMHW. Our LMHW travels between the three office locations and also does house calls when deemed necessary. Our office works with Genesee County Alcoholism and Substance Abuse Association with opioid dependent patients. Our three physicians prescribe Suboxone at a maintenance level after patients have successfully completed therapy through GCASA or other therapy organization. Pembroke Family Medicine offers prenatal, newborn, pediatric, adult, geriatric, and palliative care services to our patients. We are committed to managing chronic conditions with evidence based models that incorporate a commitment to care coordination and behavioral therapy when needed. We currently manage approximately 550 diabetic patients. We report our diabetes quality data to our providers on a quarterly basis to identify areas of opportunity and patients that may benefit from care coordination. We are committed to emergency room diversions by having a physician on call 24 hours a day seven days a week, educating patients about contacting us before going to the emergency room and monitoring emergency room visits of our patients. We are focusing on transition of care management by contacting patients with hospital admissions within two days of discharge and seeing them in our office for hospital follow up visits within seven to fourteen days depending on the patient's severity. This model has been shown to reduce readmissions and continuity of care. Pembroke Family Medicine is committed to continuing to serve our Medicaid and Managed Care population. Our practice has a goal of fully integrating care coordination staff into each office within the next 12 months.

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Mary Obear MD, PhD
 Title: Physician/Owner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Medicor Associates
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 180842
 MMIS*: 01227641
 NPI*: 1992771935
 Unique Identifiers: 180842
 Agency Code:
 Billing Entity ID:
 Address: 12 Center St. Suite 1
 City: Fredonia
 State: NY
 Zip: 14063
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3277

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis.

As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at Medicor Associates will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Practice Coordinator
 Contact Phone: 716-679-2233
 Extension: 1980
 Contact Email: karend@medicorassociates.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

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** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	6%	1%	EHR	2013

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Hyder Alam MD
 Title: Managing Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Medicor Associates
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 223561
 MMIS*: 02212504
 NPI*: 1750357810
 Unique Identifiers: 223561
 Agency Code:
 Billing Entity ID:
 Address: 504 Central Ave
 City: Dunkirk
 State: NY
 Zip: 14048

III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Practice Coordinator
 Contact Phone: 716-679-2233
 Extension: 1980
 Contact Email: karend@medicorassociates.com

IV. Please choose the following VAP Exception:

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	26%	1%	EHR	2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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Character Count: 3277

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

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Name: Hyder Alam MD
 Title: Managing Partner
 Answer: Yes No
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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Medicor Associates
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 175338
 MMIS*: 01088522
 NPI*: 1295758860
 Unique Identifiers: 175338
 Agency Code:
 Billing Entity ID:
 Address: 113 Main St. City: Silver Creek State: NY Zip: 14136

III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Practice Coordinator
 Contact Phone: 716-679-2233 Extension: 1980
 Contact Email: karend@medicorassociates.com

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	32%	1%	EHR	2013

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Character Count: 3277

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Name: Hyder Alam MD
 Title: Managing Partner
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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 185898
 MMIS*: 01289174
 NPI*: 1316913338
 Unique Identifiers: 185898
 Agency Code:
 Billing Entity ID:
 Address: 12 Center St. Suite 1
 City: Fredonia
 State: NY
 Zip: 14063
 *REQUIRED

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Character Count: 3277

III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Practice Coordinator
 Contact Phone: 716-679-2233
 Extension: 1980
 Contact Email: karend@medicorassociates.com

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	9%	1%	EHR	2013

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Hyder Alam MD
 Title: Managing Partner
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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 191665
 MMIS*: 01413854
 NPI*: 1467428425
 Unique Identifiers: 191665
 Agency Code:
 Billing Entity ID:
 Address: 12 Center St. Suite 1
 City: Fredonia
 State: NY
 Zip: 14063
 *REQUIRED

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	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	1%	EHR	2013

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 003971
 MMIS*: 03437432
 NPI*: 1235409673
 Unique Identifiers: 003971
 Agency Code:
 Billing Entity ID:
 Address: 504 Central Ave
 City: Dunkirk
 State: NY
 Zip: 14048

III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Project Coordinator
 Contact Phone: 716-679-2233
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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	53%	1%	EHR	2013

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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Character Count: 3277

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VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Hyder Alam MD
 Title: Managing Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Medicor Associates
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: F334898
 MMIS*: 02946110
 NPI*: 1770586398
 Unique Identifiers: F334898
 Agency Code:
 Billing Entity ID:
 Address: 117 Main St, City: Salamance, State: NY, Zip: 14779

III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Practice Coordinator
 Contact Phone: 716-679-2233 Extension: 1980
 Contact Email: karend@medicorassociates.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	49%	1%	EHR	2013

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

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Character Count: 3277

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: Medicor Associates
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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 003912
 MMIS*: 03388658
 NPI*: 1073769725
 Unique Identifiers: 003912
 Agency Code:
 Billing Entity ID:
 Address: 12 Center St. Suite 1
 City: Fredonia
 State: NY
 Zip: 14063

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III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Practice Coordinator
 Contact Phone: 716-679-2233
 Extension: 1980
 Contact Email: karend@medicorassociates.com

IV. Please choose the following VAP Exception:

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	1%	EHR	2013

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Name: Hyder Alam MD
 Title: Managing Partner
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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 270272
 MMIS*: 03635765
 NPI*: 1497089460
 Unique Identifiers: 270272
 Agency Code:
 Billing Entity ID:
 Address: 504 Central Ave
 City: Dunkirk
 State: NY
 Zip: 14048

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V. Percentage of Medicaid & Uninsured members that your facility serves

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Percentage	56%	0%	EHR	2013

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Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 200012
 MMIS*: 01576076
 NPI*: 1942303029
 Unique Identifiers: 200012
 Agency Code:
 Billing Entity ID:
 Address: 113 Main St. City: Silver Creek State: NY Zip: 14136

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Contact Person: Karen Dull
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Percentage	28%	1%	EHR	2013

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VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Hyder Alam MD
 Title: Managing Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Medicor Associates
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider
 Operating Certificate/License #: 272261
 MMIS*: 03823907
 NPI*: 1316195696
 Unique Identifiers: 272261
 Agency Code:
 Billing Entity ID:
 Address: 113 Main St. City: Silver Creek State: NY Zip: 14136
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough ~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3277

III. Appeal Point of Contact

Contact Person: Karen Dull
 Title: Practice Coordinator
 Contact Phone: 716-679-2233 Extension: 1980
 Contact Email: karend@medicorassociates.com

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis.

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

** When choosing VAP Exception iii - The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at Medicor Associates will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	39%	1%	EHR	10/1/13-9/30/

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Hyder Alam MD
 Title: Managing Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Melissa Fanton PA
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 03031436 NPI*: 1902998974
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 210 E Main Street City: Springville State: NY Zip: 14141

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1411

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Melissa Fanton PA; MMIS#: 03031436; NPI: 1902998974; License #: 011387

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern Cattaraugus and Chautauqua Counties.
 The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
 In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
 This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	27%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Mohamad-Zahi Kassas, MD
 Joined PPS: Finger Lakes PPS

**** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Other
 Provider Type - Other: Physician In Private Practice

Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers: NY State License 236190	2055278	1629085592
Agency Code:		
Billing Entity ID:		
Address	City	State Zip
Address 313 N Main Street	Wellsville	NY 14895

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1068

I am a physician in private practice in Wellsville, NY. I am currently one of 3 pediatricians serving the county. My practice consists of close to 5 000 patients. Together with my nurse practitioner we see 9 000-10 000 visits yearly. Although I am in private practice, I work very closely with Jones Memorial Hospital (our local Hospital in Wellsville, NY). I am chief of Pediatrics and I am on their call schedule. I also provide 24 hour , 7 days weekly and 365 days per year call coverage for my office patients due to the shortage of physicians in the area. We help treat infants and children with all spectrum of care. starting with stabilizing premature babies, well child care and dealing with medical emergencies, to day to day office visits and the growing need for mental health care. Based on the volume of patients I see and the fact that our local hospital is having difficulty recruiting and retaining physicians in our medically underserved area, you can see that my presence in this community is critical for the health and well being of its children.

III. Appeal Point of Contact

Contact Person: Rayana Kassas
 Title: Office Billing Manager
 Contact Phone: (585) 596-4105
 Contact Email: wellsvillepeds@hotmail.com

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	42%	0%	EMR report	2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.

I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Zahi Kassas, MD
 Title: Owner

Answer Yes No

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians,PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider-Family Nurse Practitioner
 Operating Certificate/License #: 332342 MMIS*: 01877825 NPI*: 1184699670
 Unique Identifiers: 332342
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10 Westfield NY 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak, RN
 Title: Office manager
 Contact Phone: 716-326-4678 Extension: 236
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	in rosters and PPS	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam,PC
 Title: CEO Westfield Family Physicians,PC
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i ii

II. Appeal Applicant Information

Organization Name: General Physicians PC- Allison Wasson, DO
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 03809285 NPI*: 1932343944
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1368

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Allison Wasson, DO; MMIS#: 03809285; NPI: 1932343944; License #: 269075
 Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Harold Reubens, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 01023752 NPI*: 1164420378
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1369

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Harold Reubens, MD; MMIS#: 01023752; NPI: 1164420378; License #: 1706690
 Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Ashok Singh, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 02071016 NPI*: 1326046343
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1365

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	17%	2%	EMR	2013-2014

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Ashok Singh, MD; MMIS#: 02071016; NPI: 1326046343; License #: 232523

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Harold Reubens, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: _____ MMIS*: 01023752 NPI*: 1164420378
 Unique Identifiers: _____
 Agency Code: _____
 Billing Entity ID: _____
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1369

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: _____
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	2%	EMR	2013-2014

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Harold Reubens, MD; MMIS#: 01023752; NPI: 1164420378; License #: 1706690

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Jerome C.Andres, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 00826137 1063410108
 Agency Code:
 Billing Entity ID:
 Address 908 Center Street City Lewiston State NY Zip 14092
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1368

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	2%	EMR	2013-2014

Niagara Family Medicine Associates
 Lewiston, NY Location: 908 Center Street, Lewiston, NY 14092 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Jerome C.Andres, MD; MMIS#: 00826137; NPI: 1063410108; License #: 150366

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Lewiston, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also secondarily serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Jerome C.Andres,M.D. Yes No
 Title President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Maria Komin, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 01023752 1508864505
 Agency Code:
 Billing Entity ID:
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1365

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Maria Komin, MD; MMIS#: 01023752; NPI: 1508864505; License #: 170669

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Melvin B. Dyster, M.D.
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 00603223 1093713141
 Agency Code:
 Billing Entity ID:
 Address: 7300 Porter Road, Niagara Falls, NY 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1371

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	2%	EMR	2013-2014

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Melvin B. Dyster, M.D.; MMIS#: 00603223; NPI: 1093713141; License #: 074185

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C. Andres, M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Michael Gray, PA
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 01461545 NPI*: 1780611640
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1367

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	2%	EMR	2013-2014

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Michael Gray, PA; MMIS#: 01461545; NPI: 1780611640; License #: 010116
 Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Patricia Shea, FNP
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 02528669 NPI*: 1871591040
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	2%	EMR	2013-2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1369

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Patricia Shea, FNP; MMIS#: 02528669; NPI: 1871591040; License #: 331586
 Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Sonjoy Singh, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: MMIS* NPI*
 Unique Identifiers: 01543333 1063410066
 Agency Code:
 Billing Entity ID:
 Address: 7300 Porter Road City: Niagara Falls State: NY Zip: 14304

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1366

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	2%	EMR	2013-2014

Niagara Family Medicine Associates
 Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Sonjoy Singh, MD; MMIS#: 01543333; NPI: 1063410066; License #: 197421

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Jerome C.Andres,M.D. Yes No
 Title: President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Daniel Zorich, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 02147771 1770581993
 Agency Code:
 Billing Entity ID:
 Address 908 Center Street City Lewiston State NY Zip 14092
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1366

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

Niagara Family Medicine Associates
 Lewiston, NY Location: 908 Center Street, Lewiston, NY 14092 (Niagara County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Daniel Zorich, MD; MMIS#: 02147771; NPI: 1770581993; License #: 214961
 Needed as Vital Access Provider within the ECMC Performing Provider System

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Lewiston, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DSRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also secondarily serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Jerome C.Andres,M.D. Yes No
 Title President
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Brad Pecherzewski, NP		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1202088	1487096384	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	Address 14 Center St	Cuba	NY	14727

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1429

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Cuba, NY Location: 14 Center St, Cuba, NY 14727 (Allegany County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Brad Pecherzewski, NP; MMIS#: 01202088; NPI: 1487096384; License #: 338230

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Cuba, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	36%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Christa L. Zenoski, MD
Joined PPS:	Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
Operating Certificate/License #	MMIS*	NPI*		
Unique Identifiers:	3158041	1992039861		
Agency Code:				
Billing Entity ID:				
Address	14 Center St	Cuba	NY	14727

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1427

Olean Medical Group LLP - A multi-specialty medical group
Cuba, NY Location: 14 Center St, Cuba, NY 14727 (Allegany County, NY)
Vital Access Provider within the ECOMC Performing Provider System
Provider: Christa L. Zenoski, MD; MMIS#: 03158041; NPI: 1992039861; License #: F336081
Needed as Vital Access Provider within the ECOMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECOMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group - Cuba, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	21%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name	Daniel Strauch, MHA, CMPE	Answer	<input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Chief Executive Officer		

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Susan E. Dougherty, NP		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1246262	1295708774	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	14 Center St	Cuba	NY	14727

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1429

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Cuba, NY Location: 14 Center St, Cuba, NY 14727 (Allegany County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Susan E. Dougherty, NP; MMIS#: 01246262; NPI: 1295708774; License #: 420192

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Cuba, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	25%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Andrew J. Berger, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other		
Provider Type - Other:	Primary Care		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:		722312	1255213755
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
	Address 6133 Rt. 219, Ste 1006	Ellicottville	NY 14731

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1470

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Ellicottville, NY Location: 6133 Rt. 219, Ste 1006, Ellicottville, NY 14731 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Andrew J. Berger, MD; MMIS#: 00722312; NPI: 1255213755; License #: 139847

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Ellicottville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	8%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE

Title Chief Executive Officer

Only appeals from the CEO, CFO or comparable will be accepted

Answer
 Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Michelle A. Silliker, NP
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other		
Provider Type - Other:	Primary Care		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:		2077250	1720070881
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
Address	6133 Rt. 219, Ste 1006	Ellicottville	NY 14731

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1476

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Ellicottville, NY Location: 6133 Rt. 219, Ste 1006, Ellicottville, NY 14731 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Michelle A. Silliker, NP; MMIS#: 02077250; NPI: 1720070881; License #: F332827

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Ellicottville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

<input checked="" type="radio"/> i	A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
<input type="radio"/> ii	Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
<input type="radio"/> iii	Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	6%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name	Daniel Strauch, MHA, CMPE	Answer	<input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Chief Executive Officer		

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Renee L. Hansen, CNM
Joined PPS:	Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
Operating Certificate/License #	MMIS*	NPI*		
Unique Identifiers:	3776890	1912337718		
Agency Code:				
Billing Entity ID:				
Address	6133 Rt. 219, Ste 1006	Ellicottville	NY	14731

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1470

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP - A multi-specialty medical group
Ellicottville, NY Location: 6133 Rt. 219, Ste 1006, Ellicottville, NY 14731 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Renee L. Hansen, CNM; MMIS#: 03776890; NPI: 1912337718; License #: 001580

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Ellicottville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQJ Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	42%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Donna M. Oehman, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1175988	1952327363	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	Address 12 Main St	Franklinville	NY	14737

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1459

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Franklinville, NY Location: 12 Main St, Franklinville, NY 14737 (Cattaraugus County, NY)
Vital Access Provider within the ECOM Performing Provider System

Provider: Donna M. Oehman, MD; MMIS#: 01175988; NPI: 1952327363; License #: 153616

Needed as Vital Access Provider within the ECOM Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECOM PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Franklinville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	8%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE

Title Chief Executive Officer

Only appeals from the CEO, CFO or comparable will be accepted

Answer
 Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Richard D. Larsson, PA		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2220780	1063412963	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	Address 12 Main St	Franklinville	NY	14737

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1462

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Franklinville, NY Location: 12 Main St, Franklinville, NY 14737 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Richard D. Larsson, PA; MMIS#: 02220780; NPI: 1063412963; License #: 003239

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Franklinville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	25%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE

Title Chief Executive Officer

Only appeals from the CEO, CFO or comparable will be accepted

Answer
 Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Angela Adomako, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3446971	1821399411	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1438

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Angela Adomako, MD; MMIS#: 03446971; NPI: 1821399411; License #: 004001

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	37%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE

Title Chief Executive Officer

Only appeals from the CEO, CFO or comparable will be accepted

Answer
 Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Arkady Peterman, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2633443	1073512273	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1439

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Arkady Peterman, MD; MMIS#: 02633443; NPI: 1073512273; License #: 235143

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". **If you are part of multiple PPSs, see section VII tab.**

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	12%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Christine Wild, NP		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3427869	1861765331	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1445

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECOM Performing Provider System

Provider: Christine Wild, NP; MMIS#: 03427869; NPI: 1861765331; License #: 305970

Needed as Vital Access Provider within the ECOM Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECOM PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
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These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". **If you are part of multiple PPSs, see section VII tab.**

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	2%	EMR	2013-2014

VIII. Yes I hereby certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - David S. Shulman, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1202088	1467451534	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1442

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: David S. Shulman, MD; MMIS#: 01202088; NPI: 1467451534; License #: 182401

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
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IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	11%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP -Jin Hwa Song, MD
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3498340	1760629364	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1438

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Jin Hwa Song, MD; MMIS#: 03498340; NPI: 1760629364; License #: 266332

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	9%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Kelly A. Keech, NP		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3132450	1346471851	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1445

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Kelly A. Keech, NP; MMIS#: 03132450; NPI: 1346471851; License #: F305220

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	7%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE

Title Chief Executive Officer

Only appeals from the CEO, CFO or comparable will be accepted

Answer
 Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Marianna Worczak, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3643249	1609190560	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1445

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Marianna Worczak, MD; MMIS#: 03643249; NPI: 1609190560; License #: 270703

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Marti L. Brotka, NP
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3465230	1497053037	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1445

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Marti L. Brotka, NP; MMIS#: 03465230; NPI: 1497053037; License #: 337213

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	44%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Matthew R. Cox, MD
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3076762	1407017940	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1436

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Matthew R. Cox, MD; MMIS#: 03076762; NPI: 1407017940; License #: 248625

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
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IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	5%	2%	EMR	2013-2014

VIII. Yes I hereby certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Nichole T. Green, PA
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2563546	1376535393	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1446

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Nichole T. Green, PA; MMIS#: 02563546; NPI: 1376535393; License #: 008480

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	47%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Pamela T. Salzmann, DO
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2521906	1932108149	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
	Address 535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1443

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Pamela T. Salzmann, DO; MMIS#: 02521906; NPI: 1932108149; License #: 231077

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	41%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP -Prerna Sood, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		3499061	1184956310	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1437

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Prerna Sood, MD; MMIS#: 03499061; NPI: 1184956310; License #: 266409
Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.

The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).

In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).

These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name	Daniel Strauch, MHA, CMPE	Answer <input checked="" type="radio"/> Yes <input type="radio"/> No
Title	Chief Executive Officer	

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Ricardo P. Ilustre, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		1753084	1467451658	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1443

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Ricardo P. Ilustre, MD; MMIS#: 01753084; NPI: 1467451658; License #: 200930

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	41%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Arkady Peterman, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2633443	1073512273	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1439

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Arkady Peterman, MD; MMIS#: 02633443; NPI: 1073512273; License #: 235143

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
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These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	12%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE

Title Chief Executive Officer

Only appeals from the CEO, CFO or comparable will be accepted

Answer
 Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Tami T. Buzzard, DNP		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2079165	1528067667	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1448

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Tami T. Buzzard, DNP; MMIS#: 02079165; NPI: 1528067667; License #: F302973

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	9%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
 Title Chief Executive Officer
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
--------	-----

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - Thaddeus S. Wojcik, MD
Joined PPS:	Erie County Medical Center Corporation

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		839478	1508865601	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1446

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Thaddeus S. Wojcik, MD; MMIS#: 00839478; NPI: 1508865601; License #: 155651

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	13%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
Title Chief Executive Officer
Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer	Yes
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You have chosen the following VAP Exception:	i
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II. Appeal Applicant Information

Organization Name:	Olean Medical Group LLP - William G. Cihak, MD		
Joined PPS:	Erie County Medical Center Corporation		

****** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type:	Other			
Provider Type - Other:	Primary Care			
	Operating Certificate/License #	MMIS*	NPI*	
Unique Identifiers:		2022622	1386643781	
Agency Code:				
Billing Entity ID:				
	Address	City	State	Zip
Address	535 Main St	Olean	NY	14760

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.

b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).

c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1439

III. Appeal Point of Contact

Contact Person	Daniel Strauch, MHA, CMPE		
Title	Chief Executive Officer		
Contact Phone	716-376-2388	Extension	
Contact Email	dstrauch@oleanmedical.com		

Olean Medical Group LLP -A multi-specialty medical group
Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: William G. Cihak, MD; MMIS#: 02022622; NPI: 1386643781; License #: 216007

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red) and the VAP locations (blue push pins).

IV. Please choose the following VAP Exception:

i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.

ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	5%	2%	EMR	2013-2014

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Daniel Strauch, MHA, CMPE Yes No
Title Chief Executive Officer
Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

II. Appeal Applicant Information

Organization Name: General Physicians PC- Pam Reamer NP
 Joined PPS: Erie County Medical Center Corporation

**** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!**

Provider Type: Other Primary Care

Operating Certificate/License #	MMIS*	NPI*	
	02564872	1831382878	
Unique Identifiers:			
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
100 Ohio St	Medina	NY	14103

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension:
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

**** When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	2%	EMR	2013-2014

You have chosen the following VAP Exception: i ii iii

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1871

General Physicians PC - A multi-specialty medical group
 Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Pam Reamer NP; MMIS#: 02564872; NPI: 1831382878; License #: F333993

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties. The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).

This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Pediatric Associates of Watertown
 Joined PPS: Samaritan Medical Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Pediatrician
 Operating Certificate/License #: [blank] MMIS*: 0058890 NPI*: 1497855670
 Unique Identifiers: [blank]
 Agency Code: [blank]
 Billing Entity ID: [blank]
 Address: 18969 US Route 11 City: Watertown State: NY Zip: 13601

III. Appeal Point of Contact

Contact Person: Brian Marcolini
 Title: Director
 Contact Phone: 315-755-2020 Extension: 31
 Contact Email: bmarcolini@fdhpo.org

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	34%	2%	EMR	2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Brian Marcolini
 Title: Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1762

Pediatric Associates is a group of 3 pediatricians and 3 mid-levels. Their office is located in Watertown. Watertown is the county seat for Jefferson County and currently has 27,161 residents but is frequently visited and sought out by the surrounding areas. Jefferson County has a population of 116,299, with the majority of these patients receiving care within Watertown. Watertown is an underserved population in regards to Healthcare. Watertown continues to face the challenge of lack of primary care services, and pediatrics continues to be an area that is significantly impacted. Currently in the DSRIP application there is only two other providers of pediatric services one being a FQHC and another independent pediatric group that covers Jefferson County. With the importance being put on behavioral health, preventive care, obesity, asthma, and diabetes we feel that pediatricians play a crucial role in being able to transform the pediatric healthcare system not only for Medicaid but for all. If we positively impact them as youth chances are good behaviors continue into adulthood. If the two independent pediatric offices are not considered as vital access providers there is a very large probability of the network, not being able to meet any of the criteria that involves the pediatric population. Currently Pediatric Associates takes care of 39% Medicaid and Uninsured patients, if you were to add Child Health Plus into that date the office would be at 46%. Child Health plus is all to often left out of the calculations when looking into the Managed care breakdown. When looking at this tough to treat population and the population that DSRIP is targeting you should consider the amount of Child Health Plus a Vital Access Provider treats.



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Peter Sadowitz, MD
 Joined PPS: Upstate University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 145193
 MMIS*: 00821027
 NPI*: 1922065150
 Unique Identifiers: 145193
 Agency Code:
 Billing Entity ID:
 Address: 750 East Adams Street
 City: Syracuse
 State: NY
 Zip: 13210

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 595

III. Appeal Point of Contact

Contact Person: Rick Platis
 Title: Coordinator, Meaningful Use and Quality Incentives
 Contact Phone: 315-464-5181
 Contact Email: platisr@upstate.edu

This VAP exception is requested for an emergency medicine physician affiliated with Upstate University Health System. Upstate University Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine physician engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (195 Medicaid/541 total encounters = 36.04% Medicaid).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	36%	n/a	EHR	CY 2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Lorraine Manzella
 Title: Administrative Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians,PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider- Physician Assistant
 Operating Certificate/License #: 006851
 MMIS*: 02153579
 NPI*: 1093780025
 Unique Identifiers: 006851
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10
 City: Westfield
 State: NY
 Zip: 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak
 Title: RN, Office manager
 Contact Phone: 716-326-4678
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	in rosters and PPS	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
- b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
 Title: CEO Westfield Family Physicians,PC
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Priscilla Dale, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: _____ MMIS*: 01443250 NPI*: 1194725275
 Unique Identifiers: _____
 Agency Code: _____
 Billing Entity ID: _____
 Address: 210 E Main Street City: Springville State: NY Zip: 14141

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1411

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: _____
 Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	2%	EMR	2013-2014

General Physicians PC - A multi-specialty medical group
 Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Priscilla Dale, MD; MMIS#: 01443250; NPI: 1194725275; License #: 194016
 Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern Cattaraugus and Chautauqua Counties.
 The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
 In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
 This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians,PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care Provider-Adult Nurse Practitioner
 Operating Certificate/License #: 306490 MMIS*: 00988129 NPI*: 1043647688
 Unique Identifiers: 306490 00988129 1043647688
 Agency Code:
 Billing Entity ID:
 Address: 138 East Main Street, PO Box 10 Westfield NY 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak, RN
 Title: Office manager
 Contact Phone: 716-326-4678 Extension: 236
 Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	4%	in rosters and PPS	2014

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

- a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
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- c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

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The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities.

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We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FAAFP
 CEO Westfield Family Physicians, PC

VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam,PC
 Title: CEO Westfield Family Physicians,PC
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Rajiv Parikh, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 00600826 1396854055
 Agency Code:
 Billing Entity ID:
 Address 1134 Central Ave Dunkirk NY 14048
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1522

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Dunkirk, NY Location: 1134 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Rajiv Parikh, MD; MMIS#: 00600826; NPI: 1396854055; License #: 121978

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	15%	2%	EMR	2013-2014

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Richard Milazzo, MD
Joined PPS: Erie County Medical Center Corporation

The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's.

Provider Type: Other
Primary Care
Operating Certificate/License #
MMIS* 00605147
NPI* 1487605150
Address: 515 Swan St, Dunkirk, NY 14048

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:
a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS.
b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
c. Any supporting documentation to substantiate your narrative.

Character Count: 1521

General Physicians PC - A multi-specialty medical group
Dunkirk, NY Location: 515 Swan St, Dunkirk, NY 14048 (Chautauqua County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: Richard Milazzo, MD; MMIS#: 00605147; NPI: 1487605150; License #: 107173

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC - Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area.

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
Title: Incentive Coordinator
Contact Phone: 716-698-3469
Contact Email: ssessamen@gppconline.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II".

When choosing VAP Exception iii - The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form.

For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

Table with 4 columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Values: 17%, 2%, EMR, 2013-2014.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
Title: CEO
Answer: Yes

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Rome Medical Group
 Joined PPS: St. Joseph's Hospital Health Center

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Group Physician Practice
 Operating Certificate/License # MMS* NPI*
 Unique Identifiers: 1511013 1407892342
 Agency Code:
 Billing Entity ID:
 Address 1801 Black River Blvd. City Rome State NY Zip 13440
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3399

III. Appeal Point of Contact

Contact Person: Rosemel Atkinson
 Title: Practice Administrator
 Contact Phone: 315-337-3365 Extension
 Contact Email: ratkinson@romehospital.org

IV. Please choose the following VAP Exception:

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- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	32%	4%	Medent EMR	2013

A multi-physician primary care practice, Rome Medical Group is a captive-PC affiliated with Rome Memorial Hospital that serves approximately 20,000 adult and pediatric patients in Rome and the surrounding rural communities in Oneida County, 36% of whom are Medicaid and uninsured. In addition to providing preventative and treatment services and managing chronic conditions, Rome Medical Group also provides walk-in convenient care for sick call, which helps prevent many unnecessary visits to the hospital's emergency department. Rome Medical Group's current providers include:

- Kathleen Garbooshian, MD, Family Practice, NPI 1689646549, MMS 02136134
- Reo Peniston, MD, Family Practice, NPI 1093974511, MMS 03019069
- Gibran Tallim, MD, Family Practice, NPI 1730151507, MMS 01075850
- Vivienne Taylor, MD, Internal Medicine/Pediatrics, NPI 1861464372, MMS 01890702
- Desmond Francis, MD, Internal Medicine/Pediatrics, NPI 1659506111, MMS 03625321
- Antonio Braga, MD, Pediatrics, NPI 1922040138, MMS 02728687
- Andrew Halpern, MD, Pediatrics, NPI 1487640397, MMS 02441289
- Bruce Slagle, MD, Family Practice/Allergy, NPI 1003888967, MMS 00968772
- Timothy Mihm, Physician Assistant, NPI 1659301729
- Shane Angleton, Physician Assistant, NPI 1447280508
- Renee Frawley, Physician Assistant, NPI 1508175258

The population served by Rome Medical Group would not otherwise be served by primary care physicians in the community because a majority of existing physicians are not accepting new Medicaid patients. According to a 2013 survey of the 23 independent Rome providers, only two were accepting new Medicaid patients. In addition, the Rome area is experiencing a significant shortage of physicians. Since 2012, more than 10 primary care providers have left the community due to retirement, death or relocation. In addition, three additional independent physicians with large practices are nearly retirement age.

Physician recruitment continues to be the system's most significant challenge. Because of national physician shortages, it's not easy for smaller cities in the northeast to compete against communities that promise warmer weather, a better call schedule, higher reimbursements and lower malpractice insurance. At a community health forum, held as part of the Community Health Needs Assessment process, provider shortages dominated the discussion in terms of health system issues and was identified as a major barrier to managing population health in the community.

Rome Medical Group would be a necessary component of the St. Joseph's Hospital Health Center-led PPS to achieve many of its overarching goals including:

- Expand existing or build out new primary care capacity and increase level of care through PCMH certification, technical assistance and EHR support and integration
- Integrate mental and behavioral health into primary care through telemedicine programs, new staffing models and integration with health homes
- Increase primary care effectiveness and utilization with programs such as health homes, nurse navigators and ED navigators
- Expand access to mental and behavioral health services through telemedicine and mobile crisis outreach programs
- Develop continuums of care planning and collaboration between acute and ambulatory/community based care systems to better care for vulnerable patients and support them in the community.

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Rosemel Atkinson & Basil J. Ariglio
 Title: RMG Practice Admin. - Rome Memorial Hospital Pres/CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Ross Sullivan, MD
 Joined PPS: Upstate University Hospital

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Physician
 Operating Certificate/License #: 258893
 MMIS*: 03302994
 NPI*: 1366699498
 Unique Identifiers: 258893
 Agency Code:
 Billing Entity ID:
 Address: 750 East Adams Street
 City: Syracuse
 State: NY
 Zip: 13210

III. Appeal Point of Contact

Contact Person: Rick Platis
 Title: Coordinator, Meaningful Use and Quality Incentives
 Contact Phone: 315-464-5181
 Contact Email: platisr@upstate.edu

IV. Please choose the following VAP Exception:

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	36%	n/a	EHR	CY 2013

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Character Count: 592

This VAP exception is requested for an emergency medicine physician affiliated with Upstate University Health System. Upstate University Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine physician engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (5 Medicaid/14 total encounters = 35.71% Medicaid).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Lorraine Manzella
 Title: Administrative Director
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Southern Tier Pediatrics Practice, P.C.
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Physician Assistant
 Operating Certificate/License #: 11983
 MMIS*: 3109428
 NPI*: 1881884526
 Unique Identifiers: 11983
 Agency Code:
 Billing Entity ID:
 Address: 1684 Foote Avenue Extension, Jamestown, NY 14701
 *REQUIRED

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Character Count: 3467

III. Appeal Point of Contact

Contact Person: Patricia D'Angelo
 Title: Practice Manager
 Contact Phone: 716-661-9730
 Extension:
 Contact Email: southerntierpediatrics@windstream.net

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

IV. Please choose the following VAP Exception:

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	50%	3%	EMR	2013

As a group, Southern Tier Pediatrics Practice, P.C. (STPP) serves approximately 2,089 Medicaid patients and 116 uninsured patients as a pediatric practice in Chautauqua County. Two out of five of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Those providers are Safety-Net providers by group volume. We want to be sure that all of our providers are included. All of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis.

STPP serves Medicaid patients from birth through college age by providing access to quality primary care services. We are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing include Meaningful Use, Immunization Registry, local and regional Health Information Exchange working with specialists, HEALTHeLINK, and our local hospital, WCA Hospital. We also have internal programs in place to monitor specific patient conditions and healthcare goals, including asthma care and management, newborn, care, well child care, mental health issues, and immunizations. Many of these activities align with the proposed DSRIP projects and promote population health and care management. Through our EMR program, GE Centricity, our practice also has access to robust technology for data collection, aggregation, reporting, and quality improvement activities.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at STPP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Tariq M. Khan, MD
 Title: Owner
 Answer: Yes No
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Provider Type: Other
 Provider Type - Other: Nurse Practitioner
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 330896 1568501 1629045026
 Agency Code:
 Billing Entity ID:
 Address City State Zip
 Address 1684 Foote Avenue Extension Jamestown NY 14701

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III. Appeal Point of Contact

Contact Person: Patricia D'Angelo
 Title: Practice Manager
 Contact Phone: 716-661-9730 Extension:
 Contact Email: southerntierpediatrics@windstream.net

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Percentage	50%	3%	EMR	2013

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Name: Tariq M. Khan, MD
 Title: Owner
 Answer: Yes No

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Answer Yes No

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Provider Type: Other
 Provider Type - Other: Physician Assistant
 Operating Certificate/License #: 15498
 MMIS*: 3518816
 NPI*: 1336414796
 Agency Code:
 Billing Entity ID:
 Address: 1684 Foote Avenue Extension, Jamestown, NY 14701

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VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Suchritra Koneru, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: [blank] MMIS*: 02649085 NPI*: 1336170729
 Unique Identifiers: [blank] Agency Code: [blank] Billing Entity ID: [blank]
 Address: 6333 Main Street City: Williamsville State: NY Zip: 14211

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1354

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: [blank]
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Williamsville, NY Location: 6333 Main Street, Williamsville, NY 14211 (Erie County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Suchritra Koneru, MD; MMIS#: 02649085; NPI: 1336170729; License #: 234104

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	5%	2%	EMR	2013-2014

Presently the number of Safety Net designated primary care providers in the ECMC PPS located in the East Amherst Clarence Primary Care Service Area (PCSA) north of the high poverty Buffalo Medically Underserved Area is inadequate. The General Physicians PC – Williamsville, NY primary care location serves the East Amherst Clarence PCSA. The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 8,844. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the East Amherst Clarence PCSA is rate is 1,086/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).

This location also secondarily serves the extremely high need Buffalo HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Thomas Madjewski, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License #: _____ MMIS*: 01394412 NPI*: 1356318992
 Unique Identifiers: _____ Agency Code: _____ Billing Entity ID: _____
 Address: 100 Ohio St, Medina, NY 14103

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1539

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
 Title: Incentive Coordinator
 Contact Phone: 716-698-3469 Extension: _____
 Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Thomas Madjewski, MD; MMIS#: 01394412; NPI: 1356318992; License #: 171989

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	2%	EMR	2013-2014

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties. The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).

This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
 Title: CEO
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Thomas McTernian, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 02202977 1336242387
 Agency Code:
 Billing Entity ID:
 Address 609 Central Ave City Dunkirk State NY Zip 14048
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1525

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Dunkirk, NY Location: 609 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Thomas McTernian, MD; MMIS#: 02202977; NPI: 1336242387; License #: 222824

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	19%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception:

II. Appeal Applicant Information

Organization Name: Tri-County Family Medicine Associates, PC
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPS" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Practice
 Operating Certificate/License #: 167740
 MMIS*: 01028468
 NPI*: 1629069349
 Unique Identifiers: 167740
 Agency Code:
 Billing Entity ID:
 Address: 1 School Street, Suite 107
 City: Gowanda
 State: NY
 Zip: 14070

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

This field is populated when you select a VAP Exception in Section IV

Character Count: 3356

III. Appeal Point of Contact

Contact Person: Sara Jones
 Title: Practice Manager
 Contact Phone: 716-241-7067
 Contact Email: flashdog98@hotmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	5%	Medent EHR	2013

While our practice is technically located in Cattaraugus County, we serve a significant amount of patients from Chautauqua and there are many similarities between the rural areas of both counties. Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in our region. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs, but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Millennial Collaborative Care PPS to receive the services they need to manage their care on a regular basis.

As a family practice serving a very rural population, Medicaid patients of all ages have access to our quality primary care services. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that we already have in place at will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: James Wild, MD
 Title: Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception:

II. Appeal Applicant Information

Organization Name: Tri-County Family Medicine Associates, PC
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Practice
 Operating Certificate/License #: 010035
 MMIS*: 02626126
 NPI*: 1366406134
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address: 1 School Street, Suite 107
 City: Gowanda
 State: NY
 Zip: 14070

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

This field is populated when you select a VAP Exception in Section IV

Character Count: 3358

III. Appeal Point of Contact

Contact Person: Sara Jones
 Title: Practice Manager
 Contact Phone: 716-241-7067
 Contact Email: flashdog98@hotmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	5%	Medent EHR	2013

While our practice is technically located in Cattaraugus County, we serve a significant amount of patients from Chautauqua and there are many similarities between the rural areas of both counties. Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in our region. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs, but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Millennial Collaborative Care PPS to receive the services they need to manage their care on a regular basis.

As a family practice serving a very rural population, Medicaid patients of all ages have access to our quality primary care services. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that we already have in place at will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: James Wild, MD
 Title: Partner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception:

II. Appeal Applicant Information

Organization Name: Tri-County Family Medicine Associates, PC
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Practice
 Operating Certificate/License #: 015127
 MMIS*: 03418013
 NPI*: 1538445069
 Unique Identifiers: 015127
 Agency Code:
 Billing Entity ID:
 Address: 1 School Street, Suite 107
 City: Gowanda
 State: NY
 Zip: 14070

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

This field is populated when you select a VAP Exception in Section IV

Character Count: 3358

III. Appeal Point of Contact

Contact Person: Sara Jones
 Title: Practice Manager
 Contact Phone: 716-241-7067
 Contact Email: flashdog98@hotmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	5%	Medent EHR	2013

While our practice is technically located in Cattaraugus County, we serve a significant amount of patients from Chautauqua and there are many similarities between the rural areas of both counties. Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in our region. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs, but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Millennial Collaborative Care PPS to receive the services they need to manage their care on a regular basis.

As a family practice serving a very rural population, Medicaid patients of all ages have access to our quality primary care services. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

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VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: James Wild, MD
 Title: Partner
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception:

II. Appeal Applicant Information

Organization Name: Tri-County Family Medicine Associates, PC
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPS" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Family Practice
 Operating Certificate/License #: 160937
 MMIS*: 01028606
 NPI*: 1437140985
 Agency Code:
 Billing Entity ID:
 Address: 1 School Street, Suite 107
 City: Gowanda
 State: NY
 Zip: 14070
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

This field is populated when you select a VAP Exception in Section IV

III. Appeal Point of Contact

Contact Person: Sara Jones
 Title: Practice Manager
 Contact Phone: 716-241-7067
 Contact Email: flashdog98@hotmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	5%	Medent EHR	2013

Character Count: 3358

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Name: James Wild, MD
 Title: Partner
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes No



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**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Umamaheswara Vejendla MD PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Internal Medicine
 Operating Certificate/License #: 014284-1
 MMIS*: 2050080
 NPI*: 1437467487
 Unique Identifiers: 014284-1
 Agency Code:
 Billing Entity ID:
 Address: 152 Foote Ave
 City: Jamestown
 State: NY
 Zip: 14701

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

III. Appeal Point of Contact

Contact Person: Gena Pearson
 Title: Billing Manager
 Contact Phone: 716-664-5290
 Extension: 3
 Contact Email: vejendlaoffice@hotmail.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	0%	Medent EMR	2013

Character Count: 3478

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.

Umamaheswara R Vejendla MD PC serves approximately 11% Medicaid patients and # uninsured patients as a Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis.

As a large internal medicine practice in the southern part of the County, adult Medicaid patients have access to quality primary care services including evaluation and management, bone density scans, nerve conduction tests, and in-house diabetic blood testing. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.

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VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Umamaheswara R Vejendla MD
 Title: Owner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Umamaheswara Vejendla MD PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Internal Medicine
 Operating Certificate/License #: 006401-1
 MMIS*: 2050080
 NPI*: 1881786598
 Unique Identifiers: 006401-1
 Agency Code:
 Billing Entity ID:
 Address: 152 Foote Ave
 City: Jamestown
 State: NY
 Zip: 14701

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3478

III. Appeal Point of Contact

Contact Person: Gena Pearson
 Title: Billing Manager
 Contact Phone: 716-664-5290
 Extension: 3
 Contact Email: vejendlaoffice@hotmail.com

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	28%	1%	Medent EMR	2013

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Name: Umamaheswara R Vejendla MD
 Title: Owner
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
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I. Are you a Medicaid Provider

Answer Yes No

II. Appeal Applicant Information

Organization Name: Umamaheswara Vejendra MD PC
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Other
 Provider Type - Other: Internal Medicine
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 214279-1 2050080 140707057
 Agency Code:
 Billing Entity ID:
 Address 152 Foote Ave City Jamestown State NY Zip 14701

III. Appeal Point of Contact

Contact Person: Gena Pearson
 Title: Billing Manager
 Contact Phone: 716-664-5290 Extension: 3
 Contact Email: vejendloffice@hotmail.com

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V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	11%	0%	Medent EMR	2013

You have chosen the following VAP Exception: i

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Character Count: 3478

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Name: Umamaheswara R Vejendra MD
 Title: Owner
 Answer: Yes No

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- Virkam Sodhi, MD
 Joined PPS: Erie County Medical Center Corporation

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
 Provider Type - Other: Primary Care
 Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 03374614 1114157112
 Agency Code:
 Billing Entity ID:
 Address 609 Central Ave City Dunkirk State NY Zip 14048
 *REQUIRED

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:

a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
 b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1520

III. Appeal Point of Contact

Contact Person Samantha J. Sessamen, M.S.
 Title Incentive Coordinator
 Contact Phone 716-698-3469 Extension
 Contact Email ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
 Dunkirk, NY Location: 609 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY)
 Vital Access Provider within the ECMC Performing Provider System

Provider: Virkam Sodhi, MD; MMIS#: 03374614; NPI: 1114157112; License #: 269088

Needed as Vital Access Provider within the ECMC Performing Provider System

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County. The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).

These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).

This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	2%	EMR	2013-2014

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name Don Boyd
 Title CEO
 Answer Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval.

I. Are you a Medicaid Provider

Answer Yes

II. Appeal Applicant Information

Organization Name: Westfield Family Physicians, PC
Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

** The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable).

Provider Type: Other
Primary Care Provider-MD
Operating Certificate/License # 248542
MMIS* 02976387
NPI* 1083608418
Address 138 East Main Street, PO Box 10 Westfield NY 14787

III. Appeal Point of Contact

Contact Person: Nanette Bartkowiak, RN
Title: Office manager
Contact Phone: 716-326-4678
Contact Email: nanb@wfpweb.net

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied.

** When choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

Table with 4 columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Row 1: 24%, 4%, Insurance rosters and...

You have chosen the following VAP Exception: i

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

You chose the qualification i, in the space below please include:
a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3143

Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care.

Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured.

The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks.

Westfield Family Physicians is a local leader in quality care; the first NCOA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCOA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO.

We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes.

Sincerely,

Donald F Brautigam, MD, FFAFP
CEO Westfield Family Physicians, PC

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.

I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Donald F Brautigam, MD
Title: CEO Westfield Family Physicians, PC
Answer: Yes

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: William M. Linsky, NP
Joined PPS: Upstate University Hospital

The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's.

Provider Type: Other
Provider Type - Other: Nurse Practitioner
Operating Certificate/License #: F301558
MMIS*: 02613069
NPI*: 1760445969
Address: 750 East Adams Street, Syracuse, NY, 13210

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

The VAP Exception relies heavily on the statement you provide, so please be concise and thorough

You chose the qualification i, in the space below please include:
a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS.
b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 591

III. Appeal Point of Contact

Contact Person: Rick Platis
Title: Coordinator, Meaningful Use and Quality Incentives
Contact Phone: 315-464-5181
Contact Email: platisr@upstate.edu

This VAP exception is requested for an emergency medicine provider affiliated with Upstate University Health System. Upstate University Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine provider engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (11 Medicaid/27 total encounters = 40.74% Medicaid).

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii - The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

Table with 4 columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Row 1: 41%, n/a, EHR, CY 2013

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Lorraine Manzella
Title: Administrative Director
Answer: Yes

Only appeals from the CEO, CFO or comparable will be accepted





VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: General Physicians PC- William Wnuk, MD
Joined PPS: Erie County Medical Center Corporation

The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's.

Provider Type: Other
Primary Care
Operating Certificate/License #
MMIS* 02049365
NPI* 1529069085
Address 210 E Main Street
Springville NY 14141

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

The VAP Exception relies heavily on the statement you provide, so please be concise and thorough

You chose the qualification i, in the space below please include:
a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1409

III. Appeal Point of Contact

Contact Person: Samantha J. Sessamen, M.S.
Title: Incentive Coordinator
Contact Phone: 716-698-3469
Contact Email: ssessamen@gppconline.com

General Physicians PC - A multi-specialty medical group
Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)
Vital Access Provider within the ECMC Performing Provider System

Provider: William Wnuk, MD; MMIS#: 02049365; NPI: 1529069085; License #: 210056

Needed as Vital Access Provider within the ECMC Performing Provider System

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
iii Any state-designated health home or group of health homes. **

Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern Cattaraugus and Chautauqua Counties.
The General Physicians PC - Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).

When choosing VAP Exception i & ii - Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information - Section II". If you are part of multiple PPSs, see section VII tab.

When choosing VAP Exception iii- The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

Table with columns: Medicaid (FFS & MC), Uninsured, Data Source, Year. Values: 10%, 2%, EMR, 2013-2014

VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Don Boyd
Title: CEO
Answer: Yes

Only appeals from the CEO, CFO or comparable will be accepted



VAP EXCEPTION FORM IS DUE 10/14/2014 - NO EXTENSIONS WILL BE GRANTED

**State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Vital Access Provider Exception Form**

Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

I. Are you a Medicaid Provider

Answer Yes

You have chosen the following VAP Exception: #N/A

II. Appeal Applicant Information

Organization Name: Wyoming Ob-Gyn, Scott Treutlein ,MD
Joined PPS: Finger Lakes PPS

^^ The VAP Exception is evaluated in the context of the PPS you are joining. If you are joining more than one PPS, you have the option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification!

Provider Type: Other
Provider Type - Other: Physician, ob-gyn
Operating Certificate/License #: NY213977
MMIS*: 2571002
NPI*: 1063481422
Address: 121 S Main St, Warsaw, NY 14569

VI. Restricted to 3500 Characters only! - Please read instructions for clarification!

~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~

This field is populated when you select a VAP Exception in Section IV

Character Count: 978

My private practice ob-gyn office services Wyoming (and surrounding) counties in western NY. I am currently the only ob-gyn physician in Wyoming County. Wyoming County is a mostly rural county with approx 40,000 residents, and without my presence here, pregnant and gynecological patients would need to travel to surrounding hospitals and physicians, sometimes in excess of 100 miles round trip. This is not only an inconvenience to patients, but sometimes is a danger given the potential for urgent care needs regarding obstetrics. My office provides comprehensive obstetrical and gynecological care, and as such, we enhance the PPS in this community by providing these services in a close to home environment. In addition to the inconvenience factor, there are many patients in this community that do not even have the means or ability to travel into a city for care. Thus, for them especially, it is crucial to have local access to as many care specialties as possible.

III. Appeal Point of Contact

Contact Person: Scott Treutlein
Title: Owner
Contact Phone: 585-786-8350
Contact Email: office@wyomingobgyn.com

IV. Please choose the following VAP Exception:

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. **

When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

** When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

V. Percentage of Medicaid & Uninsured members that your facility serves

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	31%	1%	MEDENT	2014

VIII. ### I hereby certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

Name: Scott Treutlein
Title: Owner
Answer: Yes