



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

II. Appeal Applicant Information

Organization Name: _____
 Joined PPS: Mount Sinai Hospitals Group

^^ 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: Nursing Home
 Provider Type - Other: _____
 Operating Certificate/License # _____ MMIS* _____ NPI* _____
 Unique Identifiers: 7003394N _____ 1639177272
 Agency Code: _____
 Billing Entity ID: _____
 Address 71-44 Yellowstone Blvd. Forest Hills NY 11375

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 qualification ii, in the space below please include all of the following that apply to your Hospital:

- a. A description of the applicant's niche services that would enhance the network of services for the PPS.
- b. A financial viability analysis (attach as PDF in the email when submitting)
- c. An identification of and description of how the applicant's relationships within the community that would enhance PPS' success.
- d. Demonstration of past success in reducing avoidable hospital use
- e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 0

III. Appeal Point of Contact

Contact Person: Alan Bash
 Title: Administrator
 Contact Phone: (718) 544-2567 Extension: 102
 Contact Email: alan@foresthillsnh.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	97%	3%		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: Alan Bash Yes No
 Title: Administrator
 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 iii

II. Appeal Applicant Information

Organization Name: Grand Manor Nursing and Rehabilitation Center
 Joined PPS: Bronx-Lebanon Hospital 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: Nursing Home
 Provider Type - Other:
 Operating Certificate/License # MMS* NPI*
 Unique Identifiers: 7000361N 00358021 1588667125
 Agency Code:
 Billing Entity ID:
 Address 700 White Plains Road City State Zip
 Bronx NY 10473
 *REQUIRED

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

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You chose qualification iii and are indicating that your Health Home is not listed on the DOH draft Health Home list. In the space below, please include:
 a. A description of your entity in specific relation to being a Health Home.
 Please do not submit this form if you are already on the draft Health Home List.

Character Count: 557

III. Appeal Point of Contact

Contact Person: Anthony J. Restaino
 Title: Administrator
 Contact Phone: (718) 518-8892 Extension: 810
 Contact Email: arestaino@grandmanor.org

Grand Manor Nursing and Rehabilitation Center is considered a safety net provider in accordance with the Department of Health definition which states that "non-hospital based providers, not participating as part of a state-designated health home, must have at least 35% of all patient volume in their primary lines of business and must be associated with Medicaid, uninsured and Dual Eligible individuals". According to the Department of Health data, Grand Manor currently has 94.44% medicaid, dual eligible or uninsured patients. Therefore, Grand Manor

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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- 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	94%	0%	DOH	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: Anthony J. Restaino
 Title: Administrator
 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: Westmount Health Facility
 Joined PPS:

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Provider Type:
 Provider Type - Other: MMSIS* NPI*
 Unique Identifiers:
 Agency Code:
 Billing Entity ID:
 Address: City: State: Zip:
 *REQUIRED

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: 754

III. Appeal Point of Contact

Contact Person:
 Title:
 Contact Phone: Extension:
 Contact Email:

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	78%	0%	Census	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: Title:
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

We are an 80 bed skilled nursing facility located and sponsored by Warren County. While we have the capability of providing short term rehabilitation, our primary population is comprised of chronic care, long term residents. Many of our residents are placed here while they are Medicaid pending. As a county facility we are often the only facility interested in admitting residents who lack a current payor source. We have a close working relationship with our area hospitals. I believe we are a major component of the long term care safety net for our most vulnerable community members. The ability to move people from the acute care setting to long term care on a timely basis is key to the efficient use of health care resources.