



**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: Ascan Pharmacy Inc  
 Joined PPS: Amida Care, 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: Pharmacy  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 3432648 1447527775  
 Agency Code:  
 Billing Entity ID:  
 Address 101-21 Metropolitan Ave City Forest Hills State NY Zip 11375  
 \*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: 1254

**III. Appeal Point of Contact**

Contact Person Francis Fata  
 Title President  
 Contact Phone 718-793-6747 Extension  
 Contact Email ascanpharmacy@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	8226%	18%	MMS	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 Francis Fata  
 Title President  
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes  No

Ascan Pharmacy Inc provides vital services to Medicaid Managed Care patients and Fee For Service Medicaid patients. A great percentage of our population in 2013 (82.26%) is Medicaid. We provide these services to patients throughout the five boroughs of New York via our confidential delivery services. We are expert at providing the medications patients require in the treatment of HIV/AIDS and have been doing it for many years. We stock the full line of medications and nutritional supplements required for patient specific therapies. Compliance is especially important in HIV/AIDS therapy. More than 20 drugs have been approved and others are on the way. Using just one pharmacy helps assure that you take the proper medications as prescribed and it also enables your pharmacist to identify potential drug interactions and recognize side effects that may occur due to medication mixing or health conditions. We work directly with your physician, and we can also provide specialized packaging where needed. We offer our customers very personalized care by teaming up with the health care providers and the institutions that serve the patients.

When we fill prescriptions, we monitor each patient to insure compliance and watch for adverse reactions.



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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: Belle Mead Pharmacy Inc.  
 Joined PPS: Stony Brook 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: Pharmacy  
 Operating Certificate/License #: 31021  
 MMIS\*: 03754785  
 NPI\*: 1922379809  
 Unique Identifiers: 31021  
 Agency Code:  
 Billing Entity ID:  
 Address: 196 Belle Mead Road, Suite 8  
 City: East Setauket  
 State: NY  
 Zip: 11733

**III. Appeal Point of Contact**

Contact Person: Ruby Masson, RPh  
 Title: President  
 Contact Phone: (631) 444-0784  
 Contact Email: bellemr@gmail.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%	10%	Pharmacy Record	2014

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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: 3495

Belle Mead Pharmacy Inc. is in a unique position to serve the Medication Management needs of Medicaid, Managed Medicaid, Medicare & uninsured patient populations due to its close proximity (<4miles) to the PPS, Stony Brook University Hospital, and its outpatient clinics in East Setauket, NY & nearby locations. The PPS does not currently have a safety net pharmacy provider in its network of providers. Belle Mead Pharmacy Inc. can be a key partner to the PPS to help create systems & tools, with modern technology, specific to optimizing community based pharmacy care services in collaboration with physicians/providers to ensure positive health outcomes thus achieving DSRIP objectives for the PPS. Pharmacists play a critical role in enhancing patient care & patient satisfaction which is well documented in the Asheville Project. Together, we can work to improve county rankings.

Belle Mead Pharmacy Inc. has strong working relationships established with PPS physicians/providers & its care management department, acting as a resource on drug information, drug formularies, drug availability, drug alternatives & drug cost. Often we become the coordination engine, since the patient may see multiple physicians but only uses us as their sole pharmacy. Given our existing relationships with the PPS providers we can quickly integrate with the PPS, helping provide a community based component & work with the PPS to meet its goals.

Belle Mead Pharmacy Inc. is an independent, community based pharmacy, offering Prescription filling, MTM services, Medication Synchronization, Multi-Dose Drug Packaging, Delivery service, Prescription Compounding, Surgical Supplies & community based presentations on health related topics. Our location allows for easy patient access for the many patients who seek healthcare from Stony Brook Hospital & its outpatient clinics located next to us, at Stony Brook Technology Center in East Setauket & other nearby clinics. We service patients living in group homes, assisted living facilities, adult care centers & senior housing (HUD) complexes.

The organization is led by its owner pharmacist, Ruby Masson, & is staffed with pharmacists, certified technicians, store clerks and delivery persons. Being an independent, owner operated pharmacy, greater flexibility can be offered to accommodate the needs of both providers & patients. Our mission is to provide comprehensive Patient Care & MTM services to all patient populations including Medicaid, Medicare & the uninsured. We seek to achieve greater patient medication therapy understanding & medication adherence through face to face patient consults & ongoing follow ups; resulting in positive patient outcomes & reduced overall healthcare costs.

We are confident that Belle Mead Pharmacy Inc. can be of value to the PPS in achieving its objectives of providing patient centered services, reducing 30 day hospital readmissions and reducing healthcare costs via:

- MTM services; face to face patient consults with ongoing patient support & monitoring/Provider collaboration
- Providing medication reconciliation
- Increasing patient education
- Increasing medication adherence
- Promoting utilization of cost effective drug alternatives
- Assessment of med regimens
- Reducing med errors
- Reducing med duplications
- Facilitating patient discharge
- Facilitating patient access
- Pharmacy as a resource center
- Providing & managing a network of independent pharmacies to meet the needs 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: Ruby Masson  
 Title: President  
 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  No

**II. Appeal Applicant Information**

Organization Name: Brothers drug corp  
 Joined PPS:

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Provider Type:   
 Provider Type - Other: Pharmacy  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 1091221 1326022922  
 Agency Code:  
 Billing Entity ID: q  
 Address 169 33 137 th avenue City State Zip  
 Jamaica ny 11434  
 \* REQUIRED

**III. Appeal Point of Contact**

Contact Person Samuel Schwartz  
 Title cfo  
 Contact Phone (718) 723-2100 Extension  
 Contact Email varietyrx@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.
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**V. Percentage of Medicaid & Uninsured members that your facility serves**

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	20%	5%	survey	2012

**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   Yes  No  
 Title   
 Only appeals from the CEO, CFO or comparable will be accepted

You have chosen the following VAP Exception:

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Character Count: 1239

We are an independent community pharmacy located in Rochdale Village mall#2 in South Jamaica, Queens, NYC. The pharmacy has been in this locations for approximately 50 years. We have free pickup and delivery of prescription services for the community at large and also provide dme and surgical supplies. We are next to a large physician group that provides services to Medicaid, Medicare and all other insurance groups. We provide diabetic training, diabetic supplies, nutritional educations, colostomy and ostomy supplies-one of the few suppliers in Queens County. We closely work with NORC and VNS services of NY. We are certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthis. We are a medicare part B provider. We provide MTM (medication therapy management) thru MTM outcomes and Miramax. We have on staff an immunizing pharmacist that provides flu, pneumonia, meningitis and shingles vaccines. We unit dose medication for any patient who requests it at no additional cost. In our local community there are mostly chain pharmacies that do not provide most of the services we provide. Please consider us in the vap exception process. Sincerely yours Samuel Schwartz CFO



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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: Buffalo Pharmacies  
 Joined PPS: Erie County Medical Center Corporation

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Provider Type: Other  
 Provider Type - Other: Pharmacy  
 Operating Certificate/License #: 21600  
 MMIS\*: 00449990  
 NPI\*: 1194745307  
 Unique Identifiers: 21600  
 Agency Code:  
 Billing Entity ID:  
 Address: 1479 Kensington Ave, Buffalo, NY 14215

**III. Appeal Point of Contact**

Contact Person: Alec Gillies  
 Title: General Manager  
 Contact Phone: 716-832-0599  
 Contact Email: agillies@buffalopharmacies.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	57%	2%	Rx Software	2013

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Character Count: 2076

The community that Buffalo Pharmacies services has a high percentage of Medicaid and Medicaid managed care population. While we provide delivery service throughout WNY for pharmacy and Medical Equipment, the majority of our customer base within five miles from the pharmacy is under served and relies heavily on the services that we provide. In looking at your list of Safety Net providers and pending safety net providers, the only pharmacy listed within 5 miles of ECMC's main campus is Bailey Prescription Center and they no longer exist. That pharmacy closed six months ago and we have absorbed a good deal of their customers as well. In addition to being close to the main campus, our store is located in the same plaza as one of ECMC's outpatient clinics. We service the majority of these patients on a walk-in and/or delivery basis. Buffalo Pharmacies is a full service pharmacy that also has a full service medical equipment department. We have been in business for over 30 years servicing this community and have developed a close working relationship with the nearby hospitals and physicians. As an independent pharmacy that is locally owned, we understand the needs of the community and are able to adapt our business to the ever-changing landscape of health care. We are capable of providing not only the delivery of pharmacy and medical equipment services throughout the community, but we are also capable of providing the patient follow-up and facility and health system reporting that will be necessary to improve delivery of services and patient outcomes. Our pharmacists have been trained in immunizations, patient counseling and medication management protocols and we are currently using these types of interventions with our patients and have found them beneficial in improving patient compliance and reducing waste. We are excited to continue to bring and be a part of new concepts and improve care in a community that we have been a part of for years. I believe that Buffalo Pharmacies would prove to be an excellent and vital partner in the DSRIP Program.

**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: Joseph Voelkl  
 Title: President/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: Buffalo Pharmacies Institutional  
 Joined PPS: Erie County Medical Center Corporation

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Provider Type: Other  
 Provider Type - Other: Long Term Care Pharmacy

Operating Certificate/License #	MMIS*	NPI*	
22231	01509439	1184666968	
Unique Identifiers:	Agency Code:	Billing Entity ID:	
Address	City	State	Zip
20 Lawrence Bell	Williamsville	NY	14221

\* REQUIRED

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Character Count: 2347

**III. Appeal Point of Contact**

Contact Person: Alec Gillies  
 Title: General Manager  
 Contact Phone: 716-832-0599 Extension: 324  
 Contact Email: agillies@buffalopharmacies.com

**IV. Please choose the following VAP Exception:**

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	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	52%	2%	Rx Software	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: Joseph Voelkl  
 Title: President/CEO  
 Answer:  Yes  No  
 Only appeals from the CEO, CFO or comparable will be accepted

Buffalo Pharmacies Institutional is a Long Term Care pharmacy that services roughly 6000 beds in Skilled Nursing Facilities, Assisted Living Facilities and Group Homes throughout WNY. We service locations from Buffalo south to Jamestown and east to homes in Rochester. The population serviced in these facilities is unique in that the overwhelming majority of these residents have Medicare Part A, Medicare Part D and Medicaid. Most of which are dual eligible which is precisely the target population for this program. While ECMC has their own nursing home, their hospital and outpatient system serves an incredibly large portion of the patients that we are contracted to provide pharmacy services to. Buffalo Pharmacies Institutional has been in business for over 15 years and we have been growing ever since. We are consistently adding new facilities and we rarely lose homes to the competition. I believe this is because we realize the specific needs of these facilities and we are constantly adapting and adding value services for facilities that improve service, reduce cost and save time. We have added remote dispensing to many facilities and we offer short cycle compliance packaging that reduces med pass time and decreases costs by filling prescriptions on 3,4 and 7 day cycles. Buffalo Pharmacies also was one of the first pharmacies in the area to participate in reporting data to Healthlink which shows as an example of how eager we are to be a part of the solution. These are only a few of the efforts that we are engaged in that are changing delivery of prescription services in the Long Term Care setting. I believe that inclusion of Buffalo Pharmacies Institutional into this PPS would prove beneficial for everyone involved not only in the services that we can provide but also with the experience that we bring to the table. The pharmacists and staff that work at Buffalo Pharmacies come from a wide background including retail, clinical and hospital based pharmacy. Their training and knowledge would be valuable to have when developing plans for reform as well. Overall, I feel that inclusion of Buffalo Pharmacies into the DSRIP Program is necessary and vital to ensure that the community as a whole is being serviced properly and I feel that we offer benefits, services and a broad reach that other providers cannot bring.



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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: CIVA DRUGS CORP D/B/A BRENTWOOD PHARMACY  
 Joined PPS:

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Provider Type:	Other		
Provider Type - Other:	PHARAMCY		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	017492	00713240	1174534739
Agency Code:			
Billing Entity ID:			
	Address	City	State Zip
	761 SUFFOLK AVE	BRENTWOOD	NY 11717

**III. Appeal Point of Contact**

Contact Person	DIGSEH THAKER		
Title	SUPERVISING PHARMACIST		
Contact Phone	631-273-3314	Extension	
Contact Email	DIGESHRX@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	42%	10%	WARE MICROME	10/01/2012 TC

**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: 844

With statistics provided, we serve the community which has high density population of Medicaid, Medicaid managed care organisation, Dual eligible on Medicare as well uninsured individuals. We strongly believe that our inclusion in DSRIP will greatly impact the community that we serve. Between Medicaid and Managed care organisation only we have nearly 41.78% of prescriptions we fill for the community. Therefore this is to humbly request to include CIVA Drugs Corp d/b/a Brentwood Pharmacy to be part of DSRIP. As per statistics published on NYS DOH website for year 2013 Suffolk county has about 224,295 medicaid enrollees which is just right after NY city enrollees, which puts at forefront to serve the medicaid and managed care organisations enrollees to help them achieve better health outcomes along with other health care professionals.

**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 ASHOK PANCHOLI  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: Cresetti Drug Corpdb/a Neergaard Pharmacy  
 Joined PPS: Lutheran 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: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 1022637 1376546820  
 Agency Code:  
 Billing Entity ID:  
 Address 454 5th avenue City Brooklyn State NY Zip 11215  
 \*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: 956

**III. Appeal Point of Contact**

Contact Person Rosemarie Tomassetti  
 Title Supervising Pharmacist  
 Contact Phone 718-768-0600 Extension  
 Contact Email Rororx@aol.com

This pharmacy participates in the 340B program for Lutheran Medical Center Health Care Facilities. We are open 24 hours a day 7 days a week with a pharmacist on duty at all times. We service many uninsured patients that go to the health care centers as well as Medicaid FFS and Medicaid managed care patients. We also have an extensive surgical supply department that services all Medicaid managed care patients as well as Medicaid FFS patients. Lutheran Medical Center has many health care centers throughout the borough of Brooklyn and these patients need to have a sufficient amount of providers in the areas. The closest health center is 4 blocks away from Neergaard Pharmacy and this exception will greatly benefit the community and patients that we serve. Neergaard Pharmacy has been at this location since 1888. Although times have changed it has remained a staple of the Park Slope Brooklyn community. Please consider our pharmacy for an exception.

**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	30%	20%		2012

**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 Rosemarie Tomassetti  
 Title Supervising Pharmacist  
 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: Four Corners Pharmacy 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: Pharmacy  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 27103 2634426 1083722771  
 Agency Code:  
 Billing Entity ID:  
 Address City State Zip  
 Address 360 Delaware Avenue Delmar NY 12054

**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: 1216

Four Corners Pharmacy is located in Albany County providing services to the Bethlehem Area. Bethlehem has an approximate population of 34,800 ( as based on the 2008-2012 American Community Survey 2008-2012 5 year estimate. As one of two independent pharmacy providers in the PPS network we can support services in this area due to our increased level of services provided. Our focus would be in the surrounding Bethlehem community, of which we have been part of for over 9 years. Current Services that will be available to support the reduction of hospital re-admissions include, home delivery of medications, fitting, billing and delivery of wide variety of ambulatory aids and durable medical equipment, non-sterile compounding of prescriptions where needed and emergency paging of pharmacy staff for off hour availability. In addition to the current services provided, Four Corners will work with the PPS to develop and implement additional services to reach mutually agreed upon goals. This could include, but not limited to, such services as in patient pre-discharge consultation, bedside delivery of discharge medications, adherence program and scheduled out-reach in 3, 7, 14 and 30 days from discharge.

**III. Appeal Point of Contact**

Contact Person John Croce  
 Title Pharmacist / Owner  
 Contact Phone (518) 439-8200 Extension  
 Contact Email jcroce@fourcornersrx.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	7%	12%	RX FILES	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 John Croce  
 Title Pharmacist / 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: G.S.P. LONGTERM CARE, INC.  
 Joined PPS: Montefiore 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: PHARMACY  
 Operating Certificate/License #: 29024  
 MMIS\*: 3055589  
 NPI\*: 1255592457  
 Unique Identifiers: 29024  
 Agency Code:  
 Billing Entity ID:  
 Address: 1567 CENTRAL PARK AVENUE  
 City: YONKERS  
 State: NY  
 Zip: 10710  
 \* 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: 1363

**III. Appeal Point of Contact**

Contact Person: DANIEL MOLINO  
 Title: PRESIDENT  
 Contact Phone: 800-547-2779  
 Extension: 102  
 Contact Email: dgrassy@aol.com

In the first round of approvals, we were not considered eligible because our Medicaid Fee for Service volume was approximately 15%. When Medicaid Dual Eligibles are allowed in the calculations, our total prescription volume is increased to above 75%.  
 A) We are a provider to multiple group homes where Medicaid eligible profoundly challenged children and adults reside. We provide these services throughout the Bronx, Brooklyn, Manhattan, Roosevelt Island, Westchester and Rockland Counties to the profoundly challenged population. B) We also offer unique drug packaging in connect with specialized patient specific documentation to aid in drug administration and drug regimen review. We offer various specialty services such as enteral nutrition through enteral pumps, as well as, various home health needs including durable medical equipment. C) Some of the agencies we currently service are CPW, Life Adjustment Center (LAC), NY Foundling, and Young Adult Institute (YAI). Upon request, we can provide affidavits confirming the aforementioned services to the multiple agencies we are currently serving.

**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% IS FFS AND 60% IS DUAL ELIGIBLE	0%	E COMPUTER SC	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 MOLINO  
 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. Appeal Applicant Information**

Organization Name: Gem Drug Corporation DBA Lincoln Pharmacy  
 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: Pharmacy  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 1100201 1992895692  
 Agency Code:  
 Billing Entity ID:  
 Address 300 Morton Avenue Albany NY 12209  
 \*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: 849

**III. Appeal Point of Contact**

Contact Person: Zarina Jalal  
 Title: Pharmacist- Clinical Care  
 Contact Phone: 518-465-2253 Extension:  
 Contact Email: zarina.pharmd@gmail.com

According to the data provided in the 9/2/2014 Safety Net Pharmacies List, there are no pharmacies that service Albany and Schenectady Counties. The inclusion of Gem Drug Corporation DBA Lincoln Pharmacy into Vital Providers list is essential so that Medicaid and uninsured customers in the region can continue to receive pharmacy services. We were surprised to find that our pharmacy was not included on the list because our volume of Medicaid prescriptions is so high, and would be even higher when we consider Dual-Eligible Medicaid/Medicare Customers (our volume is closer to 80% with dual eligibles). Lincoln Pharmacy provides many valuable services including prescription delivery, patient adherence programs, and compliance packaging. We are continually working to provide more value for our customers to help improve their outcomes.

**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	40%		pharmacy Softwa	Jul-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: Jalal Jainulabudeen  
 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. Appeal Applicant Information**

Organization Name: Great Neck Chemists Inc of NY  
 Joined PPS: Long Island Jewish 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: PHARMACY  
 Operating Certificate/License #: 19602  
 MMIS\*: 1051674  
 NPI\*: 1386789543  
 Unique Identifiers: 19602  
 Agency Code:  
 Billing Entity ID:  
 Address: 665 Middle Neck Road  
 City: Great Neck  
 State: NY  
 Zip: 11023

**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: 952

**III. Appeal Point of Contact**

Contact Person: Frank Longo RPh.  
 Title: Owner  
 Contact Phone: 516-482-0004  
 Extension:  
 Contact Email: flongo@precisionltc.com

Great Neck Chemists Inc of NY is a combination Retail & Long Term Pharmacy that services Medicaid eligible clients in the 5 boroughs, Nassau, Suffolk, Westchester & Rockland counties for their prescription needs. Our retail pharmacy currently services Great Neck and surrounding area. Our Long Term Care Pharmacy currently service Adult Homes, Assisted Living Facilities, ALPs, ICFs, IRA & Psychiatric Centers throughout our other service areas. We currently offer our communities with the following services, free delivery, emergency deliveries, 24 hours service, compliance packaging, forms & reports to increase compliance & adherence, and difficult to find medications. A large portion of these clients are either elderly or mentally ill & would benefit from a Saftey Net Pharmacy to work inconjuction with the PPS to improve outcomes. If Great Neck Chemists Inc of NY is not included in the program our clients will be excluded from the program.

**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%	0%	Rxs	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: Frank Longo  
 Title: Presidaent  
 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 | Yes  No  You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: Hillcrest Pharmacy llc  
 Joined PPS: Refu 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: Pharmacy  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 276646 1801817853  
 Agency Code:  
 Billing Entity ID:  
 Address 1 Hillcrest Center Drive Spring Valley NY 10977  
 \* 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: 1212

Hillcrest Pharmacy llc is a full service, independently owned, established pharmacy located on North Main street, Spring Valley, NY. The pharmacy has been in operation for over 40 years and is open 6 days a week. Hillcrest Pharmacy services the town of Spring valley, which has a population of around 33,00 and surrounding areas in Rockland county, which has a population of over 145,000. The median household income is 48,386 and about 23 % are below poverty level. To our understanding, no pharmacy has been designated as a safety net provider in Spring Valley area. One of the many PPS, Refuah Health center is less than 1 mile from the Pharmacy, thus there is a need for a pharmacy to provide medication therapy management. We offer unique services in the retail community which includes but not limited to dispensing prescription medications, drug management programs, counseling by experienced pharmacist for rx and OTC items. By providing MTM, and adherence we can surely reduce the hospital readmission. Our staff includes 2 experienced pharmacist and 3 technicians. We provide local free delivery. We will work closely with PPS to develop and execute any additional programs to bring about positive outcomes.

**III. Appeal Point of Contact**

Contact Person Harshad Patel  
 Title CEO  
 Contact Phone 845-356-7300 Extension  
 Contact Email hrp1422@hotmail.com

**IV. Please choose the following VAP Exception:**

A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  
 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.  
 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	40%	11%	store computer	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 Harshad Patel  
 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: Hometown Healthcare Inc.  
 Joined PPS: Ellis 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: Pharmacy, Home Sleep Therapy, Home Oxygen Therapy, Basic Home Medical Equipment  
 Operating Certificate/License #: 015710 (Pharmacy License) MMIS\*: 00522647 NPI\*: 1144335183  
 Unique Identifiers: 015710 (Pharmacy License) 00522647 1144335183  
 Agency Code:  
 Billing Entity ID:  
 Address: 601 19th Street City: Watervliet State: NY Zip: 12189  
 \*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: 3478

**III. Appeal Point of Contact**

Contact Person: Casey Toomajian  
 Title: CEO  
 Contact Phone: 518-328-0075 Extension: 105  
 Contact Email: catoomaj@hometownhealthrx.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	22.55% (Pharmacy only)	0%	PioneerRx	2014 (so far)

SECTION a.>>>> The definition of the communities that would otherwise not be served by the Ellis PPS unless Hometown Healthcare were granted a VAP exception would be those counties that exist within our current service area for pharmacy programs that exist both today and those planned for the near future. In the context of the Ellis Hospital PPS, these counties would specifically include Schenectady, Albany, Greene, Saratoga, Rensselaer, & Columbia counties. The population served would be those individuals that meet the following criteria: 1) Currently taking 5+ maintenance medications, existence of one or more chronic conditions, identified as higher risk for medication non-adherence, and would benefit from home delivery of medications. Inherent in the criteria, this population would include those people that have mobility barriers and/or a lack of caregiver support resulting in decreased access to the local pharmacy at the frequency needed to consistently secure their medications. As I review the current list of providers it is my opinion that there are fewer pharmacy organizations than would be ideal to establish the robust provider network that will optimize the success of the DSRIP program. Moreover, many pharmacies today have traditional retail models that often fall short of having the kinds comprehensive medication management programs WITH home delivery needed to reach desired levels of population health improvement and a reduction in avoidable costs. SECTION b.>>>> Hometown Healthcare Inc. is an organization that exists to keep people in their home and help them age gracefully. Today we accomplish this by providing products, services, and care management programs within the scope of pharmacy, oxygen therapy, sleep therapy, and basic home medical equipment. In the context of this PPS, the services provided will be a pharmacy model that is delivery intensive and goes beyond transactional drug dispensing by delivering comprehensive medication therapy care management. This would include adherence monitoring/coaching, Medication Synchronization w/delivery dispensing (see attach#1), conducting comprehensive and targeted MTM patient cases, and increased Pharmacist-PCP collaboration including embedding pharmacists in the PCP office, providing support with med reviews and consults, disease mgmt/trouble shooting, medication reconciliation, at care transitions support (see attach#2 and #3). We believe the pharmacy organization should be a key provider responsible for solving the problems around a population of patients taking the right medications at the right times and we plan to focus on that as a primary goal over this broad and underserved multi-county community. We believe the pharmacy organization is a hub for the complex multi-prescriber environment that is uniquely positioned as a healthcare organization to deliver new levels of care coordination necessary to accomplish DSRIP goals. We believe that Hometown Healthcare Inc. is the kind of forward thinking pharmacy organization that will significantly enhance the overall network of services for the Ellis Hospital PPS in the aforementioned communities if given access to appropriate resources. Hometown Healthcare is currently engaged with a large health plan on two separate innovative pharmacy-based pilots approved for implementation that, upon the successful demonstration of targeted outcomes, will be able to be leveraged in the context of the DSRIP program.

**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: Casey Toomajian  
 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:

**II. Appeal Applicant Information**

Organization Name: John & Franco's Drugs Inc d/b/a Stuarts Pharmacy  
 Joined PPS: Nassau University 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: Pharmacy  
 Operating Certificate/License #: 20290  
 MMIS\*: 1134849  
 NPI\*: 1760569636  
 Unique Identifiers: 20290  
 Agency Code:  
 Billing Entity ID:  
 Address: Our  
 City: Massapequa  
 State: NY  
 Zip: 11758

**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: 1437

**III. Appeal Point of Contact**

Contact Person: Franco Doria  
 Title: Supervising Pharmacist, Owner  
 Contact Phone: 516-799-5858  
 Extension: 14  
 Contact Email: RxProvider@aol.com

Good Morning, We have been located here in Massapequa for over 28 years under the same ownership. We have grown our practice though out these turbulant times in health care providership. The reason for our growth has been because we focus on servicing the community with the highest regardre for maintaining relationships with our clients, doctors, health care providers and PPMs. As an independent pharmacy located centrally on and we service clients literally from all parts of LOnG Island. Especially those with special needs. There are after prescriptions which are written for items that are difficult to find which we stock or have access to for fulfilling the requirments of a given prescription. As to our efficacy and Highest standards you need only refere to our recent (2010,May)office of Medicaid inspector General Audit to find that after the OMIG audit of 5 years of records we were found to have no(Zero) Issues. Our pharmacy is known by Hospitals and Doctors though out Long Island as the place to go if you have special needs.(Rare anti-biotic, compounded medications and usually not stocked expensive Medications) Please review this application and understand that we wish to fill the void for those who participate in these benefit programs. Please allow those the opportunity for the very highest level of service available Franco Doria Owner Supervising Pharmacist, John Mezzetta Owner, Pharmacist

**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	2%	5%	Prescription log	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: Franco Doria  
 Title: Supervising Pharmacist  
 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

**II. Appeal Applicant Information**

Organization Name: Kings Park Slope, Inc  
 Joined PPS: SUNY Downstate 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: Pharmacy  
 Operating Certificate/License #: 19339  
 MMIS\*: 1014942  
 NPI\*: 1942311329  
 Unique Identifiers: 19339  
 Agency Code:  
 Billing Entity ID:  
 Address: 357 Flatbush ave  
 City: Brooklyn  
 State: NY  
 Zip: 11238

**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: 2312

Kings Pharmacy is located in close proximity to SUNY Downstate Medical Center, which serves a large number of uninsured and underinsured patients. Most patients are African Americans from the Caribbean and in need of specialized care. Kings Pharmacy employees speak multiple languages, including Créole, Spanish, and French. Kings Pharmacy has been a vital part of the community for almost 30 years. We provide a wide range of services, including medication dispensing and specific disease state management. Besides being a full service Pharmacy we are ACHC and URAC accredited. These difficult to obtain accreditations position us as an essential partner to physicians and hospitals to educate, manage and dispense to patients that otherwise would be without professional help. Kings Pharmacy helps physicians obtain specialty medications and most importantly, manage patients' complex therapies in disease states such as Hepatitis C, Hemophilia, Diabetes, Infertility and others. Many hospitals have grown accustomed to our high level of service and expect no less in the future. We have clinical pharmacists available 24/7 to answer any questions that our patients may have, and provide in-home teaching for self-administration of injectable medications, such as Humira, Pegasys, Serostim and others. In addition, we hold Diabetes classes to educate and provide vital information to our patients to help them get on the right path to managing their conditions. We take pride in being a Clinical site for Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences, where we have the privilege to train future pharmacists to be professional, knowledgeable and compassionate experts in their field. We are also the only ASHP accredited PGY-1 Community Residency program in NY Metropolitan Area where a clinical pharmacist is responsible for MTM and patient education. Moreover, we have recently become a 503B Outsourcing facility which will save hospitals and clinics resources by outsourcing preparations of their sterile compounds to Kings Pharmacy. Being licensed by FDA and NY state to do this, gives many facilities an opportunity to have additional options for their patients and assures them of the highest quality compounding service that Kings Pharmacy would provide.

**III. Appeal Point of Contact**

Contact Person: Dmitry Vagman, RPh  
 Title: Pharmacist in Charge, Vice President  
 Contact Phone: 718-230-3535  
 Contact Email: dmitry.v@kingsrx.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	45%	13%	Opus ISM	2013-14

**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: Dmitry Vagman  
 Title: Vice 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

You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: KPH Healthcare Services, Inc.  
 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: Pharmacy  
 Operating Certificate/License #: MMIS\* NPI\*  
 Unique Identifiers: NYS Pharmacy license 031874 3585339 1487996377  
 Agency Code:  
 Billing Entity ID:  
 Address: 2912 James Street City: Syracuse State: NY Zip: 13026

**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: 2047

**III. Appeal Point of Contact**

Contact Person: Mike Duteau  
 Title: VP of Business Development and Strategic Relations  
 Contact Phone: 315-276-5516 Extension:  
 Contact Email: mikeduteau@kinneydrugs.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%	Prescription Re	2014

Delivery at Discharge is a comprehensive, multichannel transition of care program. Designed to significantly reduce preventable hospital readmissions, this initiative also bridges the gap between health care providers and patients through innovative technology and communication efforts. Developed by Kinney Drugs (a division of KPH Healthcare Services located in Syracuse, NY), Delivery at Discharge provides patients with bedside delivery of medication and supplies prior to discharge as well as a comprehensive consultation process designed to properly educate and prepare patients / caregivers for a successful transition to their residence or nursing home setting. Through implementation of Delivery at Discharge, hospitals, nursing homes and payers have realized a significant reduction in preventable readmissions in their targeted patient populations. No other pharmacy offers this unique service within the operating area of this PPS, specifically the Central New York region starting in Syracuse but also encompassing those communities in a 45 mile radius in any direction. We are asking for an exception based on the provision of this service rather than traditional filling of prescriptions. Our pharmacists ensure that the patient receives all necessary medication, prior to discharge, and counsels the patient and / or caregivers on proper use and importance of each medication. Once the patient is discharged to the home or nursing home setting, our Kinney Drugs Pharmacist calls him or her three times within the next 30 days to ensure medication adherence, determine if side effects of the medication are a barrier to successful therapy and also perform a disease state prognosis assessment. Any concerns, or "red flags", are immediately conveyed to the attending or primary care physicians in an attempt to intervene and avoid readmission to the hospital. To date, we have been able to demonstrate a 100% reduction in preventable readmissions for heart failure patients at St. Joseph's Hospital in Syracuse, New York.

**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: Steve McCoy  
 Title: Executive Vice President and Chief Financial 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  No

You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: Lindsay Drug Co., Inc.  
 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: Pharmacy  
 Operating Certificate/License #: 18848  
 MMIS\*: 918649  
 NPI\*: 1073598397  
 Unique Identifiers: 18848  
 Agency Code:  
 Billing Entity ID:  
 Address: 416 -5th Ave  
 City: Troy  
 State: ny  
 Zip: 12182

**III. Appeal Point of Contact**

Contact Person: Kathleen M Bonnier  
 Title: President  
 Contact Phone: 518-235-2522  
 Extension: 3  
 Contact Email: pharmacy@lindsaydrug.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	27%	<5	Rx Records	08/13 -07/14

**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: 3158

Lindsay Drug Co., Inc. is a full service Home Health Care Pharmacy and Durable Medical Equipment supplier offering services to our Rensselaer County community since 1922. Rensselaer County has a population of about 160,000 people and is located across the Hudson River and runs North East of the Albany Medical Center Hospital. We would like to be included in the redesign project because we are an asset to our community and surrounding counties and there are currently no Safety Net Pharmacies listed in Rensselaer County. We are one of the top three Medicaid Providers in our county. We are an information source for local health care providers for product availability, dosage forms, manufacturer specifications for use, formulary options, patient adherence and insurance product coverage. We carry a large inventory of medications and home health care products that are hard to find or not found in "help yourself" department stores with little or no staff knowledge or assistance. Lindsay Drug Company bases procedures of operation on problem solving, patient medical health care issues and accommodating their needs to achieve the goal of patient satisfaction and well-being. We use the old fashioned idea of increased staffing to allow more pharmacist and staff contact with patients and more individual attention. We offer private and semi-private consultation areas for routine medication information and for other services of medication management and scheduling. We offer patient education materials in the form of specific drug monographs and also education materials on specific disease states to encourage healthy lifestyle and adherence to medication therapies. Lindsay Drug Co. is one of the few durable medical equipment suppliers in our county that actually helps people find and choose appropriate aids to daily living, soft surgical bracing items, bathroom safety equipment and self-mobility equipment. We are a Board of Certified Prosthetics and Orthotics (BOC) accredited supplier and employ certified fitters for post-mastectomy and surgical compression therapy patients. We offer home delivery service and routine telephone consultation for patients unable to leave their homes to come to the pharmacy in person. Lindsay Drug Co. is committed to supply the most professional pharmacy care possible. By staying up to date on legal and clinical changes, we carry out our daily activities to the best of our ability. We act honestly and ethically interacting with our patients, prescribers and their staff. We maintain accurate patient information and update it routinely. We follow the requirements of federal, state and private third parties and help their members understand rules and restrictions. We submit accurate member claims that have been ordered by a qualified prescriber. We help beneficiaries find less expensive therapy that will be effective. With integrity we look for fraud during our work activities and set examples in ethical behavior. We have been a Medicaid and Medicare Provider since the 1980's and would like to continue to be included in the Delivery System Reform Incentive Payment Program.

**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: Kathleen M Bonnier  
 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

You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: Madison Avenue Pharmacy  
 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 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: Pharmacy

Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:	01123775	1881712271
Agency Code:		
Billing Entity ID:		
Address	City	State Zip
Address 1407 Madison Ave	New York	NY 10029

**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

**III. Appeal Point of Contact**

Contact Person: Marc Brandell  
 Title: Supervising Pharmacist  
 Contact Phone: 212-722-3200  
 Contact Email: madisonrx@verizon.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	27%	2%	pharmacy System	2013

Madison Avenue Pharmacy has been serving the community for over 25 years and has worked closely with Mount Sinai Hospital Manhattan over these years. It is our intention to continue this relationship and partner with the Mount Sinai Hospital Group PPS. While Manhattan is a very provider dense area, our proximity to the hospital and the services we provide make us unique. Madison Avenue Pharmacy is located ½ a city block away from Mount Sinai Hospital Manhattan. Mount Sinai Manhattan currently services 45,557 Unique Medicaid Members with Services.

Please note the following services that we provide:

- Community Based Outcome Techniques has been our practice for years, well before it became the hot topic of Healthcare.
- Medication Therapy Management Services (MTM), we identify our high risk patients by their insurance company. The insurance company alerts us of the patient's risks then we perform the required MTM service. We insure that these patients understand why they are taking their medications and the importance of taking them correctly.
- Compliance Blister Packaging, a packaging system in which all meds that are taken the same time of day are packaged together. The blister pack has 28 sealed compartments that organizes four doses/day for a full week. Our pharmacists arrange the doses exactly as prescribed. This allows the patient to know exactly when to take the medications. This packaging, because of its design, will alert caregivers immediately if a patient is non-compliant.
- Medication Synchronization, we synchronize all the patients' refills so they are filled on the same day. This avoids multiple trips to the pharmacy and/or forgetting to refill a prescription, therefore increasing compliance.
- Refill Reminder, a system that will contact all of our patients via telephone, email or smartphone to remind them to refill their prescriptions.

These are some of the unique services that we provide to keep our patients adherent, setting us apart from other pharmacies.

Adding to our importance to the community, we are currently working with Mount Sinai on an array of Clinical Based projects as noted:

- We are Mount Sinai's 340B Pharmacy
- We support Mount Sinai's Sexual Assault and Violence Intervention Program (SAVI)
- We were chosen to be the exclusive control pharmacy when Mount Sinai was conducting the research on the effects of the toxic dust on the 911 responders.
- Mount Sinai's Department of Psychiatry has identified patients with high readmission rates and discovered that some of these readmissions are due to the patient not filling their prescriptions upon discharge. Due to our close proximity to the hospital and the high level of service we provide, the Department has contacted us to fill these prescriptions. Now upon discharge a Med Reconciliation can be done insuring the patient has their meds therefore reducing readmission.
- Our Pharmacy works in conjunction with the Mount Sinai Resource Entitlement & Advocacy Program (REAP), identifying non-insured patients that are Medicaid eligible. If these patients need medication before their Medicaid is active, we fill their prescriptions as needed and then bill Medicaid once they become active. This insures that the patients get their medications so they can be successfully discharged from the hospital and avoid readmission or Emergency room visits.

These services are proven to drive positive outcomes within health care, making us a perfect partner for any PPS.

**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: Richard Schirripa  
 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: Marg Pharmacy, Inc. DBA Katz Drugs  
 Joined 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:   
 Provider Type - Other:   
 Operating Certificate/License #:  MMIS\*:  NPI\*:   
 Unique Identifiers:     
 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~

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: 299

This is Community Based Pharmacy serving community since 1898, We are one of the oldest location in this area, and serve large and verity of people in this area, we monitor compliance, MTM and drug adherence and we are participatioing pharmacy for 340 B program with Woodhull Hospital (HHC) Facility,

**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.
- 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	3900%	5%	pharmacy	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:  Answer:  Yes  No  
 Title:   
 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: Marg Pharmacy, Inc. DBA Katz Drugs  
 Joined PPS: Health & Hospital 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: Pharmacy  
 Operating Certificate/License #: 22684  
 MMIS\*: 1578078  
 NPI\*: 1932185352  
 Unique Identifiers: 22684  
 Agency Code:  
 Billing Entity ID:  
 Address: 76 Graham Avenue, Brooklyn, NY 11206

**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: 347

We are Community Based pharmacy serving community since 1898, we work closely with community Clinic and Hospital, we monitor compliance and drug adherence, we are working with various patient for achieving their goal on drug adherence and comply with their treatment, we train patient to use various medicine to achieve goals in their treatment plan,

**III. Appeal Point of Contact**

Contact Person: Hemang Patel  
 Title: Compliance Officer  
 Contact Phone: 718-388-4588  
 Contact Email: kdrgs@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	75%	5%	Pharmacy System	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: Sahaj Patel  
 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

You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: Marra's Pharmacy  
 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: Pharmacy

Operating Certificate/License #	MMIS*	NPI*
7907	516207	1063496404
Agency Code:		
Billing Entity ID:		
Address	City	State
217 Rensen St	Cohoes	NY
		Zip
		12047

\* 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: 1232

**III. Appeal Point of Contact**

Contact Person: John T. McDonald III  
 Title: President  
 Contact Phone: 518-237-2110 Extension: 141  
 Contact Email: jmcdonald@marrarx.com

Marra's Pharmacy has been serving the Medicaid and uninsured population for over 84 years. In as much as Medicaid in its current state did not come into existence until the mid 1960's, we at Marra's, now in our third generation of the same family ownership, believe that all individuals are deserved of the best and equal care, no matter their financial situation. For the past twenty years Marra's Pharmacy has provided both pharmacy and durable medical equipment/home care services. We serve the four county region of Albany, Rensselaer, Saratoga and Schenectady county and our service is either in the business or in the home. We continue to see an increase in deliveries to the point that we deliver average 75-100 deliveries on a typical business day. The majority if not all patients we deliver to today vs twenty years ago are infirmed and are on Medicaid or some other public assistance. Additionally Marra's also provides services to the developmentally disabled population of which we serve in the business and by delivery. We have become the sole provider in many circumstances for thousands of patients and caregivers due to our services we provide and we would like to be considered for the proper exception.

**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%	Business Audit	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: John T. McDonald III  
 Title: President/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: Moden-Giroux, Inc. d/b/a Transit Hill Pharmacy  
 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: Pharmacy  
 Operating Certificate/License #: 19919  
 MMIS\*: 1092286  
 NPI\*: 1518058106  
 Agency Code:  
 Billing Entity ID:  
 Address: 6344 Transit Road, City: Depew, State: NY, Zip: 14043

**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: 2809

**III. Appeal Point of Contact**

Contact Person: Stephen L. Giroux  
 Title: Owner and President  
 Contact Phone: (716) 735-3261  
 Contact Email: girouxmf@rochester.rr.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	13%	4%	Internal	2013

a. Moden-Giroux, Inc. d/b/a Transit Hill Pharmacy is applying for the VAP Exception to join the Erie County Medical Center PPS in meeting the needs of patients in Erie County. Through partnerships with local primary care providers and companies, clinical pharmacists from Transit Hill Pharmacy provide services to this population including medication therapy management, diabetes self-management education and training, medication adherence services, immunization services, and insulin pump training and management.

b. Moden-Giroux, Inc. d/b/a Transit Hill Pharmacy is part of an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-Management Education and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program at Transit Hill Pharmacy following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently. Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C. In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonist (RAS) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services offered by the Erie County Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved 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: Stephen L. Giroux  
 Title: Owner and 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. Appeal Applicant Information**

Organization Name: New Utrecht Pharmacy Inc.  
 Joined PPS: Maimonides 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: Independent Pharmacy  
 Operating Certificate/License #: 16931  
 MMIS\*: 518098  
 NPI\*: 1982756029  
 Unique Identifiers: 16931  
 Agency Code:  
 Billing Entity ID:  
 Address: 4624 NEW UTRECHT AVENUE  
 City: BROOKLYN  
 State: NY  
 Zip: 11219

**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: 889

**III. Appeal Point of Contact**

Contact Person: MAYER MALTZ  
 Title: PHARMACY MANAGER  
 Contact Phone: (347) 680-2464  
 Extension:  
 Contact Email: MMALTZ@GMAIL.COM

New Utrecht Pharmacy Inc is a community bases pharmacy located in the heart of Borough Park, Brooklyn. As an independent pharmacy in our 39th year we are dedicated to promoting and fostering our unique pharmacy programs to the growing culturally diverse community. We provide high quality care and comprehensive pharmacy services. As a premier community pharmacy, we are devoted to the patient, their families and the community. Our pharmacy programs improve the lives of patients and we remain uniquely committed to serving the special pharmacy needs of our culturally diverse community.  
 New Utrecht Pharmacy offers many distinct and unique medication adherence programs that have enhanced the lives of patients and their caregivers. The following programs further improve the quality and value of the PPS in our community.  
 Please read attached pdf in email about our programs. Thank You.

**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	69%	2%	Y MANAGEMEN	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: NATHAN MALTZ  
 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 | Yes  No  You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: P & S Pharmacy, llc dba Wurtsboro Pharmacy  
 Joined PPS: Wes 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: Othr Other  Pharmacy   
 Provider Type - Other: Pharmacy  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 2459772 1588694483  
 Agency Code:  
 Billing Entity ID:  
 Address 2930 rt 209/ PO Box 897 Wurtsboro NY 12790  
 \* 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: 1202

**III. Appeal Point of Contact**

Contact Person: Rahul Kumar M Patel  
 Title: CEO  
 Contact Phone: 845-888-2614 Extension:  
 Contact Email: rahulofsbp@hotmail.com

**IV. Please choose the following VAP Exception:**

A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  
 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.  
 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%	12%	county source	2010

**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: Rahul Kumar M Patel  
 Title: CEO  
 Only appeals from the CEO, CFO or comparable will be accepted  
 Answer: Yes  No

P & S Pharmacy, llc, dba Wurtsboro Pharmacy is a full service, independently owned, located in Wurtsboro, NY (Sullivan County). Pharmacy is opened 6 days a week and has been in its present location for 11 years. Pharmacy serves the village of Wurtsboro and surrounding rural area with population of around 5000 or so of the total population of 76,665. The median income per household in Sullivan County is 36,998 and about 11.6% and 17.4% of population were below poverty line. Estimated 46% of population fall in to low income category and are serviced by Medicaid, managed care or dual eligible. No pharmacy has been designated as a safety net provider in pharmacy's 15 mile radius. Therefore out of the current configuration of the PPS used by resident of Sullivan county with regard to MTM is not served. We will try to reduce the hospital readmission by educating people about adherence and MTM. We are capable of customized medication packaging to help adherence. Right now we work with Westchester Medical center and provide their pediatric oncology patient with specialised compounded medications. We will work with PPS to develop and execute additional programs to bring positive outcomes or goal.





**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  You have chosen the following VAP Exception:

**II. Appeal Applicant Information**

Organization Name: P & S Pharmacy, Ilc dba Wurtsboro Pharmacy  
 Joined PPS: Sele: Select 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: Sele: Select One  
 Provider Type - Other: Pharmacy

Operating Certificate/License #	MMIS*	NPI*	
	2459772	1588694483	
Unique Identifiers:			
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
2930 route 209, PO Box 897	Wurtsboro	NY	12790

\* 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: 1369

**III. Appeal Point of Contact**

Contact Person: Rahul kumar M Patel  
 Title: CEO  
 Contact Phone: 845-888-2614 Extension: 4  
 Contact Email: rahulofsbp@hotmail.com, / wurtsboropharmacy@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	46%	12%	county source	2010

**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: Rahul Kumar M Patel  
 Title: CEO  
 Only appeals from the CEO, CFO or comparable will be accepted

Answer  Yes  No

P & S Pharmacy Ilc, dba Wurtsboro Pharmacy is a full service, independently owned pharmacy, located in Wurtsboro, NY. (Sullivan County). Pharmacy is opened 6 days a week and has been in present location for 11 years. Pharmacy serves the village of Wurtsboro and surrounding rural area with population of around 5000 or so of the total population of 76,665. (Sullivan county census). The median income per household in Sullivan county is 36,998 and about 11.6% of families and 17.4% of population were below poverty line. Estimated, 46 % of population fall in to low income category and are serviced by medicaid, managed care or dual eligible. No Pharmacy has been designated as a safety net provider in Wurtsboro Pharmacy's 15miles radius. Therefore the current configuration of the three PPS covering Sullivan county with regard to MTM is not served. We try hard to reduce the hospital readmission by educating people about adherence and help elderly in reminding if needed of their refill, doctors appointment and deliver medication. We also do non sterile compounding. We are capable of customized medication packaging to help adherence. If needed we provide translation service in spanish and russian. We provide extensive patient counseling on a regular basis and would work with PPS to develop and execute additional programs to bring positive outcomes, or goals.



**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: PURTI DRUGS CORPORATION  
 Joined PPS: Select 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: PHARMACY  
 Operating Certificate/License #: 18315 MMIS\*: 868864 NPI\*: 1578645875  
 Unique Identifiers: 18315 868864 1578645875  
 Agency Code:  
 Billing Entity ID:  
 Address: 1537 STRAIGHT PATH City: WYANDANCH State: NY Zip: 11798  
 \*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: 350

**III. Appeal Point of Contact**

Contact Person: AMARISH KACHHY  
 Title: CEO PURTI DRUGS CORP. AND SUP. PHARMACIST  
 Contact Phone: 631 643 4354 Extension:  
 Contact Email: purtid@yahoo.com

HI, I AM SERVING THIS COMMUNITY SINCE 1984.WYANDANCH IS POOR NEIGHBOURHOOD.WE HELPED THE COMMUNITY SEVERAL WAYS- HELPING TO UNDERSTAND THE MEDICINE ,SIDE EFFECTS OF IT ,TAKING IT RIGHT WAY SO THEY CAN HAVE LESS HOSPITAL VISIT AND BETTER QUALITY OF LIFE.AS PER MY KNOWLEDGE THERE IS NO OTHER PHARMACY IN THIS D S R I P PROGRAMME IN OUR GEOGRAPHIC AREA.

**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	75%	3%	PHARMACY SOFTW	2012

**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: amarish kachhy  Yes  No  
 Title: ceo purti drugs corp.  
 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: RG Drug Corp  
 Joined PPS: The New York and Presbyterian 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: Pharmacy  
 Operating Certificate/License #: MMIS\* NPI\*  
 Unique Identifiers: 21514 1372729 1225070857  
 Agency Code:  
 Billing Entity ID:  
 Address: 2201 Broadway NY City State Zip 10024  
 \*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: 467

We have been servicing the Upper West Side Manhattan Community since 1910. We are open 365 days a year Monday-Friday 8AM - 9PM, Saturday from 9AM - 7PM and Sunday from 9AM - 6PM. We have a large inventory of prescription medications and a staff of five full-time Pharmacists. We have been a long standing vendor for the IVF programs at Cornell and Columbia Medical Centers. To improve compliance we participate in MTM programs and have a refill reminder program.

**III. Appeal Point of Contact**

Contact Person: Russell Gellis  
 Title: President  
 Contact Phone: 917-578-4835 Extension  
 Contact Email: rg1@apthorprx.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	1%	11%	Pharmacy Computer S	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: Russell Gellis  
 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

**II. Appeal Applicant Information**

Organization Name: Rosenkran's Pharmacy Inc. d/b/a Oakfield Family Pharmacy  
 Joined PPS: Niagara Falls Memorial 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: Pharmacy  
 Operating Certificate/License #: 26915  
 MMIS\*: 2632906  
 NPI\*: 1972696300  
 Agency Code:  
 Billing Entity ID:  
 Address: 40 Main Street, Oakfield, NY 14125

**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: Stephen L. Giroux  
 Title: Owner  
 Contact Phone: (716) 735-3261  
 Contact Email: girouxmf@rochester.rr.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%	6%	Internal	2013

**Character Count: 3395**

a. Rosenkran's Pharmacy Inc. d/b/a Oakfield Family Pharmacy is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center PPS in meeting the needs of patients in Genesee, Niagara, and Orleans counties. As an integral part of a rural population in Genesee County, Oakfield Family Pharmacy provides pharmacy and clinical services in an area with a primary care health professional shortage adjunct to several medically underserved areas including Orleans Service area and Niagara Falls Service area which also have primary care health professional shortages. Through partnerships with local primary care providers and companies, clinical pharmacists from Oakfield Family Pharmacy provide services to this population including medication therapy management, diabetes self-management education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have met the needs of patients who would otherwise need to travel 50 miles or more to receive care or if unable to travel were denied access to these services.

b. Rosenkran's Pharmacy Inc. d/b/a Oakfield Family Pharmacy has a partnership with an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-Management Education and Training (DSME/T) Program – "Western New York Diabetes Solutions", ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently. Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C.

In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonist (RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services offered by the Niagara Falls Memorial Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved 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: Stephen L. Giroux  
 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

**II. Appeal Applicant Information**

Organization Name: Rosenkran's Pharmacy Inc.  
 Joined PPS: Niagara Falls Memorial 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: Pharmacy  
 Operating Certificate/License #: 7943  
 MMIS\*: 453338  
 NPI\*: 1386733079  
 Agency Code:  
 Billing Entity ID:  
 Address: 526 Main Street  
 City: Medina  
 State: NY  
 Zip: 14103

**III. Appeal Point of Contact**

Contact Person: Stephen L. Giroux  
 Title: Owner  
 Contact Phone: (716) 735-3261  
 Contact Email: girouxmf@rochester.rr.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%	7%	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: Stephen L. Giroux  
 Title: Owner  
 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: 3261

a. Rosenkran's Pharmacy Inc. is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center PPS in meeting the needs of patients in Niagara and Orleans counties. As an integral part of a rural population in Orleans County, Rosenkran's Pharmacy Inc. provides pharmacy and clinical services in a medically underserved area (Orleans Service area) and adjunct to the Niagara Falls Service area which both also have primary care health professional shortages. Through partnerships with local primary care providers and companies, clinical pharmacists from Rosenkran's Pharmacy Inc. provide services to this population including medication therapy management, diabetes self-management education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have met the needs of patients who would otherwise need to travel 50 miles or more to receive care or if unable to travel were denied access to these services.

b. Rosenkran's Pharmacy Inc. has partnership with an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-Management Education and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently. Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C. In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonist (RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services offered by the Niagara Falls Memorial Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved 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

**II. Appeal Applicant Information**

Organization Name: S & T PHARMACY  
 Joined 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:   
 Provider Type - Other: PHARMACY  
 Operating Certificate/License #: 27764  
 MMIS\*: 2998236  
 NPI\*: 1972518512  
 Agency Code:  
 Billing Entity ID:  
 Address: 391 EASTERN PARKWAY  
 City: BROOKLYN  
 State: NY  
 Zip: 11216

**III. Appeal Point of Contact**

Contact Person: DONALL ST.FLEUR  
 Title: OWNER  
 Contact Phone: 718-756-6026  
 Extension:  
 Contact Email: SNTPHARMACIE@OPTONLINE.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	36%	12%	QS1	2011

**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:   
 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: 1647

Previously we only submitted the FFS data that was required which was NY Medicaid patients only. Since the definition has changed to include dual eligible Medicaid and managed care prescriptions, we are updating our data to reflect the current adjusted criteria which shows we satisfy the 35% criteria. We do not belong or are directly affiliated with any PPS facilities but indirectly we work closely with many physicians in some of the optioned facilities and beyond. We service a community that is largely West Indian (particularly immigrants from Haiti) and West Africans, where English isn't their primary language. Because of the language barrier, many patients face complications from medication adherence and compliance. Because our pharmacy is a multi-lingual facility, we create a link in collaborating with physicians and patients on these common issues. With time restraints on office visits and lack of proper communication/understanding, many patients suffer from preventable adverse effects or ineffective therapy which leads to noncompliance. We serve as a healthy mediator to both parties, essentially correcting avertible errors in healthcare. We also participate in Mylan's Clozapine monitoring program. We service a fair amount of AIDS patients, where compliance is a big concern in their overall health/prognosis. We work closely with physicians, even notifying them of prescription refills for certain patients who are suspected of noncompliance. Taking the extra step in assuring efficient healthcare practices has become the core of our facility's practice and excluding us from the DSRIP program would hugely impact that.



**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: SRK PHARMACY INC DBA V&K PHARMACY  
 Joined 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:   
 Provider Type - Other: PHARMACY  
 Operating Certificate/License #: \_\_\_\_\_ MMIS\*: \_\_\_\_\_ NPI\*: \_\_\_\_\_  
 Unique Identifiers: 31753 3530792 1487907697  
 Agency Code: \_\_\_\_\_  
 Billing Entity ID: AJPI  
 Address: 1227 OGDEN AVE City: BRONX State: NY Zip: 10452

**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: 0

**III. Appeal Point of Contact**

Contact Person: SRINIVASA KOLLI  
 Title: SUPERVISING PHARMACIST/PRESIDENT  
 Contact Phone: 718-293-8777 Extension: \_\_\_\_\_  
 Contact Email: RXKOLLI@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	3500%	7%	ERNAL COMPUT	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: SRINIVASA KOLLI  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: Sullivan Pharmacy Inc  
 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: Pharmacy  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 2632740 1194810770  
 Agency Code:  
 Billing Entity ID:  
 Address 267 North Main Street City State Zip  
 Liberty NY 12754  
 \*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: 2180

**III. Appeal Point of Contact**

Contact Person: Sonal Trivedi  
 Title: Supervising Pharmacist/Owner  
 Contact Phone: 914-799-0199 cell 845-295-5456 Pharmacy Extension  
 Contact Email: 1sonaltrivedi@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	46%	12%	CountyCensus	2010

Sullivan Pharmacy is a full-service, independently owned pharmacy located in Liberty, NY. The pharmacy is open 7 days per week, and has been in operation for 10 years. Sullivan services the city of Liberty, which has a population of 5000, and surrounding areas in rural Sullivan county, which has a total population of 76,658. The median household income in Sullivan County is \$ 32,000 . Approx. 17.5% are below the poverty level. Of Sullivan's current patient population, we estimate 46% fall into the low income category, and are Medicaid, Managed Care or dual eligible. No pharmacy has been designated as a safety net provider in Sullivan's service area; therefore the current configuration of the three PPS covering Sullivan County with regard to support of medication therapy management is insufficient. Sullivan Pharmacy offers several services that are unique to pharmacies in its trading area (Sullivan County), which can enhance patient care and support the reduction of hospital readmission by improving patient access to medication and adherence to regimens. Such services include home delivery, customized medication packaging designed to increase compliance/adherence, and compounding of non-sterile medications. Sullivan Pharmacy gives influenza, pneumococcal and shingles immunizations, and collaborates with Liberty schools to present a medicine safety/poison control program. Sullivan's staff includes 4 pharmacists and 4 pharmacy technicians, and includes multi-lingual employees (Spanish). In addition, translation services are offered to patients of limited English proficiency. Sullivan's pharmacists provide extensive patient counseling on a regular basis, and would work with the PPS to develop and execute additional programs to drive positive outcomes. Some examples of programs that could possibly be developed include pre-discharge counseling, bedside delivery of discharge medications, medication reconciliation, post-discharge counseling and adherence monitoring through scheduled patient contacts at designated time intervals. Sullivan would work with the PPS to develop attainable goals, and would work toward achieving them.

**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: Sonal Trivedi  
 Title: CEO/Owner/Supervising Pharmacist  
 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

**II. Appeal Applicant Information**

Organization Name: Summit Park Pharmacy, Inc.  
 Joined PPS: Niagara Falls Memorial 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: Pharmacy  
 Operating Certificate/License #: 27337  
 MMIS\*: 2728921  
 NPI\*: 1063427656  
 Unique Identifiers: 27337  
 Agency Code:  
 Billing Entity ID:  
 Address: 2578 Niagara Falls Blvd  
 City: Niagara Falls  
 State: NY  
 Zip: 14304

**III. Appeal Point of Contact**

Contact Person: Stephen L. Giroux  
 Title: Owner  
 Contact Phone: (716) 735-3261  
 Contact Email: girouxmf@rochester.rr.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%	5%	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: Stephen L. Giroux  
 Title: Owner  
 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: 3287

a. Summit Park Pharmacy, Inc. is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center PPS in meeting the needs of patients in Niagara and Orleans counties. As an integral part of a rural population in Niagara County, Summit Park Pharmacy provides pharmacy and clinical services in an area that adjunct to several medically underserved areas including Niagara Falls Service area and Orleans Service area which also have primary care health professional shortages. Through partnerships with local primary care providers and companies, clinical pharmacists from Summit Park Pharmacy provide services to this population including medication therapy management, diabetes self-management education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have met the needs of patients who would otherwise need to travel 30 miles or more to receive care or if unable to travel were denied access to these services.

b. Summit Park Pharmacy, Inc. is part of an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-Management Education and Training (DSME/T) Program – "Western New York Diabetes Solutions", ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program at Summit Park Pharmacy following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour long classes, every 2 weeks for 2 months, if completed consistently. Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C. In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonist (RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services offered by the Niagara Falls Memorial Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved 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

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Vascuscript, Inc., d/b/a Mobile Pharmacy Solutions
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: Pharmacy
Operating Certificate/License #: 29447
MMIS\*: 3124623
NPI\*: 1568603124
Address: 644 Ellicott Street, Suite 104
City: Buffalo
State: NY
Zip: 14203

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: 3499

III. Appeal Point of Contact

Contact Person: Dean Trzewiczynski, RPh
Title: Chief Executive Officer
Contact Phone: 716-247-5300
Extension: 284
Contact Email: dean.t@mpswny.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

Table with 2 columns: Medicaid (FFS & MC) 18%, Uninsured 4%. Data Source: Internal Estimate, Year: 2014.

ECMCC as a certified DSRIP PPS has created an extensive network of partner organizations providing services to 8 WNY counties. Medical and community-based services have been selected to encompass primary and specialty care, pediatric and family care, hospital and long-term care, and the very challenging areas of behavioral health and substance abuse. The partnership network is impressive, but incomplete without a dynamic community pharmacy presence to facilitate care planning efforts of the respective partners. Medical literature is expansive on reasons for poor medication use. There is overlap of clinical and logistic reasons for patient inability to adhere to provider recommendation. The partnership is presently structured to address clinical complexity driving medication non-adherence, but lacks a robust support system to address patient driven factors:

- Remembering to refill medications
Synchronizing medication refills and organizing daily regimens
Contacting providers when new refills become due
Understanding transition plans or change in therapy
Lack of confidence or knowledge to ask about side effects, efficacy, or alternative therapy
Polypharmacy (too many or unnecessary medications)
Transportation to the pharmacy
Ability to pay for medications or OTCs
Special formulation needs (i.e. liquids or topical preparations)

VascuScript, Inc. d/b/a Mobile Pharmacy Solutions (MPS) is an independent retail community pharmacy in operation since 2009. A start-up business in Buffalo, NY the pharmacy has evolved a set of patient care services through close collaboration with medical, community, and academic partners and is now located in the Innovation Center on the BNMC. Available care services are targeted at eliminating known barriers to medication use. The following set of services are not otherwise available in WNY and are provided free of charge:

- Non-automated refill reminder calls from pharmacist/technical staff
Synchronization of chronic medication refills to take place at the same time
Compliance packaging to create daily medication regimens (Pop-PakTM)
Clinical pharmacists to speak with patients and consult with providers
PharmD Diabetes Educator for patients with diabetes/metabolic disease
Pharmacist liaison to visit medical providers or community organizations
Pharmacist home visit (>500 completed)
Home delivery of medications (patient preference; personal courier or mailing)
Accounting department for payment planning options
Compounding laboratory for custom preparations
24/7 on-call pharmacist availability

MPS provides services to 8 WNY counties. The Mobile Pharmacy model of developing and delivering community pharmacy-based care services in collaboration with medical and community partners aligns with the ECMCC partnership and the stated goal of the DSRIP program to promote community-level collaborations and system reform. Impending innovation in strategic planning phase with community partners include reform guidance to be presented to NYSBOP for appropriate use of videoconferencing and telepharmacy in high impact settings. Integration of MPS services to the partnership network will serve to seamlessly enhance provider ability to create and implement care plans and ease patient-caregiver burden. To that end, MPS services are already widely adopted amongst the Partners and through expansion will be instrumental in achieving 25% reduction in avoidable hospital use over the next 5 years.

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: Dean Trzewiczynski
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  iii

**II. Appeal Applicant Information**

Organization Name: Vascuscript, Inc., d/b/a Mobile Pharmacy Solutions  
 Joined PPS: Erie County Medical Center Corporation

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Provider Type: Other  
 Provider Type - Other: Pharmacy  
 Operating Certificate/License #: 29447  
 MMIS\*: 3124623  
 NPI\*: 1568603124  
 Unique Identifiers: 29447  
 Agency Code:  
 Billing Entity ID:  
 Address: 644 Ellicott Street, Suite 104  
 City: Buffalo  
 State: NY  
 Zip: 14203  
 \* 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:

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Character Count: 3499

**III. Appeal Point of Contact**

Contact Person: Dean Trzewiczynski, RPh  
 Title: Chief Executive Officer  
 Contact Phone: 716-247-5300  
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 Contact Email: dean.t@mpswny.com

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	18%	4%	Internal Estimate	2014

ECMCC as a certified DSRIP PPS has created an extensive network of partner organizations providing services to 8 WNY counties. Medical and community-based services have been selected to encompass primary and specialty care, pediatric and family care, hospital and long-term care, and the very challenging areas of behavioral health and substance abuse. The partnership network is impressive, but incomplete without a dynamic community pharmacy presence to facilitate care planning efforts of the respective partners. Medical literature is expansive on reasons for poor medication use. There is overlap of clinical and logistic reasons for patient inability to adhere to provider recommendation. The partnership is presently structured to address clinical complexity driving medication non-adherence, but lacks a robust support system to address patient driven factors:

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- Lack of confidence or knowledge to ask about side effects, efficacy, or alternative therapy
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- Pharmacist liaison to visit medical providers or community organizations
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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: Dean Trzewiczynski  
 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

**II. Appeal Applicant Information**

Organization Name: Wurlitzer Family Pharmacy, Inc.  
 Joined PPS: Niagara Falls Memorial 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: Pharmacy  
 Operating Certificate/License #: 31707  
 MMIS\*: 3776354  
 NPI\*: 1205176211  
 Unique Identifiers: 31707  
 Agency Code:  
 Billing Entity ID:  
 Address: 521 Division Street  
 City: North Tonawanda  
 State: NY  
 Zip: 14120

**III. Appeal Point of Contact**

Contact Person: Stephen L. Giroux  
 Title: Owner  
 Contact Phone: (716) 735-3261  
 Contact Email: girouxmf@rochester.rr.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.
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**V. Percentage of Medicaid & Uninsured members that your facility serves**

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	13%	4%	Internal	2013

**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: 3289

a. Wurlitzer Family Pharmacy, Inc. is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center PPS in meeting the needs of patients in Niagara and Orleans counties. As an integral part of a rural population in Niagara County, Wurlitzer Family Pharmacy provides pharmacy and clinical services in an area that adjunct to several medically underserved areas including Niagara Falls Service area and Orleans Service area which also have primary care health professional shortages. Through partnerships with local primary care providers and companies, clinical pharmacists from Summit Park Pharmacy provide services to this population including medication therapy management, diabetes self-management education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have met the needs of patients who would otherwise need to travel 30 miles or more to receive care or if unable to travel were denied access to these services.

b. Wurlitzer Family Pharmacy, Inc. has a partnership with an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-Management Education and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently. Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C. In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonist (RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services offered by the Niagara Falls Memorial Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved patient outcomes.

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Name: Stephen L. Giroux  
 Title: Owner  
 Answer:  Yes  No  
 Only appeals from the CEO, CFO or comparable will be accepted