10/30/2014 abbasey medical PLLC

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

be posted for p	ublic comment 3	30 days prior to application app	roval. Three allowed reasor	ns for granting an exception a	are shown in Section IV.
I. Are you a Me	dicaid Provider				
	Answer Yes			▼	You have chosen the following VAP Exception:
II. Appeal Appl	icant Informatio	on			VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organizat	ion Name: Abba	sey Medical PLLC			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Finger	Lakes PPS		•	This field is populated when you select a VAP Exception in Section IV
^^ The VAP Exce	ption is evaluated	in the context of the PPS you are j	oining. If you are joining more	e than one PPS, you have the	
		ception in that PPS as well (if applic		ditional PPSs" tab to select	
multiple PPS's. Se	ee <u>Section II and V</u>	<u>/II</u> of the instructions for further cl	arification!		
Pro	vider Type: Other			▼	
Provider Ty	pe - Other: Intern	nist			
		Operating Certificate/License #	MMIS*	NPI*	
Unique	Identifiers:	231805	3059721	1053419028	
	ency Code:				
Billin	g Entity ID:				Character Count: 0
		Address	City	State Zip	
	Address				
III. A				* REQUIRED	
III. Appeal Poin	erson Dr. Salman	Abbasay			
Contact Pe	Title	Abbasey			
Contact P	hone 585-243-05	550	Extension		
	Email sabbasey@				
IV. Please choo	se the following	VAP Exception:			
	-	•			
_	imunity will not be ring the communit	e served without granting the exce	ption because no other eligibl	e provider is willing or capable	
	ang the communit	y.			
O ii Any ho	ospital is uniquely	qualified to serve based on service	s provided, financial viability.	relationships within the	
		r track record of success in reducir			
O iii Any sta					
iii Any sta	ate-designated he	alth home or group of health home	es. **		
When choosing \	VAP Exception i &	ii – Please indicate what Perform	ing Provider System (PPS) you	plan on joining. If you do not	
		in, then you will be denied. Please		in the "Appeal Applicant	
		e part of multiple PPSs, see section			
_	•	The Department has submitted a	_		
		s) that have already been approved e appears on this list as pending ap			
		nit this form. If the organization op			
		submit this form. If your organizat		* * * * * * * * * * * * * * * * * * * *	
another approve	d safety net provi	der list, but your organization belie	eves that it should qualify as a	Health Home, please	
•		e on the DSRIP website.			
~ For	Section IV, if you	are joining more than one PPS, us	e second tab (Section VII) to a	add additional PPSs.	
V. Percentage of	f Medicaid & Unir	nsured members that your facility	serves		
	Medicaid	(FFS & MC)	Uninsured	Data Source Year	
Percentage		6%	2%	Practice First 2014	
	that this informa	ormation and data provided on thi ation may be subject to audit and Salman Abbasey MD/physician rom the CEO, CFO or comparab	I may be asked to provide doi Ans Yes		

10/30/2014 Amy Damiani, MD vap_exception_appeal_form

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

be posted for pu	blic comr	nent 30 days prior to appli	ication approval. T				•		, ,				
I. Are you a Med	licaid Pro	vider				-							
	Answer	Yes						▼	You have chosen the following VAP Exception: i				
II. Appeal Applic	ant Infor	mation						_ ;	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organizatio	on Name:	General Physicians PC- Amy	Damiani, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Jo	ined PPS:	Erie County Medical Center Corpora	ation					•	You chose the qualification i, in the space below please include:				
^^ The VAP Except	tion is eval	uated in the context of the F	PPS you are joining.	If you are jo	ining more	than one PP	S, you have the	2					
		AP Exception in that PPS as v			e "VII_Add	itional PPSs"	tab to select		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
		and VII of the instructions for	or further clarification	ion!				¬Г	include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Provi	ider Type:	Other						<u>▼</u>	without your organization's involvement given the PPS current configuration of network providers.				
Provider Type	e - Other:	Primary Care						_	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).				
		Operating Certificate/	License #	MMI	5*		NPI*	Ш	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Unique Id				01417	358	117	4626170		a var, sepporang accumentation to sussiant acceptance (analysis)				
	ncy Code:												
Billing	Entity ID:	Address	I	City		State	Zip	<u>ال</u>	Character Count: 1518 General Physicians PC - A multi-specialty medical group				
	Address	609 Central Ave	Dui	ınkirk		NY	14048		Dunkirk, NY Location: 609 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY)				
	71441 633	005 CENTUL AVE	Dai	IIIKII K		141	* REQUIR	_	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Point								_					
Contact Per		ntha J. Sessamen, M.S.						<u>اال</u>	Provider: Amy Damiani, MD; MMIS#: 01417358; NPI: 1174626170; License #: 190873				
	Title Incentive Coordinator								Needed as Vital Assass Deviday within the ECMC Performing Deviday System				
	ntact Phone 716-698-3469 Extension State of the control of t								Needed as Vital Access Provider within the ECMC Performing Provider System				
		owing VAP Exception:						-	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.				
of servin Any hosy commun Any state When choosing V/ indicate what PPS Information – Sect When choosing V/ care Management CMS approval. If y/ approval and do no safety net list, you another approved complete this form ~ For Se	pital is uninity, and/o ve-designat AP Excepti you intendition II". If) AP Excepti t Agencies orur Health ot need to a do not ne safety net n. List is av ection IV, i	not be served without grant munity. quely qualified to serve base or clear track record of successed health home or group of on i & ii – Please indicate who to join, then you will be detou are part of multiple PPSs on iii—The Department has s (CMAs) that have already be allowe appears on this list a submit this form. If the orgate to submit this form. If yo provider list, but your organialable on the DSRIP website f you are joining more than & Uninsured members that y	ed on services provides in reducing avoid health homes. ** nat Performing Provinied. Please indicate, see section VII tab submitted a draft lisen approved as safes pending approval, anization operating ur organization doenization believes that. one PPS, use second	ded, financia dable hospita vider System te the name 2. st of State Drety net prov , you will be your Health es not appea at it should of	of the PPS in the session and the PPS in the PPS in the PPS in the session and the session and the session are the session and the session are the session and the session are	plan on joinir in the "Appe ealth Homes Il as those th 'AP Exception A already app aft Health Ho Health Home	within the ang. If you do no al Applicant and Network at are pending n pending CMS pears on anoth me list or on n, please	ble (The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue bush pins).				
	Medicaid (FFS & MC) Uninsured Data Source Year												
Percentage		19%	2%	ó		EMR	2013-201	.4					
understand t appeal. Name Title	that this ir	ne information and data pro information may be subject to Don Boy CEO eals from the CEO, CFO or	o audit and I may bo	e asked to p	Ansv Yes	umentation i	-	-					

10/30/2014 Ashley Sajdak, PA vap_exception_appeal_form

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**

be posted for	public com	ment 30 days prior to appl	ication approval.		•				, , ,
I. Are you a M	ledicaid Pro	ovider							
	Answer	Yes						-	You have chosen the following VAP Exception: i
II. Appeal App	licant Info	rmation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	General Physicians PC- Ashl	ey Sajdak, PA						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpora	ation					-	You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is eva	luated in the context of the F	PPS you are joining.	. If you are joinin	g more	than one PPS	S, you have t	the	
		/AP Exception in that PPS as v			/II_Addi	itional PPSs"	tab to selec	t	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section</u>	I and VII of the instructions for	or further clarificat	tion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).
Unique	e Identifiers:			03618637		186	51833824		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:					•			
Billi	ng Entity ID:								Character Count: 1484
		Address		City		State	Zip		General Physicians PC - A multi-specialty medical group
	Address	3725 N Buffalo Rd	Or	rchard Park		NY	14127		Orchard Park, NY Location: 3725 N Buffalo Rd, Orchard Park, NY 14127 (Erie County, NY)
III. Appeal Poi	nt of Conta	act					* REQU	JIKED	Vital Access Provider within the ECMC Performing Provider System
Contact F		antha J. Sessamen, M.S.						$\overline{}$	Provider: Ashley Sajdak, PA; MMIS#: 03618637; NPI: 1861833824; License #: 016555
		ntive Coordinator							
Contact	Phone 716-698-3469 Extension								Needed as Vital Access Provider within the ECMC Performing Provider System
Contact	Email sses	samen@gppconline.com							
A coro of ser of ser of ser of ser on ii Any h comm on iii Any s' When choosing indicate what P information – S: When choosing Care Manageme CMS approval and de safety net list, y another approv complete this for	mmunity will wring the cor assistant is un unuity, and/state-designar was a vAP Except PS you intenection II". If VAP Except is the Agencies of your Healt onto need to you do not need safety needs aftety need safety needs.	Inot be served without grant numnity. I not be served without grant numnity. I quely qualified to serve base or clear track record of succested health home or group of ion i & ii – Please indicate with dit ojoin, then you will be de you are part of multiple PPSs ion iii—The Department has signified in the proper son this list at a posubmit this form. If the orgated to submit this form. If yo t provider list, but your organ vailable on the DSRIP website if you are joining more than	d on services provises in reducing avoid health homes. ** nat Performing Pronied. Please indica, see section VII tal submitted a draft lien approved as saf is pending approval anization operating ur organization donization believes the	vided, financial visidable hospital us ovider System (PF ate the name of the b. ist of State Design fety net provider ll, you will be grang your Health Hones not appear on at it should qual	ability, ree. PS) you phe PPS intended Hose as welling as welling the draify as a H	elationships blan on joinir n the "Appea ealth Homes I as those the AP Exception a lready app ft Health Ho health Home	within the ng. If you do al Applicant and Networ at are pendir n pending CN pears on ano me list or on c, please	not rk ng MS other	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Eric County. The General Physicians PC – Orchard Park, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This office location is near by the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,769 resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).
V. Percentage o		& Uninsured members that y	-		7			_	
	Me	edicaid (FFS & MC)	Unins		4	Data Sour			
Percentage		22%	2%	%]	EMR	2013-2	014	
-	nd that this i	the information and data pro information may be subject to Don Boy CEO beals from the CEO, CFO or	o audit and I may b	be asked to prov		umentation i	-	_	

10/30/2014 Bonnie Sunday, MD vap_exception_appeal_form

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be posted f	for public comp	ment 30 days prior to appli	ication approval.	Three allowed	reasons	s for granti	ing an ex	ception a	re shown in Section IV.			
I. Are you	a Medicaid Pro	vider										
	Answer	Yes						-	You have chosen the following VAP Exception: i			
II. Appeal /	Applicant Infori	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Orga	nization Name:	General Physicians PC- Bonn	nie Sunday, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:	Erie County Medical Center Corpora	ation					-	You chose the qualification i, in the space below please include:			
^^ The VAP	Exception is eval	luated in the context of the F	PPS you are joining.	If you are joinin	g more	than one PF	PS, you ha	ave the				
		'AP Exception in that PPS as v			VII_Addi	itional PPSs	s" tab to s	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS	5's. See <u>Section II</u>	I and VII of the instructions for	or further clarificati	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient			
	Provider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.			
Provid	ler Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
		Operating Certificate/	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).			
Un	ique Identifiers:	-		01346689		19	992778674	4	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	Agency Code:											
	Billing Entity ID:								Character Count: 1420			
		Address		City		State	Ziį		General Physicians PC - A multi-specialty medical group			
	Address	2701 Transit Rd St # 143	Eln	ma		NY	140		Elma, NY Location: 2701 Transit Rd St # 143, Elma, NY 14059 (Erie County, NY)			
III Annaal	Point of Contac						* R	REQUIRED	Vital Access Provider within the ECMC Performing Provider System			
		antha J. Sessamen, M.S.						—	Provider: Bonnie Sunday, MD; MMIS#: 01346689; NPI: 1992778674; License #: 187904			
Conte		ntive Coordinator						-	Provider. Bullile Sullday, MiD, MiNis#. 01340063, NFI. 1932/76074, License #. 187304			
Cont		698-3469		Exten	nsion				Needed as Vital Access Provider within the ECMC Performing Provider System			
Con	tact Email ssess	samen@gppconline.com							ll			
IV. Please	choose the foll	owing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County.			
		not be served without grant	ing the exception b	ecause no other	eligible	provider is	s willing o	r capable	The General Physicians PC – Elma, NY primary care location serve the West Seneca Cheektowaga Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest			
of	f serving the com	munity.							Safety Net locations (white stars).			
		iquely qualified to serve base or clear track record of succe				elationships	s within th	.he	In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the West Seneca Cheektowaga PCSA is 15% above the 5 year goal (1,400/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).			
O iii Ar	ny state-designat	ted health home or group of	health homes. **						This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 20,591 resident Medicaid and uninsured population in the West Seneca Cheektowaga Primary Care Service Area. See map showing HPSA areas (in red)			
When choo	sing VAP Excepti	ion i & ii – Please indicate wh	nat Performing Pro	vider System (PP	'S) you p	olan on join	ing. If you	u do not	and the VAP location (blue push pins).			
	•	d to join, then you will be de			he PPS in	n the "Appe	eal Applic	ant				
		you are part of multiple PPSs		_								
		ion iii – The Department has s										
_	-	(CMAs) that have already be h Home appears on this list a						-				
	•	submit this form. If the orga						-				
		eed to submit this form. If yo										
		t provider list, but your orgar	-									
complete th	iis form. List is av	vailable on the DSRIP website	a.									
~	For Section IV, i	if you are joining more than	one PPS, use secon	ıd tab (Section V	/II) to ad	d addition	al PPSs.					
V. Percenta	ge of Medicaid &	& Uninsured members that y	your facility serves		_							
	Me	edicaid (FFS & MC)	Uninsu	ured		Data Sou	urce	Year				
Percentag	e	5%	2%	Ď		EMR	(201	13-2014				
unders appeal	stand that this in	he information and data pro nformation may be subject to Don Boy CEO	to audit and I may b			umentation wer	-	_				
		eals from the CEO, CFO or	comparable will	be accepted								

10/30/2014 Brad Speta

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



Vital Access	<u>Provider</u>	Exception: The state will	consider exceptions to	the safety ne	t definition o	n 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 com	ment 30 days prior to appli	ication approval. Three	allowed reaso	ns for granti	ng an exception	are shown in Section IV.
I. Are you a M	1edicaid Pro	ovider					·
	Answer	Yes				-	You have chosen the following VAP Exception: i
II. Appeal App	olicant Info	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	aluated in the context of the F	PPS you are joining. If you	are joining mor	e than one PP	S, you have the	
option of apply	ing for the \	VAP Exception in that PPS as v	well (if applicable). Please	see the "VII_A	ditional PPSs	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section</u>	II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:	: Physician					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	7,60	Operating Certificate/	/Liconco #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	: F305382-1	License #	IVIIVIIS	16	39994147	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:	. F3U3362-1			10	59994147	
	ing Entity ID:	•					Character Count: 686
		Address		City	State	Zip	Brad Speta NP is an essential provider in the Allegany County Community, serving a heavy Medicare and dual eligible population. One of the
	Address	12 Martin St	Wellsvill		NY	14895	DSRIP projects selected for the Finger Lakes PPS is related to reducing readmissions. Brad Speta admits a significant number of the local hospital
		•	•			* REQUIRED	patients. His ability to impact the readmission number is significant and his involvement in DSRIP for this project will be key. In addition to Brad
III. Appeal Poi							Speta's connection to the nursing home population and readmissions, the Hornell market is failing and we are anticipating we will need to take
Contact I		cy Gates (Brad Speta NP)					additional Medicaid patients into the practice which will also increase Brad Speta's DSRIP participation.
		pital CFO		Extension			
Contact		-596-4004 est@jmhny.org		Extension			
							¹
IV. Please cho	ose the fol	lowing VAP Exception:					
i A co	mmunity wil	II not be served without grant	ing the exception becaus	e no other eligib	ole provider is	willing or capable	
of ser	rving the cor	mmunity.					
O ii Any h					1.00	201.5	<u> </u>
		niquely qualified to serve base for clear track record of succe			, relationships	within the	
	nunity, anu,	of clear track record of succe	ss in reducing avoidable i	iospitai use.			
O iii Any s	state-designa	ated health home or group of	health homes. **				
When choosing	VAP Excent	tion i & ii – Please indicate wh	nat Performing Provider	System (PPS) voi	ı nlan on ioini	ng If you do not	
_	-	nd to join, then you will be de	_				
	-	you are part of multiple PPSs					
When choosing	y VAP Except	tion iii– The Department has s	submitted a draft list of S	tate Designated	Health Homes	and Network	
Care Managem	ent Agencies	s (CMAs) that have already be	een approved as safety ne	t providers as w	ell as those th	at are pending	
		th Home appears on this list a		_			
		o submit this form. If the orga					
		eed to submit this form. If yo	-				
		et provider list, but your orgar available on the DSRIP website		louid quality as	а пеанн понн	e, piease	
		if you are joining more than		(Section VII) to	add additiona	I PPSs.	
	,	,,,,		(,			
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves				
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage		S	4%		Interna	l 2013	11
reiteiltage		3	4/0		interna	2013	
	•	the information and data pro information may be subject to		ed to provide do			
Nam	ne	Tracy Gat	tes	(● Ye	s O No		
Tit		CFO					
	Only app	peals from the CEO, CFO or	comparable will be ac	epted			

10/30/2014 Brautigam vap_exception_appeal_form-1 (2)

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

		nent 30 days prior to appli	cation approva	al. Three allowed re	easons	s for gran	ting an ex	ception a	re shown in Section IV.					
I. Are you a N	Medicaid Pro	vider							You have chosen the following VAP Exception:					
								•						
II. Appeal Ap			MD						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u> ~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Organiz		Westfield Family Physicians-I Catholic Medical Partners-Accounta						-	You chose the qualification i, in the space below please include:					
ΛΛ The VΔP Ev		uated in the context of the P		ng If you are joining	more t	than one F	PPS you have	2220	Tou chose the quantitation i, in the space below please include.					
		AP Exception in that PPS as w							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
		and VII of the instructions fo			_				include descriptions of the geographic area, the population, and how the services in this community are insufficient					
P	rovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.					
Provider	Type - Other:	Primary Care Provider							b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).					
Uniqu	ue Identifiers:	137216		00632013		1	407821986	5	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:													
Bil	ling Entity ID:					-			Character Count: 3142					
	Address	Address 138 East Main Street, PO Box	v 10	City Westfield		State NY	Zip 1478		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
	Auuress	136 Edst Main Street, PO BOX	X 10	westneid		INT		EQUIRED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately					
III. Appeal Po	oint of Contac	ct							135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
Contact		tte Bartkowiak, RN							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
C	Title Office t Phone 716-3	•		Fytons	ion	1	236		surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services					
	ct Email nanb			Extens	SIOH		230		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
	•	owing VAP Exception:							Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides					
of se Any com iii Any When choosin indicate what Information — When choosin Care Managem CMS approval and composed approval and composed in the composed in	hospital is unimunity, and/o state-designat is gVAP Exceptine PPS you intended Section II". If your Agencies If your Health do not need to	not be served without granti munity. quely qualified to serve base r clear track record of succes ed health home or group of l on i & ii – Please indicate wh i to join, then you will be der you are part of multiple PPSs, on iii– The Department has s (CMAs) that have already be I Home appears on this list as submit this form. If the orga ed to submit this form. If you	d on services pro- ss in reducing av- health homes. * hat Performing P nied. Please indi see section VII I submitted a draft en approved as s s pending appro- inization operati	ovided, financial vial roidable hospital use * Provider System (PPS icate the name of th tab. t list of State Design; safety net providers val, you will be grant ing your Health Hom	bility, re c. S) you p ie PPS in ated He as well ted a Vane/CMA	elationship olan on join n the "App ealth Hom I as those t AP Except A already a	ps within the ning. If you peal Applica es and Net- that are per ion pending appears on a	do not ant work nding g CMS another	approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for ride. The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Art 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reportiand is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission alignith the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.					
another appro complete this	, ved safety net form. List is av or Section IV, i	provider list, but your organ ailable on the DSRIP website f you are joining more than o	nization believes one PPS, use sec	that it should qualif	y as a H	Health Hor	ne, please	ron	We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.					
	Me	dicaid (FFS & MC)	Unii	nsured		Data So	ource	Year	Sincerely, Donald F Brautigam, MD, FAAFP					
Percentage		24%		4%		ance rost	er and	2014	CEO Westfield Family Physicians, PC					
	•	ne information and data provi oformation may be subject to			de docu	umentatio	•							
Nar Ti	tle	Donald F Brautig CEO Westfield Family eals from the CEO, CFO or	Physicians, PC		Yes									

10/30/2014 Bruce W MacKellar, MD PC

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**

be posted for	public com	ment 30 days prior to appl	ication approval. Th	•			, , , , , , , , , , , , , , , , , , , ,				
I. Are you a N						_					
	Answer	Yes				▼	You have chosen the following VAP Exception: i				
II. Appeal App	plicant Info	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	ation Name:	Bruce W MacKellar MD PC					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS	Finger Lakes PPS				-	You chose the qualification i, in the space below please include:				
		aluated <u>in the context of the F</u>									
		VAP Exception in that PPS as value of the instructions for the instruction in			dditional PPSs"	tab to select	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				
	rovider Type					▼	without your organization's involvement given the PPS current configuration of network providers.				
Provider 1	Type - Other	: Physician Office					b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate/	/License #	MMIS*		NPI*	of services for the PPS in this community (ies).				
Uniau	e Identifiers	:			109	3769358	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code	:	<u>'</u>								
Bill	ing Entity ID	:					Character Count: 1197				
		Address		City	State	Zip	Our practice is located in a rural area 65 miles south Rochester, NY. Many of our patients do not have their own transportation. There is limited				
	Address	111 Loder St	Horn	ell	NY	14843	access to public transportation during the day and none available during the evening and nighttime hours. Currently, the future of healthcare in				
III. Appeal Po	int of Cont	act				* REQUIRED	our area is uncertain with the possible closing of St James Mercy Hospital. We anticipate this will add to the difficulty of obtaining adequate healthcare in our area.				
		tine MacKKellar					Our organization consist of 5 primary care providers with an additional 26 support personnel on staff. We service approximately 8500 patients				
	Title Chie	ef Operating Officer					with 20% over the age of 65. We provide various services for our patients including, cardiac and pulmonary testing, extensive point of care testing				
Contact	Phone 607	-324-5404		Extension		505	and serve as a lab draw station for the local hospital. We do limited imaging studies, diabetic education and offer medication samples to indigent				
Contac	t Email kma	ackellar@cvfpractice.com					patients. We have a proven record of meeting high standards of care through meaningful use and PQRS.				
		Howing VAP Exception: If not be served without grant	ing the exception has	auso no othor oligik	olo providor is v	willing or canable	In summary, we are a key provider of medical service in our area where there is a known shortage of healthcare providers. We are excited about possible being part of a new delivery of healthcare.				
	rving the co	-	ing the exception bec	ause no other engit	ne provider is t	willing or capable					
O ii Any h	hospital is ur	niquely qualified to serve base or clear track record of succe	•		, relationships	within the					
O iii Any s	state-design	ated health home or group of	health homes. **								
indicate what F Information – S	PPS you inter Section II". <u>If</u>	tion i & ii — Please indicate wh nd to join, then you will be de you are part of multiple PPSs	nied. Please indicate s, see section VII tab.	the name of the PP	S in the "Appea	al Applicant					
-		tion iii – The Department has s		_							
		s (CMAs) that have already be th Home appears on this list a	• • • • • • • • • • • • • • • • • • • •	•							
		to submit this form. If the orga		-							
		need to submit this form. If yo									
another approv	ved safety ne	et provider list, but your organ	nization believes that	t should qualify as	a Health Home	, please					
•		available on the DSRIP website									
~ Fo	or Section IV,	, if you are joining more than	one PPS, use second	tab (Section VII) to	add additional	I PPSs.					
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves								
	М	edicaid (FFS & MC)	Uninsure	d	Data Sour	ce Year					
Percentage		28%	5%		Billing Comp	pany 2014					
-	nd that this	the information and data pro information may be subject t Kristine Mac	o audit and I may be	asked to provide do	ocumentation i	-	1				
III		peals from the CEO, CFO or	comparable will be	accepted							

10/30/2014 C & S Medical Building

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

be posted for	•	nment 30 days prior to appl	ication approval. Three	allowed reaso	ns for gra	anting ar	n exception a	re shown in Section IV.						
i. Are you a iv	Answe						~	You have chosen the following VAP Exception:						
II. Appeal App								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
		: C & S Medical Building					1	"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"						
Organiza	Joined PP		able Care IPA INC				-	You chose the qualification i, in the space below please include:						
^^ The VAP Exc		valuated in the context of the R	THE STATE OF THE S	are joining mor	e than one	e PPS, yo	17.00	To choose the qualification, in the space second presser include.						
		VAP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
multiple PPS's.	See <u>Section</u>	II and VII of the instructions f	or further clarification!					include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pr	ovider Typ	e: Other					▼	without your organization's involvement given the PPS current configuration of network providers.						
Provider T	Гуре - Othe	r: Family Practice-solo provide	er					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).						
		Operating Certificate	/License #	MMIS*		NPI [*]	*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	e Identifier			02367215		101398	6256	e. Any supporting documentation to substantiate your narrative (attach as 101 in the email when substanting)						
	gency Cod													
Billi	ing Entity II	O: Address		City	State		Zip	Character Count: 3157 Chautaugua County is one of the largest rural and most impoverished counties in New York State. Chautaugua is consistently ranked as one of the						
	Address	19 Lakeshore Drie	Dunkirk	City	NY		14048	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
	71441 635	13 Edicestione Brie	Bulkiik		1 111	-	* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000						
III. Appeal Poi								Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north						
Contact I		rmen Rivera						(Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the						
Contact		ceptionist .6)363-6377		Extension				Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.						
		nedicalbldg@aol.com		Extension				and well as readil.						
		ollowing VAP Exception:						The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are						
of ser Any h comm iii Any s When choosing indicate what P Information – S When choosing Care Managem	nospital is ununity, and state-design VAP Except PS you into section II". If you want a government of the section II". If you want a government Agencie and Agenci	will not be served without grant particularly. Iniquely qualified to serve base of or clear track record of successated health home or group of pation i & ii – Please indicate when to join, then you will be defiguous are part of multiple PPSs pation iii – The Department has est (CMAs) that have already be lith Home appears on this list a	ed on services provided, f sss in reducing avoidable l health homes. ** nat Performing Provider: nied. Please indicate the , see section VII tab. submitted a draft list of S een approved as safety ne	inancial viability, nospital use. System (PPS) you name of the PPS tate Designated t providers as w	, relations uplan on j S in the "A Health Ho ell as thos	oining. If ppeal Ap mes and e that are	you do not oplicant Network be pending	Iserved in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community to receive the services they need to manage their care on a regular basis. They cannot easily travel to other providers in either of the WNY Performing Provider Systems. As a solo practitioner in the Northern part of Chautauqua County, my Medicaid patients depend on the services I provide. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, I am involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology						
safety net list, y another approv complete this fo	ou do not red safety r orm. List is	to submit this form. If the org- need to submit this form. If yo net provider list, but your organ available on the DSRIP website I, if you are joining more than	our organization does not nization believes that it she.	appear on the d nould qualify as a	raft Health a Health H	n Home li ome, ple	ist or on ease	infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like me need to be included as a full participating member of a PPS. The services and infrastructure that are already in place at my practice will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.						
V. Percentage	of Medicai	d & Uninsured members that y	your facility serves	 1										
	N	Nedicaid (FFS & MC)	Uninsured		Data	Source	Year							
Percentage		12%	1%		E	HR	2013							
understar appeal.	nd that this	the information and data pro information may be subject t	o audit and I may be ask	ed to provide do	cumentat swer	-	-							
Nam Tit	le	Helen M. Suchar Owner		rented Ye	s O N	10								

10/30/2014 CapitalCare Medical Group, LLC

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**

	I for public com	nment 30 days prior to appl	ication approval. Thre	ee allowed reasor	ns for grantin	ng an exception a	re shown in Section IV.
i. Are you	Answer					-	You have chosen the following VAP Exception:
II Annoal	Applicant Info						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		: CapitalCare Medical Group,	II.C				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Org	Joined PPS		LLC			-	You chose the qualification i, in the space below please include:
option of a	P Exception is evapplying for the	aluated in the context of the F VAP Exception in that PPS as v II and VII of the instructions for	well (if applicable). Pleas			6, you have the	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
	Provider Type	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provi	der Type - Other	: Group Medical Practice					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*		NPI*	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)
U	nique Identifiers			02177719	181	1946775	e. Any supporting documentation to substantiate your narrative (attach as 101 in the email when substanting)
	Agency Code						
	Billing Entity ID			6:1	I c I	7.	Character Count: 3141
	Address	Address 501 New Karner Road	Albany	City	State NY	Zip 12205	CapitalCare Medical Group is a multi-specialty group practice predominantly providing primary care services at outpatient facilities in four counties, including Schenectady, Saratoga and Albany within the Albany Medical Center Hospital PPS service area. Our Southernmost Albany
	Address	301 New Karrier Road	Albally	'	INT	* REQUIRED	County site in Ravena also serves residents of Greene County. In addition, we provide sub-specialty services in Endocrinology, Pulmonary and
III. Appea	l Point of Cont	act					Sleep Medicine, Nephrology, Adult and Pediatric Neurology and Developmental and Behavioral Pediatrics. All 28 clinical facilities throughout our
Con		is S. Snitkoff, MD					network serve Medicaid FFS and Managed Medicaid beneficiaries. CapitalCare practitioners provide the following services to children and adults:
		ef Medical Officer		T =	1	7007	preventive health services and immunizations, acute same-day care for illnesses and minor injuries, and management of patients with complex
	ntact Phone 518	tkof@capcare.com		Extension		7097	chronic diseases, including care coordination. In several of our communitiesnotably Berne, Ravena and Ballston SpaCapitalCare is the major provider or the only provider of outpatient services. In Ravena, our percentage of Medicaid patients by volume was 16.9%. Many residents of
		llowing VAP Exception:					these communities cannot easily travel to the Federally-Qualified Health Centers or other safety-net providers located in Schenectady or Albany
when choo indicate will informatio when choo Care Mana CMS approa a safety net another apcomplete to	A community wind for serving the conformation of the community, and, any state-design osing VAP Exceptate PPS you intended the conformation of the	ill not be served without grant	ed on services provided, ss in reducing avoidable health homes. ** nat Performing Provide nied. Please indicate th, see section VII tab. submitted a draft list of sen approved as safety is pending approval, you anization operating you ur organization does no nization believes that it e. one PPS, use second ta	financial viability, a hospital use. r System (PPS) you be name of the PPS State Designated Hent providers as we a will be granted a r Health Home/CM ot appear on the dr should qualify as a	plan on joinin in the "Appea Health Homes ell as those tha VAP Exception IA already app aft Health Home, Health Home,	within the ang. If you do not al Applicant and Network at are pending a pending CMS bears on another me list or on , please	County. In addition, CapitalCare provides the vast majority of services in Developmental and Behavioral Pediatrics (DBP) in the Capital Region; ou percentage of Medicaid by volume in our DBP office was 48.7%. CapitalCare operates seven primary care offices in Schenectady County and also serves a substantial number of Schenectady County residents at our two offices in Guilderland, which are situated in close proximity to the Albany-Schenectady County line. The percentage of Medicaid patients by volume at our Pediatrics office in the City of Schenectady was 17.2%. Due to our large number of practitioners serving Schenectady County we are among the top three providers of services to Medicaid beneficiaries in the County and we believe it is unlikely that the safety-net providers have the capacity to accommodate the large number of patients that we serve. Group-wide, we have seen an increase in Medicaid patients by volume from 2013 to 2014, presumably due to implementation of the ACA All but two of our 21 primary care offices are NCQA-certified as Level 3 Patient-Centered Medical Homes, or are in the process of achieving that certification. Each of our outpatient facilities is supported by a Central Business Office that provides administrative and clinical support services, the latter of which include a Clinical Quality Team comprising four Clinical Quality Analysts, a Director of Clinical Services and a Manager of Clinical Quality Initiatives, all under the guidance of the Chief Medical Officer. We believe that our facilities and providers will enhance the network of services for the PPS in the communities we serve by offering convenient, community-based healthcare delivered by highly-performing teams of health care professionals in an environment in which significant primary care practice transformation has already taken place.
	M	ledicaid (FFS & MC)	Uninsured		Data Sour	ce Year	
Percenta	ge	10%	<1%		Practice Man	nagei 2014 YTD	
unde appe	erstand that this al. Name Title	the information and data pro information may be subject to 5 Chief Medical peals from the CEO, CFO or	o audit and I may be as Officer	Ans Yes	cumentation i		

10/30/2014 Carl Contino, MD vap_exception_appeal_form

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**

be posted for public con	nment 30 days prior to appli	ication approval. Three	,		•					
I. Are you a Medicaid Pr	ovider									
Answei	Yes				▼	You have chosen the following VAP Exception: i				
II. Appeal Applicant Info	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organization Name	: General Physicians PC- Carl	Contino, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Joined PPS	Erie County Medical Center Corpora	ation			-	You chose the qualification i, in the space below please include:				
^^ The VAP Exception is ev	aluated in the context of the F	PPS you are joining. If you	are joining more	than one PPS	, you have the					
	VAP Exception in that PPS as v		see the "VII_Ad	ditional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
	II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Provider Type	Other				~	without your organization's involvement given the PPS current configuration of network providers.				
Provider Type - Other	r: Primary Care					b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	Operating Certificate/	License #	MMIS*		NPI*	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)				
Unique Identifiers		(00613525	141	7922154	c. Any supporting documentation to substantiate your narrative (attach as 1 of 11 the cinal when submitting)				
Agency Code										
Billing Entity IC						Character Count: 1566				
Address	Address 237 Linwood Ave. Fl 2	Buffalo	City	State NY	Zip 14209	General Physicians PC - A multi-specialty medical group Buffalo, NY Location: 237 Linwood Ave. Fl 2, Buffalo, NY 14209 (Erie County, NY)				
Address	237 Linwood Ave. Fi 2	витаю		INY	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Point of Cont	act				nequines	The recess route and the control of control of the				
	nantha J. Sessamen, M.S.					Provider: Carl Contino, MD; MMIS#: 00613525; NPI: 1417922154; License #: 082841				
	entive Coordinator		T							
Contact Phone 716			Extension			Needed as Vital Access Provider within the ECMC Performing Provider System Presently the number of Safety Net designated primary care providers in the ECMC PPS located in in the high poverty Buffalo Medically				
	ssamen@gppconline.com									
of serving the co Any hospital is u community, and Any state-design When choosing VAP Excep indicate what PPS you inte Information – Section II". I When choosing VAP Excep Care Management Agencie CMS approval. If your Heal approval and do not need safety net list, you do not u another approved safety n complete this form. List is ~For Section IV	ill not be served without grant	ed on services provided, fi sss in reducing avoidable health homes. ** nat Performing Provider S nied. Please indicate the object in the provider S nied. Please indicate the object in the provider S submitted a draft list of SI sen approved as safety ne sen approved, you ver anization operating your health of the ur organization does not nization believes that it she.	nancial viability, iospital use. System (PPS) you name of the PPS tate Designated It providers as we will be granted a lealth Home/CM appear on the drould qualify as a	plan on joining in the "Appea Health Homes is as those tha VAP Exception IA already appraft Health Home, Health Home,	within the ag. If you do not al Applicant and Network at are pending a pending CMS nears on another me list or on please	Underserved Area is inadequate. The General Physicians PC – Buffalo, NY primary care location serves the South Buffalo Lackawanna Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering the level and need and Medicaid population. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This office location is in the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 23,419 resident Medicaid and uninsured population in the South Buffalo Lackawanna Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).				
	ledicaid (FFS & MC)	Uninsured		Data Source	ce Year					
Percentage	18%	2%		EMR	2013-2014					
understand that this appeal. Name Title	the information and data pro information may be subject to Don Boy CEO peals from the CEO, CFO or	o audit and I may be aske	Ans	cumentation in						

10/30/2014 Child and Adolescent Health Associates

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

Only appeals from the CEO, CFO or comparable will be accepted



Vital Access	Provider Exception: The state w	ill consider exceptions to the sa	afety net defin	ition 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 mus
be posted for	public comment 30 days prior to app	plication approval. Three allow	ed reasons for	granting an exception	are shown in Section IV.
I. Are you a M	ledicaid Provider				
	Answer Yes			▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: Child and Adolescent Heal	th Associates			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Samaritan Medical Center			-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is evaluated in the context of the	<u>PPS</u> you are joining. If you are joi	ning more than	one PPS, you have the	
	ing for the VAP Exception in that PPS as		e "VII_Addition	al PPSs" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section II and VII</u> of the instructions	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type: Other			▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other: Pediatrician				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificat	e/License # MMIS	*	NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	60181		1861589384	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:	00101	.0	1001303304	
	ing Entity ID:				Character Count: 1806
	Address	City	St	ate Zip	Child and Adolescent Health Associates is a group of 4 pediatricians and 2 mid-levels. Their office is centrally located in Watertown. Watertown
	Address 513 Washington St Ste. 1	Watertown	1	NY 13601	the county seat for Jefferson County and currently has 27,161 residents but is frequently visited and sought out by the surrounding areas.
				* REQUIRED	Jefferson County has a population of 116,299, with the majority of these patients recieving care within Watertown. Watertown is an underserve
III. Appeal Poi					population in regards to Healthcare. Watertown continues to face the challenge of lack of primary care services, and pediatrics continues to be a
Contact I	Person Brian Marcolini				area that is significantly impacted. Currently in the DSRIP application there is only two other providers of pediatric services one being a FQHC and
	Title Director	1.5	*	24	another independant pediatric group that covers Jefferson County. With the importance being put on behavioral health, preventitive care,
	Phone 315-755-2020 t Email bmarcolini@fdrhpo.org	E)	rtension	31	obersity, asthma, and diabetes we feel that pediatricians play a crucial role in being able to transform the pediatric healthcare system not only for medicaid but for all. If we positively impact them as youth chances are good behaviors continue into adulthood. If the two independent
	ose the following VAP Exception:				pediatric offices are not considered as vital access providers there is a very large propability of the network, not being able to meet any of the
of ser Any h comm iii Any s When choosing indicate what P Information – S When choosing care Managem CMS approval. approval and do safety net list, y another approvocomplete this for the series of the serie	mmunity will not be served without grarving the community. nospital is uniquely qualified to serve banunity, and/or clear track record of succeptate-designated health home or group of the server of	sed on services provided, financia cless in reducing avoidable hospita of health homes. ** what Performing Provider System denied. Please indicate the name of Ss., see section VII tab. s submitted a draft list of State Debeen approved as safety net provice as pending approval, you will be reganization operating your Health your organization does not appear anization believes that it should quite. In one PPS, use second tab (Section tyour facility serves	I viability, relation I use. (PPS) you plan of the PPS in the case of the PPS in the ders as well as the granted a VAP E Home/CMA aircon the draft he ualify as a Healt on VII) to add according to the derage of the case of	onships within the on joining. If you do not e "Appeal Applicant a Homes and Network chose that are pending exception pending CMS eady appears on another ealth Home list or on th Home, please Iditional PPSs.	patients, if you were to add Child Health Plus into that date the office would be over 25%. Child Health plus is all to often left out of the calculations when looking into the Managed care breakdown. When looking at this tough to treat population and the population that DSRIP is targeting you should consider the amount of CHild Health PLus a Vital Access Provider has.
	Medicaid (FFS & MC)	Uninsured	Da	ata Source Year	
Percentage	14%	1%	<u></u>	EMR 2013	
-	Certify that the information and data p nd that this information may be subject				1
Nam	ne Brian Ma	rcolini	Yes	No	
Tit	le Direct	tor			

Cook vap_exception_appeal_form-1 (2)

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

be posted to	or public comi	ment 30 days prior to appli	ication approval.	Three allowed re	eason	s for grant	ting an ex	ception	re shown in Section IV.					
I. Are you a	Medicaid Pro	vider				-	-							
	Answer	Yes						-	You have chosen the following VAP Exception: i					
II. Appeal Ap	pplicant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organi	ization Name:	Westfield Family Physicians,	PC						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
		Catholic Medical Partners-Accounta						-	You chose the qualification i, in the space below please include:					
^^ The VAP Ex	xception is eva	luated in the context of the P	PPS you are joining	. If you are joining	more	than one P	PS, you ha	ive the						
option of app	olying for the V	AP Exception in that PPS as v	vell (if applicable).	Please see the "VI	I_Add	itional PPS	s" tab to s	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's	s. See <u>Section I</u>	I and VII of the instructions for	or further clarifica	tion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
I	Provider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.					
Provider	r Type - Other:	Primary Care Provider-Physic	cian Assistant						b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).					
Unia	que Identifiers:	012164		02960736		14	48783311	7	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:													
Bi	illing Entity ID:								Character Count: 3143					
		Address		City		State	Zi							
	Address	138 East Main Street, PO Box	x 10 W	/estfield		NY	147		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
III Anneal P	oint of Conta	rt					* R	EQUIRED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
		ette Bartkowiak,RN							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
Contac	Title Offic								surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services					
Contac	ct Phone 716-	326-4678		Extens	ion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
Conta	act Email nanb	@wfpweb.net												
		owing VAP Exception:							Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located					
_	community will serving the com	not be served without grant nmunity.	ing the exception	because no other e	eligible	provider is	s willing o	r capable	approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a					
O ii Any									ride.					
		iquely qualified to serve base or clear track record of succes				elationship	s within t	he						
- 1	nmunity, and/o	or clear track record of succes	ss in reducing avoi	idable nospital use.					The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article					
O iii Any	y state-designa	ted health home or group of	health homes. **						28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local					
When choosis	ng VAP Excent	i on i & ii – Please indicate wh	at Performing Pro	ovider System (PPS)) vou r	olan on ioin	ning If you	do not	communities.					
		d to join, then you will be de	-			-								
		you are part of multiple PPSs,				• • • • • • • • • • • • • • • • • • • •	• • •		Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed					
When choosis	ng VAP Except	i on iii – The Department has s	submitted a draft I	ist of State Designa	ated H	ealth Home	es and Net	work	recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting,					
_	-	(CMAs) that have already be						_	and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self					
		n Home appears on this list as						-	management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.					
• •		o submit this form. If the orga eed to submit this form. If yo		<i>.</i>					with the stated goals of both fair proposed projects to aggressively promote population relativistic care management.					
		t provider list, but your organ	-					1 011	We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid					
		vailable on the DSRIP website		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		, μ		population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the					
~ F	For Section IV,	if you are joining more than	one PPS, use seco	nd tab (Section VII) to a	dd addition	al PPSs.		Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services					
V. Percentage	e of Medicaid	& Uninsured members that y	our facility serves	s					and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.					
	Me	dicaid (FFS & MC)	Unins	sured		Data Soi	urce	Year	Sincerely,					
	+													
Percentage		24%	49	%		an rosters a	and PN	2014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC					
Ves I Hereby	v Certify that t	he information and data pro	vided on this form	n is accurate and co	orrect	to the hest	of my kn	owledge	7					
		nformation may be subject to					-	_						
appeal.														
				.	Ansv		,							
	ame	Donald F Brautig	,	◎	Yes	O No								
Т	Title Only and	CEO Westfield Family					1							
	Only app	eals from the CEO, CFO or	comparable will	ne accepted										

Only appeals from the CEO, CFO or comparable will be accepted



		Exception: The state will on t 30 days prior to application				•	if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be
	a Medicaid Pro		on approval. I	Tiree allowed reasons for	granting arre.	Acception are snown	This section is
i. Ale you e	Answer					▼	You have chosen the following VAP Exception:
II. Appeal A	Applicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
- ''		Crystal Run Healthcare, LLP					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		Westchester Medical Center				-	You chose the qualification i, in the space below please include:
^^ The VAP	Exception is eval	uated in the context of the PP	PS you are joinin	ng. If you are joining more th	an one PPS, yo	ou have the option	
		eption in that PPS as well (if ap		e see the "VII_Additional PF	PSs" tab to sele	ect multiple PPS's.	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
See <u>Section</u>	II and VII of the i	nstructions for further clarific	cation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provid	er Type - Other:	Physician Group					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/Li	icense #	MMIS*		NPI*	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)
Uni	ique Identifiers:	NA		2409709	1	952376410	c. Any supporting documentation to substantiate your manade (attach as 1 of mile eman when submitting)
	Agency Code:						
	Billing Entity ID:						Character Count: 3491
		Address		City	State	Zip	Crystal Run Healthcare (CRHC) is providing substantial care to the safety net population of the lower Hudson Valley. Using Medicare's definition
	Address	155 Crystal Run Road	J!	Middletown	NY	10941 * REQUIRED	of active patient as a patient seen once in the last three years, we estimate that we have provided services to 85% (15,088) of the Medicaid population in Sullivan County and 43% (30,303) in Orange County. Although not meeting the safety net provider definition, CRHC is clearly an
III. Appeal	Point of Conta	ct				NEQUINED	essential provider of health care to the Medicaid, dual-eligible and uninsured residents of our region.
Conta	act Person Mich	elle Koury, M.D.					
		Operating Officer					The Westchester Medical PPS is developing a regional approach to system transformation for the Hudson Valley. This region has experienced a
	act Phone 845-7			Extension			dramatic growth in Medicaid enrollment and increases in minority and aging populations. Total NYS Medicaid spend is approx. \$3.8B across in
		ury@crystalrunhealthcare.com owing VAP Exception:	n				this region. Data suggests that there is significant variation in health care indicators and access to care across this geography. Our executives are actively participating on the PPS executive leadership committee and serving in advisory roles for project development.
Ar	rving the comming hospital is united for clear track on y state-designated the properties of the prope	not be served without grantinunity. quely qualified to serve based record of success in reducing ted health home or group of hon i & ii – Please indicate what it o join, then you will be dening unare part of multiple PPSs, on iii – The Department has success that have already been appear son this list as pend form. If the organization operatorm. If your organization does ization believes that it should to, if you are joining more that the Uninsured members that you dicaid (FFS & MC)	d on services pro avoidable hosp nealth homes. *: at Performing P ied. Please indi see section VII th ubmitted a draft proved as safety ling approval, you ting your Health so not appear on qualify as a Health un one PPS, use	evided, financial viability, relital use. * rovider System (PPS) you placate the name of the PPS in tab. List of State Designated Hear on the providers as well as the power of the providers as well as the purille of the providers as well as the providers as well as the providers as the providers as the providers as well as the prov	an on joining. If the "Appeal Ap alth Homes and use that are per eption pending rs on another s or on another a this form. List i	f you do not oplicant I Network Care nding CMS g CMS approval and safety net list, you pproved safety net is available on the	CRHC is delivering value based care to a significant percentage of the Medicaid population. CRHC capabilities (attachments A-D) such as data analytics, best practices, transitional care protocols, and care management strategies are fundamental to successful DSRIP implementation. CRHC has a strong track-record in providing comprehensive, patient-centered care that is supported by a sophisticated infrastructure: accreditation by the Joint Commission; designations as NCQA Level III PCMH across all primary care and pediatric sites; the only accredited NCQA Level II ACO in NYS; the first of 27 MSSP ACO participants in the country; and shared savings agreements with multiple commercial payers and Managed Medicaid plans. CRHC has surpassed quality metrics across a number of these initiatives. CRHC also has traditional and transformational management services, including risk management (i.e. data analysis, risk contracting) and care optimization (i.e. care facilitation, physician engagement training.) DSRIP is an opportunity to work with our regional partners to promote integration, collaboration, and clinical excellence. Our 300+ physicians cover 40 medical and surgical specialties and maintain privileges at Orange Regional Medical Center, Catskill Regional Medical Center, St. Anthony Community Hospital, St. Luke's-Cornwall Hospital, Westchester Medical Center, Nyack Hospital, and Good Samaritan Hospital. In our primary hospitals, we provide on call coverage for the specialty services we provide. In our region, we are the: (1) largest providers of care to the frail elderly and the developmentally disabled; (2) only pediatricians on staff at Catskill Regional Medical Center where we cover 100% of the births and emergency room call; (3) major provider at Achieve Rehab, Valley View Center for Nursing Care and Rehabilitation, Middletown Park Rehab & Health Care Center, Ramapo Manor Center for Rehabilitation and Nursing; and Highland Rehab; and (4) provider of primary and specialty care to the Center for Discovery. The t
Percentage	e	22%		1%	Internal A	nalysis 1/1/13-1/1/1	4
		•				7-7-1-1-1-1	
		ne information and data provi Iformation may be subject to		y be asked to provide docun			
N	Name	Michelle A. K Chief operati	•		Yes O No]	

10/30/2014 Dale Deahn MD PC VAP exception form

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

Only appeals from the CEO, CFO or comparable will be accepted



		·				oasis 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 a	allowed reasons	for grantii	ng an exception a	re shown in Section IV.
I. Are you a M	ledicaid Provider					
	Answer Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: Dale L. Deahn, M.D., P	.C.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Finger Lakes PPS				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is evaluated in the context of	f the PPS you are joining. If you a	are joining more t	han one PP	S, you have the	
option of apply	ing for the VAP Exception in that PI	PS as well (if applicable). Please s	see the "VII_Addit	ional PPSs'	' tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See Section II and VII of the instruct	ions for further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type: Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other: Physician					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certif	irate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers: 150:	,	711064	10	71573378	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:	120	711004	10.	71373370	
	ing Entity ID:					Character Count: 583
	Addı	ress	City	State	Zip	We are a 5 provider Family Practice office located in Arcade. We serve approximately 5000 patients. Arcade is in a federally qualified physician
	Address 401 Main Street	Arcade		NY	14009	shortage area. There is only one other family practice physician in the community and has been so for the past 29 years. We are a level 3 PCMH
	-				* REQUIRED	recognized practice. We have always scored very high on any reporting metrix with all the insurance companies, ACOs, IPAs and IPRO. We have
III. Appeal Poi						served this community for almost 30 years and are familiar with the needs of the population and its barriers to access to care in our rural area.
Contact I	Person Amy Gilbert					
Contact	Title Manager Phone 585-492-5088		Extension		32	
	t Email agilbertoffice@yahoo.com		EXTENSION		32	
	ose the following VAP Exception					
of ser Any h comm iii Any s When choosing indicate what P Information – S When choosing care Managem CMS approval. approval and do safety net list, y another approvocomplete this for the series of the serie	mmunity will not be served without riving the community. nospital is uniquely qualified to servinunity, and/or clear track record of state-designated health home or grogs VAP Exception i & ii — Please indicates and in the state of the sta	e based on services provided, fin success in reducing avoidable hour up of health homes. ** at what Performing Provider Sybe denied. Please indicate the neapprose. See section VII tab. It has submitted a draft list of Stady been approved as safety net is list as pending approval, you will be organization operating your History. If your organization does not a organization believes that it should be seen that it is not s	pancial viability, repospital use. System (PPS) you plane of the PPS in the	an on joining the "Appeal alth Homes as those the PException already appet the Homes" the Homes and the Homes and the Homes alth Homes alth Homes and the Homes alth Homes and the Homes alth Homes al	within the ng. If you do not al Applicant s and Network at are pending n pending CMS pears on another one list or on e, please	
			 }			
Percentage	20%	5%		EMR	2014	
-	Certify that the information and daind that this information may be sub		d to provide docu	mentation	-	
Tit		wner		_		

10/30/2014 Dr. Depner

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

Only appeals from the CEO, CFO or comparable will be accepted



Vital Access	Provider E	xception: The state will	consider exceptions to	the safety net	definition o	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 comm	ent 30 days prior to appli	cation approval. Three	allowed reasor	ns for grant	ing an exception a	re shown in Section IV.
I. Are you a M	ledicaid Prov	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Inforn	nation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS				-	You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is evalu	uated in the context of the P	<u>PS</u> you are joining. If you	are joining more	than one P	PS, you have the	
		AP Exception in that PPS as w		see the "VII_Add	ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See Section II	and VII of the instructions fo	r further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other: F	Physician					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/I	icense #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	173875-1			11	104810944	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:						
Billi	ing Entity ID:						Character Count: 679
		Address		City	State	Zip	Dr. Depner is an essential provider in the Allegany County Community, serving a heavy Medicare and dual eligible population. One of the DSRIP
	Address 1	12 Martin St	Wellsville	2	NY	14895	projects selected for the Finger Lakes PPS is related to reducing readmissions. Dr. Depner admits approximately 50% of the local hospital patients.
III. Appeal Poi	int of Contac	+				* REQUIRED	His ability to impact the readmission number is significant and his involvement in DSRIP for this project will be key. In addition to Dr. Depners connection to the nursing home population and readmissions, the Hornell market is failing and we are anticipating we will need to take additional
		Gates (Dr. Christopher R Dep	ner MD)				Medicaid patients into the practice which will also increase Dr. Depner's DSRIP participation.
Contact i		tal CFO	c				medical patients into the practice which will also increase by Depine 3 Doning participation.
Contact	Phone 585-59	96-4004		Extension			
Contact	t Email gatest	@jmhny.org					
IV. Please cho	ose the follo	wing VAP Exception:					
	mmunity will r	not be served without granti munity.	ng the exception because	e no other eligibl	e provider is	willing or capable	
	0	•					
		quely qualified to serve based			relationship	s within the	
comm	nunity, and/or	r clear track record of succes	s in reducing avoidable h	iospital use.			
O iii Any s	state-designate	ed health home or group of I	nealth homes. **				
_		on i & ii – Please indicate wh	_				
		to join, then you will be der		name of the PPS	in the "App	eal Applicant	
		ou are part of multiple PPSs, on iii– The Department has s		ata Dasignatad I	Joalth Homo	s and Notwork	
•		CMAs) that have already be					
_		Home appears on this list as					
approval and do	o not need to	submit this form. If the orga	nization operating your I	Health Home/CM	IA already ap	pears on another	
		ed to submit this form. If you	-				
		provider list, but your organ		ould qualify as a	Health Hom	ie, please	
		ailable on the DSRIP website. You are joining more than o		(Costion \(\(\) to a	مدادات الماد	al DDCa	
FOI	r Section IV, II	you are joining more than t	one PPS, use second tab	(Section vii) to a	ida addition	ai PP35.	
V. Percentage o	of Medicaid &	Uninsured members that y	our facility serves				
	Med	licaid (FFS & MC)	Uninsured		Data Sou	urce Year	
Percentage		S	4%		Intern	al 2013	
	nd that this inf	e information and data prov formation may be subject to Tracy Gate	audit and I may be aske	ed to provide doo Ans		-	

10/30/2014 Eggleston vap_exception_appeal_form-1

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**

•	•	ment 30 days prior to appl	ication approval.	Three allowed r	eason:	s for grant	ting an e	exception a	re shown in Section IV.				
i. Are you	a Medicaid Pro Answer	1						▼	You have chosen the following VAP Exception:				
II Annoal	Applicant Info							*	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
	• • • • • • • • • • • • • • • • • • • •	Westfield Family Physicians,	DC.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Orga	Joined PPS							-	You chose the qualification i, in the space below please include:				
^^ The VAP		aluated in the context of the F		If you are joining	more	than one P	PS vou h	17.00	rou chose the quantication i, in the space below please include.				
option of ap	pplying for the	VAP Exception in that PPS as v II and VII of the instructions for	well (if applicable).	Please see the "V					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				
	Provider Type	Other						▼	without your organization's involvement given the PPS current configuration of network providers.				
Provid	der Type - Other	: Primary Care Provider-MD							b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).				
Un	nique Identifiers	: 142899		00722069		14	4876295	15	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code					•							
	Billing Entity ID					, ,			Character Count: 3143				
		Address		City		State		Zip					
	Address	138 East Main Street, PO Bo	x 10 We	estfield		NY		1787 REQUIRED	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately				
III. Appeal	Point of Conta	act						REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
Conta	act Person Nan	ette Bartkowiak,RN							Hasp, both residents, 17.5% live below the poverty line (US 2010 Census). Fer Salient data, chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers in the north (Dunkirk/Freda pip of Square miles with population centers with population centers in the north (Dunkirk/Freda pip of Square miles with population centers with population centers with the population centers with the north (Dunkirk/Freda pip of Square miles with population centers with the north (Dunkirk/Freda pip of Square miles with population centers with the north (Dunkirk/Freda pip of Square miles with population centers with the north (Dunkirk/Freda pip of Square miles with population centers with the no				
		e Manager											
	tact Phone 716			Extens	sion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
	ntact Email nan	-							Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides				
i A	A community wil of serving the cor	lowing VAP Exception: Il not be served without grant mmunity. Iniquely qualified to serve base			-				care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.				
C	ommunity, and/	or clear track record of succe	ss in reducing avoic			Cidcionsinp	os within		The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local				
indicate wh Information When choo Care Manag	nat PPS you inter n – Section II". <u>If</u> osing VAP Except gement Agencie	tion i & ii – Please indicate what to join, then you will be de you are part of multiple PPSs tion iii – The Department has so (CMAs) that have already be the Home appears on this list a	nied. Please indica s, see section VII tab submitted a draft listen en approved as saf	te the name of thos. st of State Design ety net providers	e PPS i ated H as wel	in the "App ealth Home Il as those t	eal Appli es and Ne	icant etwork pending	communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align				
safety net li another app complete th	ist, you do not n proved safety ne his form. List is a ~ For Section IV,	o submit this form. If the orga- leed to submit this form. If yo et provider list, but your organ available on the DSRIP website if you are joining more than	ur organization doe nization believes that e. one PPS, use secon	es not appear on at it should qualif and tab (Section VI	the dra	aft Health H Health Hom	Home list ne, please	or on	with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management. We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient				
v. Percenta		& Uninsured members that y			l			. 1	outcomes.				
		edicaid (FFS & MC)	Unins			Data So		Year	Sincerely,				
Percentag	ge	24%	4%	6		ance roste	ers and	2014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC				
under appea	rstand that this i	the information and data pro information may be subject to Donald F Brauti	o audit and I may b	oe asked to provid		umentatior wer	•	•					
'	Title	CEO Westfield Family			3	3	1						
		peals from the CEO, CFO or		be accepted									

10/30/2014 Elizabeth O'Neill, MD vap_exception_appeal_form

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

be posted for		ment 30 days prior to appli	ication approval. Three	allowed reaso	ns for gran	ting an	exception a	re shown in Section IV.			
i. Are you a iv	Answer						▼	You have chosen the following VAP Exception:			
II. Appeal App							•	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
			hath O'Naill MD					"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"			
Organiza		General Physicians PC- Eliza	· · · · · · · · · · · · · · · · · · ·				-				
AA Tho VAD Evo	Joined PPS:	Erie County Medical Center Corpora		are joining more	o than one F	DC VOU	7.00	You chose the qualification i, in the space below please include:			
		luated in the context of the P /AP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
		I and VII of the instructions for		see the VII_Au	iai ai	is tub t	.o sciect	include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	ovider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.			
	Type - Other:	Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
ovide	Type Other	Operating Certificate/	Liconco #	MMIS*		NPI*		of services for the PPS in this community (ies).			
Unique	e Identifiers:	Operating Certificate/		02845792	1	346204	377	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	gency Code:		<u> </u>	02843732		340204	377				
	ing Entity ID:							Character Count: 1337			
		Address		City	State		Zip	General Physicians PC - A multi-specialty medical group			
	Address	1412 Sweethome Rd	Amherst		NY	1	14228	Amherst, NY Location: 1412 Sweethome Rd, Amherst, NY 14228 (Erie County, NY)			
						*	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System			
III. Appeal Poi Contact I		antha J. Sessamen, M.S.						Provider: Elizabeth O'Neill, MD; MMIS#: 02845792; NPI: 1346204377; License #: 193863			
Contact i		ntive Coordinator						Provider: Elizabeth U Nelli, MiD; MiNIS#: 02845792; NPI: 1346204377; License #: 193863			
Contact		698-3469		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System			
Contact	t Email sses	samen@gppconline.com		•							
i A con of ser o	V. 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. **							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in the East Amherst Clarence Primary Care Service Area (PCSA) north of the high poverty Buffalo Medically Underserved Area is inadequate. The General Physicians PC – Amherst, NY primary care location serves the East Amherst Clarence PCSA. The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 8,844. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the East Amherst Clarence PCSA is rate is 1,844/100,000. See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin). This location also secondarily serves the extremely high need Buffalo HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).			
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves								
	Me	edicaid (FFS & MC)	d (FFS & MC) Uninsured		Data So	urce	Year				
Percentage		15%	2%		EMF	₹ 2	2013-2014				
understar appeal. Nam	nd that this i	he information and data pro nformation may be subject to Don Boy CEO	o audit and I may be ask	ed to provide do	swer		_				
Tit		CEO peals from the CEO. CEO or	comparable will be ac	cepted		1					

10/30/2014 Faiza Wajid, MD vap_exception_appeal_form

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**

must be poste	ed for public				•				ption are shown in Section IV.
I. Are you a N	/ledicaid Pro	ovider							
	Answer	Yes						•	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Info	rmation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	General Physicians PC- Faiz	a Wajid, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpo	oration					•	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is eva	luated in the context of the	PPS you are joining	g. If you ar	e joining mor	e than one F	PS, you have	e the	
	-	AP Exception in that PPS as			e the "VII_Ac	lditional PPS	s" tab to se	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		I and VII of the instructions	for further clarifica	ation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
-	rovider Type:							▼	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other:	Primary Care							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).
		Operating Certificate	/License #		ΛIS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:			037	35095	13	26359126		a Any supporting documentation to substantiate your narrative (actual as 1.5). If the citial which substantially
	Agency Code:								Character County 1800
Bill	ing Entity ID:	Address			ity	State	Zip		Character Count: 1466 General Physicians PC - A multi-specialty medical group
	Address	517 Sunset Dr	н	lamburg	ity	NY	14075		Hamburg, NY Location: 517 Sunset Dr, Hamburg, NY 14075 (Erie County, NY)
	Addiess	517 Sunset Di		umburg		1111		UIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Po	int of Conta	nct							
Contact		antha J. Sessamen, M.S.							Provider: Faiza Wajid, MD; MMIS#: 03735095; NPI: 1326359126; License #: 271789
Ctt		ntive Coordinator			Futonsion				No. dad a Nikel Access Bourist a within the SCARS Burfamine Bourists States
	Phone 716-6	amen@gppconline.com			Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
	•	lowing VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County.	
O iii Any s When choosin, not indicate wi	ble of serving hospital is uni munity, and/c state-designa g VAP Except hat PPS you ir	not be served without grant, the community. quely qualified to serve base or clear track record of succested health home or group of the community of the comm	ed on services provises in reducing avo f health homes. ** what Performing Pure denied. Please i	vided, finar vidable hosp rovider Sys indicate the	ncial viability, pital use. tem (PPS) yo	relationship u plan on joi	s within the	The General Physicians PC – Hamburg, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This office location is not far from the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,765 resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).	
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 VIII) to add additional PPSs.									
V. Percentage	of Medicaid	& Uninsured members that	your facility serve	es					
	Medicaid (FFS & MC) Uninsured Data Source Year				Data Sou	irce Ye	ear		
Percentage		9%	29	%		EMR	2013-2	2014	
	and that this eal.	he information and data pri information may be subject Don Boy	t to audit and I ma	ay be aske	Ans Yes	documenta wer	•	_	
	Only app	eals from the CEO, CFO o	r comparable wil	II be accer	ted				

10/30/2014 Family Health Medical Services-Peterson vap-form

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

be posted for	public com	ment 30 days prior to appli	ication approva	II. Three allowe	d reason	s for granti	ng an exceptior	are shown in Section IV.				
I. Are you a N												
	Answer	Yes					•	You have chosen the following VAP Exception: i				
II. Appeal Ap	plicant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiz	ation Name:	Family Health Medical Service	ces, PLLC					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Catholic Medical Partners-Accounta	able Care IPA INC					You chose the qualification i, in the space below please include:				
^^ The VAP Exc	ception is eva	luated in the context of the P	PPS you are joinin	ng. If you are joir	ning more	than one PF	S, you have the	-				
		/AP Exception in that PPS as v			"VII_Add	itional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's.	See <u>Section</u>	II and VII of the instructions for	or further clarific	ation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient				
P	rovider Type:	Other						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				
Provider	Type - Other:	Primary Care Provider										
		Operating Certificate/	License #	MMIS*	*		NPI*	of services for the PPS in this community (ies).				
Uniqu	ue Identifiers:	007012		0234210	07	11	24019948	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code:	77.72=										
Bill	ling Entity ID:							Character Count: 3498				
	Address City State Zip							Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the				
	Address	95 E. Chautauqua St.	1	Mayville		NY	14757	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately				
							* REQUIRE					
III. Appeal Po								Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),				
Contact	Person Dian	ect Manager						surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Contact	Phone 716-			Fxt	tension		104	Administration with health professional shortage area (nessa) designations in Primary Care, bental Care, and intental nearth.				
		e.franklin@fhmsmed.com		- LA	teribion	I.	101	As a group, Family Health Medical Services (FHMS) serves approximately 7,808 Medicaid patients (Includes FFS, Managed Care,) and				
i Acc	ommunity wil	lowing VAP Exception: I not be served without grant	ing the exception	n because no oth	ner eligible	e provider is	willing or capabl	3,647uninsured patients as a large Family Practice in Chautauqua County. Four out of 15 of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are				
O ii Any	munity, and/	iquely qualified to serve base or clear track record of succe	ss in reducing avo	oidable hospital		relationships	s within the	served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are cattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. Many of the providers in that PPS are located in the Buffalo area which is approximately 60 miles away.				
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								FHMS serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient				
		vailable on the DSRIP website if you are joining more than		ond tab (Section	n VII) to a	dd additiona	al PPSs.	To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members				
V. Percentage	of Medicaid	& Uninsured members that y	your facility serve	es	_			of a PPS. The services and infrastructure that are already in place at FHMS will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.				
	Me	edicaid (FFS & MC)	Unir	nsured		Data Sou	rce Year					
Percentage		47%	1	19%		EHR-Med	ent 2013-2014	$\rfloor $				
-	-	the information and data proinformation may be subject to				umentation	-					
Name Title Robert Berke, MD Owner/Partner Only appeals from the CEO, CFO or comparable will be accepted												

10/30/2014 Family Health Medical Services-Redlecki vap-form

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

	r public comn Medicaid Pro	nent 30 days prior to applic	cation approva	al. Three allowed re	easons	for gran	ting an ex	xception a	e shown in Section IV.				
	Answer	Yes						▼	You have chosen the following VAP Exception: i				
II. Appeal Ap	plicant Infori	nation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiz	zation Name:	Family Health Medical Service	es, PLLC						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Catholic Medical Partners-Accountab	ble Care IPA INC					•	You chose the qualification i, in the space below please include:				
^^ The VAP Exc	ception is eval	uated <u>in the context of the Pl</u>	<u>PS</u> you are joinir	ng. If you are joining	more t	than one F	PPS, you h	ave the					
		AP Exception in that PPS as w			_Addi	tional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
		and VII of the instructions fo	r further clarific	cation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient				
	rovider Type:							▼	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)				
Provider	Type - Other:	Primary Care Provider											
		Operating Certificate/L	icense #	MMIS*			NPI*						
	ue Identifiers:	008740		02651650		1 1	43714042	23					
	Agency Code: ling Entity ID:								Character Count: 3498				
5	g z.nacy ioi	Address		City		State	Zi	ip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the				
Address 95 E. Chautauqua St. Mayville NY 14757								757	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately				
							* F	REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
	Person Diane								Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services				
Contact	Title Proje								Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Contact	t Phone 716-7			Extensi	ion		104		The state of the s				
Contac	ct Email diane	.franklin@fhmsmed.com							As a group, Family Health Medical Services (FHMS) serves approximately 7,808 Medicaid patients (Includes FFS, Managed Care,) and				
i A co of se ii Any com Any com Any when choosin indicate what I information —: when choosin care Managerr CMS approval. approval and desafety net list, another approcomplete this to complete this to comp	hospital is unimunity, and/o state-designat is you intended to you of the following VAP Exception II". If your Health do not need to you do not new you do not new you do not. List is av	ollowing VAP Exception: will not be served without granting the exception because no other eligible provider is willing or capable ommunity. uniquely qualified to serve based on services provided, financial viability, relationships within the d/or clear track record of success in reducing avoidable hospital use. nated health home or group of health homes. ** ption i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not end to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant If you are part of multiple PPSs, see section VII tab. ption iii — The Department has submitted a draft list of State Designated Health Homes and Network ies (CMAs) that have already been approved as safety net providers as well as those that are pending alth Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS it to submit this form. If the organization operating your Health Home/CMA already appears on another need to submit this form. If your organization does not appear on the draft Health Home list or on net provider list, but your organization believes that it should qualify as a Health Home, please is available on the DSRIP website. V, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.							3,647uninsured patients as a large Family Practice in Chautauqua County. Four out of 15 of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary. Th rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHGs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lac of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally it their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. Many of the providers in that PPS are located in the Buffalo area which is approximately 60 miles away. FHMS serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shares Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health an				
	Me	dicaid (FFS & MC)	Unii	nsured		Data So	ource	Year					
Percentage		47%	1	19%		EHR-Me	edent 20	13-2014					
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Answer Name Robert Berke, MD Yes No													
Tit	Only app	Owner/Parti		ill be accepted			1						
	Unly appe	eals from the CEO, CFO or	comparable wi	ιιι ne accepteα									

10/30/2014 Family Health Medical Services-Uebelhoer vap-form

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

	public comme		ion approval. Three allowed re	easons	s for gran	nting an e	exception a	re shown in Section IV.				
	Answer Y	25					▼	You have chosen the following VAP Exception: i				
II. Appeal App	plicant Inform	ation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiz	ation Name: Fa	mily Health Medical Services, I	PLLC					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS: C	atholic Medical Partners-Accountable C	Care IPA INC				-	You chose the qualification i, in the space below please include:				
^^ The VAP Exc	ception is evalua	ated <u>in the context of the PPS</u> y	ou are joining. If you are joining	more	than one I	PPS, you h	nave the					
	-	•	(if applicable). Please see the "VI	I_Addi	itional PP	Ss" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
		nd VII of the instructions for fu	irtner clarification!					include descriptions of the geographic area, the population, and how the services in this community are insufficient				
	rovider Type: 0						▼	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)				
Provider	Type - Other: P	rimary Care Provider										
		Operating Certificate/Licer				NPI*						
	le Identifiers:	015235	03406177		1	152834546	69	, , , , , , , , , , , , , , , , , , , ,				
	Agency Code: ling Entity ID:							Character Count: 3498				
5	ing citaty is:	Address	City		State	Z	ip.	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of th				
	Address 9	E. Chautauqua St.	Mayville		NY	14	757	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately				
	! f C t					*	REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
	int of Contact Person Diane F							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services				
Contact	Title Project							Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Contact	Phone 716-75		Extens	ion		104		The state of the s				
Contac	t Email diane.f	ranklin@fhmsmed.com						As a group, Family Health Medical Services (FHMS) serves approximately 7,808 Medicaid patients (Includes FFS, Managed Care,) and				
i A co of se ii Any I comm iii Any I iii Any I iii Any I iii Any I indicate what F information – S When choosing CAMS approval. approval and d safety net list, another appro- complete this f ~ Fo	mmunity will n rrving the common hospital is unique munity, and/or state-designated by the properties of the properties	unity. July qualified to serve based on clear track record of success in the latter of latter of the latter of la	Performing Provider System (PPS . Please indicate the name of the exection VII tab. nitted a draft list of State Designa inproved as safety net providers unding approval, you will be grant ation operating your Health Hom rganization does not appear on t ion believes that it should qualify. PPS, use second tab (Section VII)	you pated He as well ed a Ve/CMAhe dray as a H	elationshi olan on joi n the "App ealth Hom I as those AP Except A already a fit Health Hol	ips within ining. If yo peal Applianes and Ne that are ption pendia appears on Home list me, please	the u do not cant etwork sending ng CMS n another or on	3,647uninsured patients as a large Family Practice in Chautauqua County. Four out of 15 of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lac of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. Many of the providers in that PPS are located in the Buffalo area which is approximately 60 miles away. FHMS serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health a				
	Medi	caid (FFS & MC)	Uninsured		Data So	ource	Year					
Percentage		47%	19%		EHR-Me	edent 20	013-2014					
	•	•	d on this form is accurate and co		umentatio	•	•					
Nan		Robert Berke, MI		Yes	O No							
Tit		Owner/Partner										
	Only appea	ils from the CEO, CFO or con	nparable will be accepted									

10/30/2014 Family Health Medical Services-Whitmore vap-form

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

•		ment 30 days prior to appli	ication approv	al. Three allowed rea	asons	for grant	ing an exception	are shown in Section IV.			
I. Are you a	Medicaid Pro							1			
	Answer	Yes					_ ▼	You have chosen the following VAP Exception:			
	Applicant Infor							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organ		Family Health Medical Service						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
		Catholic Medical Partners-Accounta					•	You chose the qualification i, in the space below please include:			
		luated <u>in the context of the P</u>									
		'AP Exception in that PPS as w			_Additi	ional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
		I and VII of the instructions for	or further clarifi	ication!				include descriptions of the geographic area, the population, and how the services in this community are insufficient			
	Provider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.			
Provide	er Type - Other:	Primary Care Provider						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).			
		Operating Certificate/	License #	MMIS*			NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Uni	que Identifiers:	011192		03163022		19	982695839	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	Agency Code:										
Е	Billing Entity ID:							Character Count: 3498			
		Address		City		State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of th			
	Address	95 E. Chautauqua St.		Mayville		NY	14757	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately			
III Ammaal I	Point of Conta						* REQUIRED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	ct Person Diane							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services			
Conta		ect Manager						Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.			
Conta	act Phone 716-			Extensio	on		104	Administration with realth professional shortage area (11734) designations in Filmary Care, Dental Care, and Mental realth.			
		e.franklin@fhmsmed.com						As a group, Family Health Medical Services (FHMS) serves approximately 7,808 Medicaid patients (Includes FFS, Managed Care,) and			
IV. Please c	hoose the foll	owing VAP Exception:						3,647uninsured patients as a large Family Practice in Chautauqua County. Four out of 15 of our providers are currently on the Safety-Net			
⊚ i A	community will	not be served without granti	ing the excentic	on hecause no other eli	ligihle n	rovider is	: willing or canable	Physician list located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary. The			
	serving the com	_	ing the exception	on because no other en	iiBibic b	noviaci is	willing or capabil	rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are			
- 1	serving are con							scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lac			
O ii An	ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the					ationship	s within the	of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in			
co	mmunity, and/o	or clear track record of succes	ss in reducing a	voidable hospital use.				their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the			
O iii An								services they need to manage their care on a regular basis. Many of the providers in that PPS are located in the Buffalo area which is			
iii An	ny state-designat	ted health home or group of	health homes.	**				approximately 60 miles away.			
		i on i & ii – Please indicate wh	_			-					
	•	d to join, then you will be der			PPS in	the "App	eal Applicant	FHMS serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared			
		you are part of multiple PPSs,						Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as			
		ion iii – The Department has s		•				providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and			
		(CMAs) that have already be n Home appears on this list as						regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient			
		submit this form. If the orga						Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects			
		eed to submit this form. If you	•				•	and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data			
		t provider list, but your organ	-					collection, aggregation, reporting, and quality improvement activities.			
	•	vailable on the DSRIP website		,			, p. 100000				
~	For Section IV, i	if you are joining more than	one PPS, use se	cond tab (Section VII)	to add	addition	al PPSs.	To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members			
V Percentas	ge of Medicaid 8	& Uninsured members that y	our facility sen	ues .				of a PPS. The services and infrastructure that are already in place at FHMS will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.			
			,		Г			1			
	Me	dicaid (FFS & MC)	Un	insured		Data Sou	urce Year				
Percentage	e	47%		19%		EHR-Med	dent 2013-2014				
unders appeal N	tand that this in	he information and data pro nformation may be subject to Robert Berke	o audit and I ma	ay be asked to provide		nentation	-				
	Title	Owner/Part									
	Only app	eals from the CEO, CFO or	comparable v	vill be accepted							

10/30/2014 Finger Lakes Medical Associates, LLP

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

be posted for	public collin	iciti 30 days prior to appir	cation approval. IIII	cc anowcu reason	is ioi graii	ting an exception	are shown in section iv.					
I. Are you a M							Vau have chosen the following VAD Evention:					
		Yes				▼						
II. Appeal App							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
		Finger Lakes Medical Associa	ites, LLP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:					▼	You chose the qualification i, in the space below please include:					
		uated in the context of the P					A second of the					
	•	AP Exception in that PPS as was and VII of the instructions for		-	ditional PPS	s tab to select	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					
	ovider Type:		or runtiler clarification.	•		▼	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					
						•						
Provider 1	ype - Other: I	Physician practice			1		of services for the PPS in this community (ies).					
		Operating Certificate/I	License #	MMIS*	ļ.,	NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	e Identifiers:											
	gency Code: ng Entity ID:						Character Count: 2079					
Billi	ing Entity ID.	Address		City	State	Zip	We feel that we are well suited for the DSRIP Grant for the following reasons:					
	Address	200 North Street	Genev	•	NY	14456	The case that the strength of the same state to					
			L		1	* REQUIRED	'II					
III. Appeal Poi							1. We feel we can satisfy and exceed the selection criteria.					
Contact F	Person Lewis	Irvin					a. We have a significant number of patients who are Medicaid and Medicare eligible.					
Contact	Title CAO	87-5199		Extension			b. We are actively utilizing electronic medical record and have been for the past two years. c. We have 13.00 FTE providers in adult, pediatric and family medicine practice.					
		vin@flhealth.org		Extension			d. We are in a socioeconomically diverse community.					
	-	wing VAP Exception:										
of ser Any h comn iii Any s When choosing indicate what P Information – S When choosing Care Managem CMS approval. I	rving the commonspital is unic munity, and/or state-designate (VAP Exceptic PS you intend lection II". If y (VAP Exceptic ent Agencies (If your Health	not be served without grantimunity. quely qualified to serve baser clear track record of succesed health home or group of lon i & ii – Please indicate who to join, then you will be derou are part of multiple PPSs, on iii – The Department has so CMAs) that have already ber home appears on this list as submit this form. If the orga	d on services provided is in reducing avoidable thealth homes. ** at Performing Providence. Please indicate to see section VII tab. Ubmitted a draft list of en approved as safety spending approval, you provide the seement of the se	d, financial viability, le hospital use. er System (PPS) you he name of the PPS if State Designated I net providers as wo	relationshiplan on join in the "Apprelath Homell as those VAP Except	ps within the ning. If you do not beal Applicant ses and Network that are pending ion pending CMS	2. We believe that we can accomplish the goals set forth in this program, because: a. We provide high quality conservative medical care and use a team-based approach that includes mid-level providers, nurses and support staff that effectively communicate with patients and participate in the coordination of services to ensure timeliness and follow through. b. Our clinical staff have participated in a number of pilot projects through Monroe Plan For Medical Care, such as the NCQA Diabetes Recognition Physician Outreach Program and the Pediatric Asthma Care Project (PACE). In both situations we've exceeded the expectations of the projects. We also received PCMH level 3 certification by the NCQA May of 2014. c. We have a significant number of at-risk patients in our service market. d. We have service providers in Ontario and in Yates County. e. We offer a number of support services to enhance the care of our patients, such as a Coumadin clinic, Childbirth education classes, Diabetic teaching and Group sessions, Cardiac echo, stress echo and obstetric/gynecologic ultrasound. We have facilitators on the premise to help patients enroll in the many managed care plans that are available in our region.					
another approv complete this fo	red safety net orm. List is ava r Section IV, if	ed to submit this form. If you provider list, but your organ ailable on the DSRIP website. you are joining more than o	ization believes that it one PPS, use second to	t should qualify as a	Health Hor	ne, please	f. We have a number of subspecialists working in our office, such as cardiology, urology, nephrology, gastroenterology and obstetrics and gynecology to support continuity and improve communication among the care providers. g. We have and will continue to demonstrate a willingness to Partner with area organizations to support innovative care delivery systems focused.					
v. Percentage o	oi iviedicaid &	Uninsured members that y	our facility serves				on improvements in health care.					
	Med	licaid (FFS & MC)	Uninsured	d	Data So	ource Year						
Percentage		21%	2%		PM	2014						
-	n d that this in ne	e information and data prov formation may be subject to Lewis Irvii CAO	o audit and I may be a	sked to provide do	cumentatio swer							
	Only appe	als from the CEO, CFO or	comparable will be	accepted								

10/30/2014 Franklyn Campagna, MD

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

•		ment 30 days prior to appli	ication approval. Three	allowed reaso	ns for gran	ting an	exception a	re shown in Section IV.			
I. Are you a M	Answer						▼	You have chosen the following VAP Exception:			
II. Appeal App								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
			Idua Campagna MD					"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"			
Organiza		General Physicians PC- Fran	· · · · · · · · · · · · · · · · · · ·				-				
AA Tho VAD Evo	Joined PPS:	Erie County Medical Center Corpora		are joining more	o than one [DC VOIL	7.00	You chose the qualification i, in the space below please include:			
		luated <u>in the context of the P</u> 'AP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
		I and VII of the instructions for		see the VII_Au	artional i i s	, tab ti	o sciect	include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	ovider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.			
_	Type - Other:	Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
oride	ype other	Operating Certificate/	Liconco #	MMIS*		NPI*		of services for the PPS in this community (ies).			
Unique	e Identifiers:	Operating Certificate/		00613492	1	063488	5/12	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	gency Code:			30013432		.003488.	342				
	ing Entity ID:							Character Count: 1570			
	<u> </u>	Address		City	State		Zip	General Physicians PC - A multi-specialty medical group			
	Address	237 Linwood Ave. Fl 2	Buffalo		NY	1	4209	Buffalo, NY Location: 237 Linwood Ave. Fl 2, Buffalo, NY 14209 (Erie County, NY)			
						*	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System			
III. Appeal Poi Contact I		antha J. Sessamen, M.S.					1	Provider: Franklyn Campagna, MD; MMIS#: 00613492; NPI: 1063488542; License #: 082623			
Contact i		ntive Coordinator						Provider: Franklyn Campagna, MD; MiMiS#: 00613492; NPI: 1063488542; License #: 082623			
Contact		698-3469		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System			
Contact	t Email ssess	amen@gppconline.com		•							
IV. Please cho	ose the foll	owing VAP Exception:						Presently the number of Safety Net designated primary care providers in the ECMC PPS located in in the high poverty Buffalo Medically			
of ser Any h comm Any s When choosing indicate what P When choosing Care Managem CMS approval. I approval and safety net list, y another approv	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.							Underserved Area is inadequate. The General Physicians PC – Buffalo, NY primary care location serves the South Buffalo Lackawanna Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering the level and need and Medicaid population. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This office location is in the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 23,419 resident Medicaid and uninsured population in the South Buffalo Lackawanna Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).			
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves								
	Me	dicaid (FFS & MC)	Uninsured		Data So	ource	Year				
Percentage		15%	2%		EMI	R 2	2013-2014				
-	nd that this in	he information and data pro- nformation may be subject to Don Boyy CEO CEO	o audit and I may be ask d	An:	cumentatio swer	-	_				



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

be posted for p	oublic comr	nent 30 days prior to appl	ication approval. Th	ree allowed	d reason:	s for gran	ting an e	exception a	re shown in Section IV.				
I. Are you a Me		vider											
	Answer	Yes						▼	You have chosen the following VAP Exception:				
II. Appeal Appl	icant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organizat	tion Name:	General Physicians PC- Tat-S	Sum Lee, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Erie County Medical Center Corpor	ation					-	You chose the qualification i, in the space below please include:				
		uated <u>in the context of the </u>											
		AP Exception in that PPS as v			"VII_Add	itional PPS	is" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's. S	ee <u>Section II</u>	and VII of the instructions f	or further clarificatio	n!					include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pro	vider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.				
Provider Ty	pe - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).				
Unique	Identifiers:			0060070	2	1	4775003	304	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Ag	gency Code:												
Billin	g Entity ID:								Character Count: 1524				
		Address		City		State		Zip	General Physicians PC - A multi-specialty medical group				
	Address	3839 Vineyard Dr	Dunl	kirk		NY		4048	Dunkirk, NY Location: 3839 Vineyard Dr, Dunkirk, NY 14048 (Chautauqua County, NY)				
III. Annaal Dain							*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Poin		ntha J. Sessamen, M.S.							Provider: Tat-Sum Lee, MD; MMIS#: 00600702; NPI: 1477500304; License #: 126308				
Contact re		tive Coordinator							Frovide: 1at-3dill Lee, IVID, IVIVIIS#. 00000702, IVII. 1477300304, Literise #. 120308				
Contact P		598-3469		Exte	ension				Needed as Vital Access Provider within the ECMC Performing Provider System				
Contact	Email ssess	amen@gppconline.com							II				
IV. Please choo	se the foll	owing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.				
of serv Any ho comm Any sta When choosing I indicate what PP Information – Se When choosing I Care Manageme CMS approval. If approval and do safety net list, yo another approve complete this for For	namunity will not be served without granting the exception because no other eligible provider is willing or capable ving the community. In a spital is uniquely qualified to serve based on services provided, financial viability, relationships within the nunity, and/or clear track record of success in reducing avoidable hospital use. Itate-designated health home or group of health homes. ** VAP Exception i & ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you do not PS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant action II". If you are part of multiple PPSs, see section VII tab. VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network ent Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending frour Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS on the need to submit this form. If the organization operating your Health Home/CMA already appears on another ou do not need to submit this form. If your organization does not appear on the draft Health Home list or on ed safety net provider list, but your organization believes that it should qualify as a Health Home, please orm. List is available on the DSRIP website. Section IV, If you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.								The General Physicians PC — Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest source of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicai and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).				
v. Percentage of		& Uninsured members that y	-		_								
	Me	dicaid (FFS & MC)	Uninsur	ed		Data So	urce	Year					
Percentage		12%	2%			EMI	₹ 2	013-2014					
-	d that this in	ne information and data pro information may be subject t Don Boy CEO eals from the CEO, CFO or	o audit and I may be	asked to pro		umentatio wer	-	_					



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

	•	ment 30 days prior to appli	cation approval. Thre	e allowed reaso	ons for gran	nting ar	exception a	re shown in Section IV.				
I. Are you a M	Answer						_	You have chosen the following VAP Exception:				
							•					
II. Appeal App								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
		General Physicians PC- Gord	· · · · · · · · · · · · · · · · · · ·				10.0	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Erie County Medical Center Corpora				200	▼	You chose the qualification i, in the space below please include:				
		luated in the context of the P						A small state of the same with the state of the same state of the				
		AP Exception in that PPS as value of the Instructions for the Instruction in the		e see the "VII_Ao	iditional PP	'SS tab	to select	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				
	ovider Type:		or rareirer clarification.				▼	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).				
							•					
Provider I	ype - Other:	Primary Care			_							
		Operating Certificate/		MMIS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	e Identifiers:			00603778		1972596	5229					
	gency Code:							Character County, 1577				
BIIII	ng Entity ID:	Address		City	State	Г	Zip	Character Count: 1577 General Physicians PC - A multi-specialty medical group				
	Δddress	263 Liberty St	Arcade	City	NY		14009	Arcade, NY location: 263 Liberty St, Arcade, NY 14009 (Wyoming County, NY)				
	Addiess	203 Liberty St	Aicade		INI		* REQUIRED	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Poi	int of Conta	ct						· · · · · · · · · · · · · · · · · · ·				
Contact F	Person Sama	antha J. Sessamen, M.S.						Provider: Gordon Comstock, MD; MMIS#: 00603778; NPI: 1972596229; License #: 134678				
		ntive Coordinator										
Contact		698-3469		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System				
		amen@gppconline.com						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Wyoming, southern				
i i of ser of se	mmunity will munity will wiving the con nospital is un nunity, and/ot tate-designa (VAP Except PS you intensection II". If VAP Except if your Health to not need to you do not need safety ne correction IV,	owing VAP Exception: not be served without grant munity. iquely qualified to serve base or clear track record of succes ted health home or group of ion i & ii – Please indicate wh d to join, then you will be dei you are part of multiple PPSs ion iii—The Department has s (CMAs) that have already be in Home appears on this list as submit this form. If you te provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that y	d on services provided, ss in reducing avoidable health homes. ** that Performing Provider nied. Please indicate the see section VII tab. tubmitted a draft list of sen approved as safety n spending approval, you inization operating your organization does not ization believes that it see the property of the property of the provided provided in the provided provi	financial viability hospital use. System (PPS) you e name of the PP: State Designated et providers as w will be granted a Health Home/Ch a appear on the d hould qualify as a	u plan on jo S in the "Ap Health Hon rell as those I VAP Excep WA already Iraft Health a Health Ho	ips with ining. If ipeal Ap nes and that are tion per appears Home Ii	you do not plicant Network e pending iding CMS on another st or on ase	Erie and northern Cattaraugus and Allegany Counties. The General Physicians PC – Arcade, NY primary care location serves the Warsaw Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This provider office is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Warsaw PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin). This location also serves the rural Cattaraugus County HPSA, Allegany County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).				
	Me	dicaid (FFS & MC)	Uninsured		Data S	ource	Year					
Percentage		18%	2%		EM	1R	2013-2014					
-	nd that this in	he information and data pro- nformation may be subject to Don Boyy CEO CEO	o audit and I may be ask	ed to provide do	ocumentationswer		_					

10/30/2014 Gorman vap_exception_appeal_form-1

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

		nt 30 days prior to appli	ication approva	al. Three allowed r	easons	for gran	ting an ex	xception a	e shown in Section IV.						
I. Are you a N	ledicaid Provi								Very hours the sea the fell and a VAR Formation						
	Answer Ye	-						▼	You have chosen the following VAP Exception: i						
	plicant Inform		• • • • • • • • • • • • • • • • • • • •						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
Organiza		estfield Family Physicians-							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
AA The VAD Eve		tholic Medical Partners-Accounta	1.10.00.000.000.000.000.000.000	na If you are inining		than and D	one you b	1230	You chose the qualification i, in the space below please include:						
		ted in the context of the PException in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
	-	nd VII of the instructions for			II_Addi	itional FF3	s tab to .	select	include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pr	rovider Type: 0	her						▼	without your organization's involvement given the PPS current configuration of network providers.						
		imary Care Provider							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).						
TTOVIGET	Type Other.	Operating Certificate/	Liconco #	MMIS*			NPI*								
Uniqu	e Identifiers:	168596	License #	01032475		1	94227544	11	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	Agency Code:	100350		01032473			.54227544	+1							
	ing Entity ID:								Character Count: 3143						
		Address		City		State	Zi	ip							
	Address 13	8 East Main Street, PO Bo	x 10	Westfield		NY	147		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of th						
III. Annool Bo	int of Contact						* F	REQUIRED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
- ' '		Bartkowiak,RN						1	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),						
Contact	Title Office r								surrounded by smaller villages and farmland. All of Chautaugua County is officially recognized by the Health Resources and Services						
Contact	Phone 716-32	5-4678		Extens	sion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.						
Contac	t Email nanb@	wfpweb.net													
i i A co of sei of sei of sei of sei of sei of sei omr	mmunity will no rving the comm hospital is unique munity, and/or of state-designated g VAP Exception PPS you intend to Section II". If you g VAP Exception tent Agencies (C if your Health Hoo not need to siyou do not need ved safety net p form. List is avail or Section IV, if your Section IV, if you should be community to the section IV, if you should be community to the section IV, if your Section IV, if you should be community to the section IV, if you should be community to the section IV, if you should be community to the section IV, if you should be community to the section IV, if you should be community to the section IV, if you should be community to the section IV.	ving VAP Exception: at be served without grant unity. ely qualified to serve base clear track record of succes I health home or group of i & ii – Please indicate wh o join, then you will be dei u are part of multiple PPSs iii—The Department has s MAs) that have already be ome appears on this list as ubmit this form. If the orgs to submit this form. If you rovider list, but your organ lable on the DSRIP website rou are joining more than Uninsured members that y	health homes. * health homes. * hat Performing Index Please ind., see section VII submitted a draften approved as s pending appro anization operation operation operation operation oblieves. one PPS, use see	ovided, financial vial violdable hospital use * Provider System (PPS icate the name of th tab. It list of State Design safety net providers val, you will be gran ing your Health Hom does not appear on that it should qualif cond tab (Section VI)	bility, res. S) you pare PPS in atted Horas well ted a Vone/CMA the draffy as a H	elationship olan on join n the "App ealth Hom l as those t AP Excepti A already a ft Health Hon	ps within the property of the	u do not cant etwork ending ng CMS a another or on	Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provicare for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for ride. The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three A 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure report and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission a with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management. We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PP						
	Medi	Medicaid (FFS & MC) Uninsured Data Source Year							Sincerely,						
Percentage	24% 4% ance roster and 201							2014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC						
	•	information and data pro			de docı	umentatio	•	•							
Nan Tit	le	Donald F Brautig CEO Westfield Family Is from the CEO, CFO or	Physicians, PC		Yes										

10/30/2014 Grant W. Stephenson, MD

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

Only appeals from the CEO, CFO or comparable will be accepted



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

	public comment 30 days prior to		•		•	uasis in this deemed in the best interest of interioral members. Any exceptions that are considered must be approved by Civis and must be shown in Section IV			
	edicaid Provider	о аррисации арргоча	ii. Tillee allowed reasc	nis ioi gran	iting an exception a	ne shown in section iv.			
i. Are you a ivi	Answer Yes				▼	You have chosen the following VAP Exception:			
II Δnneal Δnn	licant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
	tion Name: Grant W. Stephenson	MD			1	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS: Catholic Medical Partners-				-	You chose the qualification i, in the space below please include:			
	eption is evaluated in the context of		ng. If you are joining mor	e than one F	10.00	Tod chose the quantitation, in the space below please include.			
	ng for the VAP Exception in that P					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
	See <u>Section II and VII</u> of the instruc					include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pro	ovider Type: Other				▼	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	ype - Other: Sole proprietor/ Fami	ily Practice				b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
		ificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).			
Unique		0427	01041730	1	720055999	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
•	gency Code:	, 12,	01011750		., 20033333				
	ng Entity ID:					Character Count: 3311			
	Add	dress	City	State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York. It is consistently ranked as one of the state's			
	Address 1 1/2 Goodrich St.		Ripley	NY	14775-0693	poorest communities characterized by a shrinking and aging population, poverty, and difficulty accessing healthcare. Of the approximately			
III. Appeal Poi	nt of Contact				* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 census). Per Salient Data, Chautauqua County serves approximately 32,000			
Contact P					1	Medicaid beneficiaries. The county covers 1065 mi. 2 and is divided with population centers in the north (Dunkirk/Fredonia) and South (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Service			
Contact r	Title Office Manager					Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in primary care, dental care, and mental health. As a sole			
Contact I	Phone (716)736-6300		Extension			proprietor in family medicine, Grant W. Stephenson, MD serves approximately 848 Medicaid patients and 124 uninsured patients as a primary			
Contact	Email watson2102@fairpoint.net	t				care practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution			
IV. Please cho	ose the following VAP Exceptio	on:				of Medicaid lives and how they are served in Chautauqua. Unlike urban areas the majority of Medicaid patients are not served by clinics and FQHC's, but rather they are scattered across the private provider network. There are currently 3 small Article 28 clinics serving an estimated 500			
of ser O iii Any h comm O iii Any st When choosing indicate what PI Information – Si When choosing care Manageme CMS approval. I approval and do safety net list, y another approv complete this for	mmunity will not be served without wing the community. ospital is uniquely qualified to servanity, and/or clear track record of tate-designated health home or ground the servanity of the servanity. VAP Exception i & ii – Please indicates you intend to join, then you will ection II". If you are part of multiple VAP Exception iii.—The Department of your Health Home appears on this or not need to submit this form. If it you do not need to submit this form. If it you do not need to submit this form. If it you are joining more of Medicaid & Uninsured members of Medicaid & Uninsured members and the community of Medicaid & Uninsured members.	ve based on services prof success in reducing avoup of health homes. ** cate what Performing P I be denied. Please indi le PPSs, see section VII I II thas submitted a draft sady been approved as s is list as pending approv he organization operati II. If your organization or ir organization believes website. e than one PPS, use sec	ovided, financial viability oidable hospital use. * rovider System (PPS) you cate the name of the PP (ab). list of State Designated affety net providers as we hal, you will be granted ang your Health Home/CI loes not appear on the dithat it should qualify as cond tab (Section VII) to	u plan on joi S in the "App Health Hom rell as those I VAP Except MA already a Iraft Health Hor	ps within the ning. If you do not peal Applicant uses and Network that are pending ion pending CMS appears on another Home list or on me, please	-600 Medicaid lives. The lack of reliable, affordable transportation by low income individuals living in the county means Medicaid patients mube served in their own communities as they cannot easily travel to other providers in the Catholic Medical Partners PPS to receive the services required to manage their care on a regular basis. As the only Family Practice in the Ripley area, Medicaid patients of all ages have access to quality primary care services including newborn care, pediatrics, adult and geriatric medicine, and women's health. It is also the only practice to offer obstetrical services north of Jamestown or west of Dunkirk/Fredonia. As a provider, I would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of healthcare providing access to quality services and meeting the needs of consumers as well as providers through clinical transformation. Some of the projects supported in the county include Meaningful Use, chronic disease registries, local and regional health information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, chronic disease self-management programs, and Care Transitions Intervention. These activities align with the proposed DSRIP domain projects. My practice would also potentially have access to technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers such as myself must be included as full participating members of a PPS. The services and infrastructure already in place at Grant W Stephenson, MD will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.			
Γ	Medicaid (FFS & MC)	Unii	nsured	Data So	ource Year				
Percentage	25%		4%	Kare					
rercentage	2370		44/0	Kare	2013				
	ertify that the information and dad that this information may be su	•	y be asked to provide do		on in support of this				

10/30/2014 Guthrie Medical Group VAP Exception Appeal Form

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

	•	nent 30 days prior to appl	lication approval. Th	ree allowed reas	ons for gran	iting an exception	are shown in Section IV.				
I. Are you a N	Answer					-	You have chosen the following VAP Exception:				
II. Ammaal Am						·					
II. Appeal App							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiza		Guthrie Medical Group, P.C.				-	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
AA Th - 1/AD E		United Health Services Hospitals, In				12.00	You chose the qualification i, in the space below please include:				
		uated <u>in the context of the F</u> AP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
		and VII of the instructions f		-	aartional I I	s tub to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pr	rovider Type:	Other				▼					
		Primary Care Group				-	b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
Provider	Type - Other.					1101*	of services for the PPS in this community (ies).				
		Operating Certificate/	/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	le Identifiers:	N/A		2079481		1245246644					
	Agency Code: ling Entity ID:						Character Count: 3336				
Dill	ing Endry ID.	Address		City	State	Zip	Guthrie Medical Group (GMG) has 18 clinic locations in the Southern Tier NY service area, closely following the footprint served by the UHS PPS.				
	Address	1 Guthrie Square	Sayre		PA	18840	The PPS vision is to optimize the Medicaid beneficiary's health outcomes by engaging participants in coordinated delivery of care that utilizes the				
	•		, , ,			* REQUIRED	most appropriate, cost effective setting given medical, behavioral and social needs. The project selection focuses on the common disease states				
III. Appeal Po							and ambulatory sensitive conditions that are associated with higher rates of preventable admissions and emergency room use. It is critical that				
Contact	Person Rita L						the PPS successfully integrate care delivery through an effective shared community based care coordination model.				
Contact	Phone 607-9	nt Safety, Program Manager	•	Extension			In the counties of Tioga, Chemung, and Steuben, the total number of primary care physicians per 100,000 individuals is below the state and national levels for all three NY counties. In every NY county except Tioga County, the average number of individuals living below the poverty leve				
		nek_rita@guthrie.org		Extension			is greater than the national average. In addition, a lack of consistent source of primary care was also identified by the Corning Hospital CHNA as.				
	•	owing VAP Exception:					need of the community. This information was derived from self-reported data, adults aged 18 or older who felt they did not have at least one				
							person who they thought of as their personal doctor or health care provider.				
		not be served without grant	ting the exception bec	ause no other eligi	ble provider	is willing or capable	Although current Medicaid patient base is 13% for GMG, there is significant opportunity to expand and impact the health of these patients. GMG				
	rving the com	munity.					is uniquely positioned in the PPS to impact the primary care access concerns in Chemung, Steuben, and Tioga counties. Without GMG being				
O ii Any h	hospital is uni	quely qualified to serve base	ed on services provide	d. financial viability	v. relationshi	ps within the	included, these communities will not be adequately addressed by the PPS. GMG also plays a significant role in access to specialty care. In the Cancer service line, Guthrie participates in the cooperative group programs				
		r clear track record of succe			,,		through the National Clinical Trial Network sponsored primarily by the National Cancer Institute. This allows Guthrie to provide the community it				
							serves access to a broader range of clinical trials that study new cancer treatments. Through this participation we have over 30 trials open for				
O iii Any s	state-designat	ed health home or group of	health homes. **				enrollment which cover a number of therapeutic areas including lung, breast, colon, hematologic disorders, pancreatic, esophageal, and renal				
When choosing	g VAP Excepti	on i & ii – Please indicate wh	hat Performing Provid	ler System (PPS) yo	u plan on joi	ning. If you do not	cancers. Cancer mortality rate per 100,000 in the counties the PPS and GMG share is 164.6 in Schuyler, 201.2 in Steuben, 206.6 in Chemung, and				
		d to join, then you will be de		the name of the PF	S in the "Ap	peal Applicant	188.2 in Tioga.				
		ou are part of multiple PPSs	-				The PPS has chosen to specifically target cardiovascular health as a priority project. GMG offers cardiology services at 7 separate clinic locations across the Southern Tier, increasing access that would not be as widely available to the PPS community without GMG. Heart disease death rate				
_		on iii— The Department has s (CMAs) that have already be		_			per 100,000 in these counties is 154.5 in Schuyler, 135.1 in Steuben, 125.7 in Chemung, and 125.9 in Tioga.				
	•	Home appears on this list a		•			Further, the PPS partners do not include a comprehensive list of medical group practices that can match Guthrie's wide breadth of services under				
		submit this form. If the orga		-			one organization. GMG's use of the EHR (EPIC) also provides a significant advantage to the PPS since it is already fully integrated between all clini				
safety net list, y	you do not ne	ed to submit this form. If yo	our organization does	not appear on the	draft Health	Home list or on	locations. The structure, resources, location, and range of specialty and primary services available with GMG would significantly increase the				
	•	provider list, but your organ		t should qualify as	a Health Ho	me, please	feasibility of achieving the stated goals of the PPS.				
		ailable on the DSRIP website									
~ Fo	r Section IV, i	f you are joining more than	one PPS, use second	tab (Section VII) to	add additio	nal PPSs.					
V. Percentage	of Medicaid 8	& Uninsured members that y	your facility serves								
	Me	dicaid (FFS & MC)	Uninsure	d	Data So	ource Year					
_						_					
Percentage		13%	9%		DBMS (Query 2013					
	nd that this in	ne information and data pro Iformation may be subject t Joseph Scopel	o audit and I may be	asked to provide d	ocumentationswer						
Tit		CEO, The Guthr			•	1					
110		eals from the CEO, CFO or		accepted							

10/30/2014 Howard T. Meny MD, PC

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

Only appeals from the CEO, CFO or comparable will be accepted



					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
		lication approval. Three allowed reas	ons for gran	ting an exception a	re shown in Section IV.
I. Are you a Med					
	Answer Yes			▼	You have chosen the following VAP Exception:
II. Appeal Applic	ant Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organizatio	on Name: Howard T. Meny MD, PC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Jo	nined PPS: Samaritan Medical Center			-	You chose the qualification i, in the space below please include:
		<u>PPS</u> you are joining. If you are joining mo			
		well (if applicable). Please see the "VII_A	Additional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	Section II and VII of the instructions for	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provi	der Type: Other			▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Type	e - Other: Family Practice Provder				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).
	Operating Certificate/	/License # MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Id	dentifiers:	03464826	1	205031937	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)
Ager	ncy Code:				
Billing	Entity ID:				Character Count: 1779
	Address	City	State	Zip	Lowville, NY is part of Lewis County one of NYS most rural counties. Lewis county has a population of 27,149 and a unemployment rate of 7.1%.
	Address 7785 N STATE ST STE 320	Lowville	NY	13367	Lewis County is made up of two distinct areas, Adirondack Park and the Tug Hill Plateau. There are currently 21.3 people per square mile within
III. Appeal Point	of Contact			* REQUIRED	Lewis County. Lowville NY is one of those towns within Lewis County, thier population is 3,459. The per capita income is \$21,968 with 15% of Lowville residents falling under the povety line. Currently Dr Meny and his practice which consists of himself, Dr Monica Kwicklis and Nurse
	son Brian Marcolini				Practioner Tammy Camidge serve the Medicaid population. Dr Meny's family practice currently is made up of 32.5% Medicaid, Managed
	Title Director				Medicaid, and Uninsured patients. Also of importance, if you were to include Child Health Plus into those calculations the practice would have
Contact Pho	one 315-755-2020	Extension	ı	31	36% of thier patients coming from the population DSRIP is intending on serving and transforming healthcare for. Dr Meny's practice specializes i
Contact En	mail bmarcolini@fdrhpo.org				Newborn Care, Immunizations, Pediatrics, Adolescent and Adult Medicine, Geriatrics and Nursing Home Care. This rural area like other areas is
IV. Please choose	e the following VAP Exception:				lacking in the primary care services, but if this area was to lose a practice like Dr Meny's it would be devistating to both Lewis County and Lowville. As is the case for most areas Primary care services are dwindilling in Lewis County, if Dr Meny's practice was currently not serving the
Any hose communication of the	e-designated health home or group of AP Exception i & ii — Please indicate whyou intend to join, then you will be detion II". If you are part of multiple PPSs AP Exception iii— The Department has a Agencies (CMAs) that have already be our Health Home appears on this list a ot need to submit this form. If the orgadon or the provider list, but your organ. List is available on the DSRIP website	health homes. ** hat Performing Provider System (PPS) younged. Please indicate the name of the Pis, see section VII tab. submitted a draft list of State Designate the providers as usen approved as safety net providers as its pending approval, you will be granted anization operating your Health Home/Our organization does not appear on the nization believes that it should qualify as e. one PPS, use second tab (Section VII) to	ou plan on joi PS in the "App d Health Hom well as those t a VAP Except CMA already a draft Health Hor s a Health Hor	ning. If you do not beal Applicant es and Network that are pending ion pending CMS ppears on another Home list or on ne, please	Mediciad population and still accepting new patients there would be only one other practice serving the medicaid population. That other practice currently only has 4% medicaid within thier practice. Please consider this appeal thouroughly, having the ability for DSRIP to assist Dr Meny and his team on the transformation of healthcare is absolutely critical.
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	28%	5%	EMI	R 2013	
-		colini Y			

10/30/2014 JAMESTOWN PEDIATRIC ASSOCIATES

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**

•	•	nment 30 days prior to appl	ication approval.	Three allowed reason	ns for gran	nting an exc	eption a	re shown in Section IV.
I. Are you a N								You have the fellowing MAD for the
<u> </u>	Answei						•	You have chosen the following VAP Exception:
II. Appeal Ap								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz		JAMESTOWN PEDIATRIC ASS					1	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
AA The MAD Eve	Joined PPS			If you are laining may	a than ana	DDC vou hou	o the	You chose the qualification i, in the space below please include:
option of apply	ing for the	aluated in the context of the F VAP Exception in that PPS as v II and VII of the instructions f	well (if applicable). I	Please see the "VII_A				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
Pi	rovider Type	Other					•	without your organization's involvement given the PPS current configuration of network providers.
Provider [*]	Type - Othe	: PEDIATRICS						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate	/License #	MMIS*		NPI*		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)
Uniqu	e Identifier:	: 381058		3735173		1922344159		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code							
Bill	ing Entity IC					ı		Character Count: 2886
	A -l -l	Address		City	State	Zip		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the
	Address	816 FAIRMOUNT AVE	JAI	MESTOWN	NY	1470 * RE	QUIRED	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000
III. Appeal Po	int of Cont	act				112	QUINED	Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),
Contact	Person SCC	OTT SEIBERG						surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services
		NAGER			_			Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.
Contact		6) 664-2589		Extension		4973		As a result in the second of t
	•	S@NETSYNC.NET						As a group, Jamestown Pediatric Associates (JPA) serves approximately #4,500 Medicaid patients (Include FFS, Managed Care,) and #575 uninsured patients as a large Pediatric Practice in Chautauqua County. 5 out of 10 of our providers are currently on the Safety-Net Physician list
i A coordinate of see iii Any i comi Any i comi ii Any iii Any iii Any iii Mhen choosing indicate what I Information — S When choosing Care Managerr CMS approval. approval and d safety net list, another approcomplete this if a province of the coordinate of the coo	mmunity writing the composited is understanding the composited is understanding to the composite of the comp	Illowing VAP Exception: Ill not be served without grant mmunity. Iniquely qualified to serve base for clear track record of succe ated health home or group of tion i & ii — Please indicate wi nd to join, then you will be de f you are part of multiple PPSs tion iii — The Department has a to (CMAs) that have already be th Home appears on this list a to submit this form. If the org, need to submit this form. If yo et provider list, but your orgat available on the DSRIP website t, if you are joining more than I. & Uninsured members that y	ed on services provi sss in reducing avoic health homes. ** nat Performing Pro- nied. Please indical 5, see section VII tab submitted a draft lis esen approved as saf- is pending approval, anization operating our organization doen ization believes the c. one PPS, use secon	ided, financial viability dable hospital use. vider System (PPS) you te the name of the PP 2. st of State Designated fety net providers as war, you will be granted a your Health Home/Cles not appear on the dat it should qualify as and tab (Section VII) to	u plan on joi S in the "Ap Health Hon rell as those VAP Excep WA already : raft Health a Health Ho	ps within th ning. If you peal Applica nes and Netv that are per cion pending appears on a Home list or me, please	do not nt vork ading a CMS another	located on the DSRIP website. Many of our providers share patient loads and take care of each other's patients when necessary, so we would like to include another. This VAP exception is for Allison Johnson CPNP. The rural nature of our community and the shortage of primary care provider also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. Jamestown Pediatric Associates serves pediatric Medicaid patients providing access to quality primary care services. Some of the projects that we are implementing include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, PCMH and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at JPA will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.
err crucinuge		ledicaid (FFS & MC)	Uninsu		Data S	ource ,	Year	
Percentage	IV	` ,			-			
	nd that this	the information and data pro information may be subject t LYNN DUNH MANAGING PA peals from the CEO, CFO or	o audit and I may b HAM ARTNER	is accurate and corrected asked to provide do	ocumentations	st of my kno	•	



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

								•	asis it it is deemed in the best interest of Medicard members. Any exceptions that are considered must be approved by Civis and must					
•		ment 30 days prior to appli	cation approval.	Three allowed re	asons	s for grantir	ng an ex	ception a	re snown in Section IV.					
I. Are you a M														
	Answer							▼.	You have chosen the following VAP Exception: i					
II. Appeal App	plicant Info	Ī							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiza	ation Name:	Jamestown Primary Care							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:							•	You chose the qualification i, in the space below please include:					
		aluated in the context of the P												
	-	VAP Exception in that PPS as w			I_Addi	itional PPSs"	tab to s	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
		II and VII of the instructions fo	or rurther clarificat	.1011!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
	rovider Type:							▼	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					
Provider T	Type - Other:	Primary Care Provider							of services for the PPS in this community (ies).					
		Operating Certificate/	License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
Unique	e Identifiers:	016685		03706407		141	17393927	,	a Any supporting documentation to support in the citizen as 1.5. If the citizen which support in the citizen as 1.5.					
	Agency Code:													
Billi	ing Entity ID:								Character Count: 3137					
		Address	_	City		State	Zip		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
	Address	17 Sherman St. Suite 2100	Ja	mestown		NY	147 * D	O1 EQUIRED	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
III. Appeal Poi	int of Conta	act						LQUINED	Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
Contact I		leen Stanton							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services					
	Title								Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
Contact		-665-8184		Extens	ion				As a group, Jamestown Primary Care (JPC) serves approximately 765 Medicaid patients and 400 uninsured patients as a large Family Practice in Chautaugua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid					
Contact	t Email k.sta	anton@jamestownprimarycare	e.com											
O ii Any h	rving the cor	Il not be served without granti mmunity. niquely qualified to serve base or clear track record of succes	d on services prov	ided, financial viab	oility, r				lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patient need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis.					
When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab. 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.								ant work nding g CMS another	JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at JPC will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.					
V. Percentage		& Uninsured members that y						1						
	M	edicaid (FFS & MC)	Unins			Data Sour		Year						
Percentage		9%	59	6		Medent El	MR	2013						
understar appeal.	nd that this i	the information and data prov information may be subject to Patrick S. Collin	o audit and I may b			umentation i	•	•						
Tit		Partner peals from the CEO, CFO or		be accepted		1								



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

									is the second of the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must					
		ment 30 days prior to applic	cation approval.	Three allowed r	easons	s for grantin	ng an exce	ption a	re shown in Section IV.					
I. Are you a M														
	Answer							▼.	You have chosen the following VAP Exception:					
II. Appeal App	licant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiza	tion Name:	Jamestown Primary Care							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	Catholic Medical Partners-Accountab	ole Care IPA INC					-	You chose the qualification i, in the space below please include:					
		luated <u>in the context of the PF</u>												
	-	'AP Exception in that PPS as w			II_Addi	itional PPSs"	tab to sel	ect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
· · · · · · · · · · · · · · · · · · ·		I and VII of the instructions for	r further clarificat	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Pro	ovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.					
Provider T	ype - Other:	Primary Care Provider							b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/L	icense #	MMIS*			NPI*		of services for the PPS in this community (ies).					
Unique	Identifiers:	138697		00722330		107	3511424		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	gency Code:					•								
Billi	ng Entity ID:								Character Count: 3137					
		Address		City		State	Zip		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
	Address	17 Sherman St. Suite 2100	Ja	mestown		NY	14701		State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately					
	* REQUIRED							UIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
III. Appeal Poi		leen Stanton							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
Contact F	Title	ieen stanton							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
Contact		665-8184		Extens	sion				Administration with health professional shortage area (nFSA) designations in Friniary Care, Dental Care, and Mental nearth.					
		nton@jamestownprimarycare	.com						As a group, Jamestown Primary Care (JPC) serves approximately 765 Medicaid patients and 400 uninsured patients as a large Family Practice in					
	-								Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid					
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.								o not t ork ling CMS	lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patient need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at JPC will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.					
			•			Data Sour	ce Y	ear						
Percentage		9%	59			Medent EN								
Percentage Yes Hereby C	Me ertify that t d that this i	& Uninsured members that you edicaid (FFS & MC) 9% the information and data provinformation may be subject to Patrick S. Collin Partner	Unins 59 ided on this form audit and I may b	ured 6 is accurate and cope asked to provide		to the best oumentation in	MR of my know	•						



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

	•	ment 30 days prior to appl	ication approval	I. Three allov	ed reason	s for granti	ng an except	ion a	e shown in Section IV.
I. Are you a M								\	Van have shoon the fellowing VAD Evention
<u> </u>	Answer	Yes						•	You have chosen the following VAP Exception: i
II. Appeal App									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza		Jamestown Primary Care						1	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
AA Tho VAD Eve	Joined PPS:			a If you are in	ining more	than one DE	oc you have th	*	You chose the qualification i, in the space below please include:
option of apply	ing for the \	Aluated in the context of the F VAP Exception in that PPS as a II and VII of the instructions f	well (if applicable)). Please see th					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
Pr	ovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Primary Care Provider							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).
		Operating Certificate/	License #	MMI	S*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	333431		02518	789	10	53339622		,
	gency Code:								
Billi	ng Entity ID:	Address	T	Cita		Ctata	Zip		Character Count: 3137 Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the
	Address	Address 17 Sherman St. Suite 2100	l:	City	<u>'</u>	State NY	14701		State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately
	71441 655	17 Sherman St. Suite 2100	13:	diffestown			* REQUI	IRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000
III. Appeal Poi									Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),
Contact I		leen Stanton						surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services	
Contact	Title	-665-8184		1 .	xtension				Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.
		nton@jamestownprimarycar	re.com		xterision				As a group, Jamestown Primary Care (JPC) serves approximately 765 Medicaid patients and 400 uninsured patients as a large Family Practice in
	-							_	Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid
i A con of ser o	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. ** Doing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not neat PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant in – Section II". If you are part of multiple PPSs, see section VII tab. Doing VAP Exception iii — The Department has submitted a draft list of State Designated Health Homes and Network gement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending val. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS and do not need to submit this form. If your organization operating your Health Home/CMA already appears on another list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on proved safety net provider list, but your organization believes that it should qualify as a Health Home, please his 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.								lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCS', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patient need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at JPC will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.
V. Percentage	of Medicaid	& Uninsured members that y	our facility serve	<u></u>	_			_	
	M	edicaid (FFS & MC)	Unin	nsured		Data Sou	irce Year	r	
Percentage		9%	5	5%		Medent E	MR 2	2013	
	nd that this i	the information and data pro nformation may be subject t Patrick S. Colli Partner peals from the CEO, CFO or	o audit and I may	be asked to p	Ansı Yes	umentation wer	•	•	



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 i	Answer	Yes						▼	You have chosen the following VAP Exception:					
II. Appeal Ap								*	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~					
Organiz		Jamestown Primary Care Catholic Medical Partners-Accounts	able Care IDA INC					-						
option of apply	ception is eva	luated in the context of the F AP Exception in that PPS as v and VII of the instructions for	PPS you are joining well (if applicable	e). Please see the "V				nave the	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					
P	rovider Type:	Other						▼	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					
		Primary Care Provider												
	.,,,,	Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).					
Unia	ie Identifiers:	189247	Licerise ii	01358552		12	21595598	84	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:			7-00000										
Bil	ling Entity ID:								Character Count: 3136					
		Address		City		State		ip.	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
	Address	17 Sherman St. Suite 2100		Jamestown		NY		701	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately					
III. Appeal Po	int of Conta	rt						REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
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	Title								Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
	Phone 716-			Extens	ion									
Contac	t Email k.sta	nton@jamestownprimarycar	e.com						As a group, Jamestown Primary Care (JPC) serves approximately 765Medicaid patients and 400 uninsured patients as a large Family Practice in					
i A coording of see of	hommunity will briving the community, and/o state-designared by the properties of th	quely qualified to serve base or clear track record of succe ted health home or group of on i & ii – Please indicate with discounties of the properties of t	health homes. * health homes. * health homes. * heat Performing Inde. Please ind., see section VII submitted a draf teen approved as s pending appro anization operation organization oblieves c. one PPS, use see	ovided, financial via roidable hospital use * Provider System (PPS icate the name of thatab. It list of State Design safety net providers val, you will be gran ing your Health Homdoes not appear on that it should qualif	oility, r e PPS i ated H as wel ted a V e/CMA the dra y as a H	elationship olan on join n the "App ealth Home l as those ti 'AP Exceptin A already ar ft Health Hom	os within ning. If yo real Appli es and Ne that are p on pendi ppears or lome list ne, please	bu do not icant etwork bending ing CMS in another or on	Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure th					
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Percentage		9%		5%		Medent		2013						
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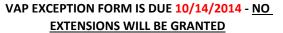
State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program **Vital Access Provider Exception Form**

be posted fo	or public com	nent 30 days prior to appl	ication approval	. Three allowed	easons	for granti	ing an exc	ception a	re shown in Section IV.				
I. Are you a	Medicaid Pro	vider											
	Answer	Yes						▼	You have chosen the following VAP Exception: i				
II. Appeal A	pplicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organ	nization Name:								~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Catholic Medical Partners-Accounta						~	You chose the qualification i, in the space below please include:				
		luated in the context of the F											
		AP Exception in that PPS as was and VII of the instructions for			II_Addi1	tional PPSs	" tab to se	elect	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				
•	Provider Type:		or rurence clarifica	ition:				_	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				
Provide	er Type - Other:	Primary Care Provider					NOIT		of services for the PPS in this community (ies).				
	11	Operating Certificate/	License #	MMIS*		- 10	NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Unic	que Identifiers: Agency Code:	014030		1306157326		13	06157326	•					
В	Billing Entity ID:								Character Count: 3137				
	0,	Address		City		State	Zip	,	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the				
	Address	17 Sherman St. Suite 2100	Ja	amestown		NY	1470	01	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately				
III Annool D	Point of Conta	*					* RE	QUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
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Contac	Title								Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Conta	ct Phone 716-	665-8184		Exten	sion								
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IV. Please cl	hoose the foll	owing VAP Exception:							Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and				
⊚ i Ad	community will	not be served without grant	ing the exception	because no other	eligible	provider is	willing or	capable	FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of				
of s	serving the com	munity.							the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients				
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		or clear track record of succes				riationsinps	5 WILIIII LII	ie	Provider System to receive the services they need to manage their care on a regular basis.				
\sim	-		_						JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared				
O iii An	y state-designa	ted health home or group of	health homes. **						Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at				
		on i & ii – Please indicate wh	_			-			creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as				
	•	d to join, then you will be de			e PPS ir	the "Appe	eal Applica	int	providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient				
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CMS approva	al. If your Health	Home appears on this list a	s pending approva	al, you will be gran	ted a V	AP Exceptio	on pending	g CMS	collection, aggregation, reporting, and quality improvement activities.				
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		ed to submit this form. If yo	-					ron	To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at JPC will only enhance the ability of the PPS to achieve project goals and				
	•	t provider list, but your orgar vailable on the DSRIP website		nat it snould quali	уазап	leaith noin	e, piease		improve patient outcomes.				
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v. Percentag	ge of iviedicaid	& Uninsured members that y	our facility serve	S									
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State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

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Organiza	Joined PPS:	Catholic Medical Partners-Account	able Care IPA INC					-	You chose the qualification i, in the space below please include:					
^^ The VAP Exc		luated in the context of the I		If you are joining	ng more	than one PP	S, you ha	17.00	Too chose the quantitation, in the space selon peace include.					
		/AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's.	See <u>Section</u>	II and VII of the instructions f	or further clarificati	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Pr	ovider Type:	Other						▼	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 covices for the PPS in this community (ice)					
Provider T	Type - Other:	Primary Care Provider												
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	e Identifiers:	175795		01213372	2	1851319685			e. Any supporting documentation to substantiate your narrative (attach as 101 in the email when substituting)					
	gency Code:													
Billi	ing Entity ID:	Address		City		State	Zi		Character Count: 3137 Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
	Address	17 Sherman St. Suite 2100	lan	nestown		NY	147		State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately					
	71447 633	17 Sherman St. Suite 2100	Jun	nestown		141		EQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
III. Appeal Po									Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
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of set Any h comm iii Any s When choosing indicate what P Information – S When choosing	nospital is un nunity, and/o state-designa s VAP Except PS you inten section II". If g VAP Except	iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wid to join, then you will be de you are part of multiple PPSs ion iii – The Department has	ed on services provious in reducing avoid health homes. ** nat Performing Provinied. Please indicate, see section VII tab submitted a draft lis	ded, financial v lable hospital u vider System (P te the name of 2. st of State Desig	iability, rose. PS) you puthe PPS in	elationships olan on joini n the "Appe ealth Homes	s within the sing. If you heal Applic	he u do not rant	lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 o the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patient need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data					
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State of New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program Vital Access Provider Exception Form

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IV. Please cho i A corror of ser ii Any h comm iii Any s When choosing indicate what P Information – S When choosing Care Managem CMS approval. I approval and de safety net list, y another approv	Contact Email k.stanton@jamestownprimarycare.com see 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. ** hoosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant tion – Section II". If you are part of multiple PPSs, see section VII tab. hoosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network inagement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending proval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS all and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another et list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on approved safety net provider list, but your organization believes that it should qualify as a Health Home, please te this form. List is available on the DSRIP website.								Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patient need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure tha					
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Percentage		9%	5%	6		Medent E	MR	2013						
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Patrick S. Collins, MD Partner Only appeals from the CFO CFO or comparable will be accepted														



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

	•	nent 30 days prior to appli	ication approval.	Three allowed re	asons	for granting	ng an exc	ception a	e shown in Section IV.
i. Are you a i	Medicaid Pro Answer							~	You have chosen the following VAP Exception:
II. Annoal An	oplicant Infor							•	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		Jamestown Primary Care							"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"
Organii		Catholic Medical Partners-Accounta	able Care IPA INC					-	You chose the qualification i, in the space below please include:
^^ The VAP Ex		uated in the context of the F		If you are joining r	nore t	han one PPS.	S. vou hav		roa chose the quantitation, in the space selon press include.
		AP Exception in that PPS as v		, , ,					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's	. See <u>Section II</u>	and VII of the instructions for	or further clarificati	on!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Р	Provider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other:	Primary Care Provider							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*		1	NPI*		of services for the PPS in this community (ies).
Uniqu	ue Identifiers:	235137		02637929		1952	2329591		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:		•						
Bil	lling Entity ID:								Character Count: 3137
		Address		City		State	Zip		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the
	Address	17 Sherman St. Suite 2100	Jan	nestown		NY	1470	O1 QUIRED	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000
III. Appeal Po	oint of Conta	at .					NE.	LQUINED	Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),
	t Person Kathl								surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services
	Title								Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.
	t Phone 716-6			Extension	on				
		nton@jamestownprimarycar	e.com						As a group, Jamestown Primary Care (JPC) serves approximately 765 Medicaid patients and 400 uninsured patients as a large Family Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid
A co of se o	ommunity will erving the community, and/or state-designating VAP Excepting VAP Excepting VAP Excepting the Market Section II". If your Health do not need to you do not need to you do not need to form. List is av	not be served without grant munity. quely qualified to serve base r clear track record of succesed health home or group of on i & ii – Please indicate what to join, then you will be deiou are part of multiple PPS on iii— The Department has second iii— The Department has submit this form. If the organed to submit this form. If yo provider list, but your organialiable on the DSRIP website f you are joining more than	ed on services provings in reducing avoid health homes. ** nat Performing Provinced. Please indicat, see section VII tab submitted a draft listen approved as safes pending approval, anization operating ur organization doe nization believes that it.	ded, financial viabilable hospital use. vider System (PPS) te the name of the to store the providers a you will be grante your Health Home ts not appear on th at it should qualify	you pleased Head Seed a VA	an on joining the "Appeal alth Homes a as those that IP Exception already appe t Health Home,	within th ng. If you al Applica and Netv at are per n pending pears on a me list or n, please	do not ant work anding g CMS another	lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patien need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHELINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating member of a PPS. The services and infrastructure that are already in place at JPC will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.
V. Percentage	of Medicaid 8	k Uninsured members that y	our facility serves		_				
	Me	dicaid (FFS & MC)	Uninsu	ıred		Data Sourc	ce ,	Year	
Percentage		9%	5%			Medent EM	MR	2013	
understa appeal.	and that this ir	ne information and data pro formation may be subject to Patrick S. Colli Partner	o audit and I may b	e asked to provide	Answ	mentation in	-	_	
		eals from the CEO. CEO or		be accepted					



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

be posted for		ment 30 days prior to appl	ication approval.	Three allowed	reasons	for granti	ng an ex	xception a	re shown in Section IV.					
i. Are you a iv	Answer							▼	You have chosen the following VAP Exception:					
II. Appeal App									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
		Jamestown Primary Care							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Organiza	Joined PPS:	Catholic Medical Partners-Accounts	able Care IPA INC					-	You chose the qualification i, in the space below please include:					
option of apply	eption is eva	lluated in the context of the F /AP Exception in that PPS as v Il and VII of the instructions for	PPS you are joining well (if applicable).	Please see the "				ave the	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					
Pr	ovider Type:	Other						•	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 conjugation for the PPS in this community (i.e.)					
Provider 1	Type - Other:	Primary Care Provider												
		Operating Certificate/	License #	MMIS*			NPI*		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)					
	e Identifiers:	189244		01358570)	1235157926			and the supporting accumentation to substantiate your manager (utation as) or in the climar and in the support					
	gency Code:													
Billi	ing Entity ID:	Address		Cit.		Ct-t-	7:		Character Count: 3137 Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
	Δddress	Address 17 Sherman St. Suite 2100	la	City		State NY	147	ip 701	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately					
	Address	17 Sherman St. Suite 2100	Jac	mestown		INI		REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
III. Appeal Poi	int of Conta	ıct							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
Contact		leen Stanton							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services					
	Title 716	665-8184		F. de	nsion	1			Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
Contact		nton@jamestownprimarycar	re com	Exte	IISIOII				As a group, Jamestown Primary Care (JPC) serves approximately 765 Medicaid patients and 400 uninsured patients as a large Family Practice in					
IV. Please cho	ose the fol	lowing VAP Exception:						$\overline{}$	Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and					
of ser	rving the con	I not be served without grant nmunity. iquely qualified to serve base or clear track record of succe	ed on services prov	rided, financial vi	iability, r			Ĺ	FCHCS', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis.					
When choosing	y VAP Except PPS you inten	ited health home or group of ion i & ii – Please indicate wh d to join, then you will be de	nat Performing Pro	ate the name of		,			JPC serves Medicaid patients of all ages by providing access to quality primary care services. As a participating provider in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) ACO, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional Health Information Exchange working with HEALTHeLINK, Million Hearts, PCMH and Advanced Primary Care designations, Patient Activation Measure, and NYSDOH endorsed Self-Management Programs. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.					
When choosing Care Managem CMS approval.	VAP Except ent Agencies If your Healt	you are part of multiple PPSs ion iii— The Department has s (CMAs) that have already be h Home appears on this list a p submit this form. If the organism is the control of the control of the organism is the control of the control o	submitted a draft I een approved as sa is pending approva	ist of State Desig fety net provide I, you will be gra	rs as well inted a V	l as those th AP Exceptio	nat are pe on pendir	ending ng CMS						
safety net list, y another approv complete this fo	you do not no ved safety ne orm. List is a	eed to submit this form. If yo t provider list, but your orgar vailable on the DSRIP website if you are joining more than	our organization do nization believes the	es not appear or nat it should qua	n the dra lify as a H	ft Health Ho Health Home	ome list o e, please	or on	To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating member of a PPS. The services and infrastructure that are already in place at JPC will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.					
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves	1	_									
	Me	edicaid (FFS & MC)	Unins	sured		Data Sou	irce	Year						
Percentage		9%	55	%		Medent E	MR	2013						
-	-	he information and data pro				ımentation	-	_						
Nam Tit	le	Patrick S. Co Partners peals from the CEO, CEO or	S	ho acceptor	Yes	O No								

Only appeals from the CEO, CFO or comparable will be accepted



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-hy-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

	nment 30 days prior to application a			•	uasis in this deemined in the best interest of interest of interests. Any exceptions that are considered must be approved by Civis and must be about an in Section IV				
I. Are you a Medicaid P	, , , , , , ,	pprovai. Tillee allowed reas	ons for gran	iting an exception a	ile shown in section iv.				
Answe				-	You have chosen the following VAP Exception:				
II. Appeal Applicant Info					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
	: Jefferson Fmily Medicine, P.C.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Joined PP	1000 1000 1000			-	You chose the qualification i, in the space below please include:				
	valuated in the context of the PPS you a	re joining. If you are joining mo	re than one i	15.00	To a close the qualification, in the space selow preuse include.				
	VAP Exception in that PPS as well (if ap				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's. See Section	II and VII of the instructions for furthe	r clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Provider Type	e: Other			▼	without your organization's involvement given the PPS current configuration of network providers.				
Provider Type - Othe	r: Sole Community Providers				b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	Operating Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).				
Unique Identifier		01038260	1	578732608	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Agency Code									
Billing Entity II):				Character Count: 2088				
	Address	City	State	Zip	Jefferson Family Medicine should be a safety net provider because greater than 30% of all patients have a Medicaid product or are dual eligible.				
Address	924 Jefferson Avenue	Rochester	NY	14611	We were not aware of the first appeal process to be added to the safety net provider list. Further, Jefferson Family Medicine (JFM) is located in a				
III. Appeal Point of Con	tact			* REQUIRED	Health Provider Shortage Area in the inner city of Rochester, NY. The providers at Jefferson Family Medicine treat patients of all ages. The				
Contact Person Ma				1	majority of our patients have incomes below the poverty line and live within walking distance of the practice. At JFM, 77% of our patients self-identify as African American. Many of our patients rely on public transportation to reach their medical appointments. We have agreed to allow				
Title MI					the Rochester Public Transit to build a bus stop on our property to help accompand these patients' transportation needs. Most of our patients				
Contact Phone 585	5-463-3870	Extension			have multiple co-morbidities and a low medical literacy. As diabetes is one of our most prevelent diagnosis, we run a bi-weekly diabetes				
Contact Email mis	ssionsmark@gmail.com				education class discussing diet, medication and lifestyle changes to help patients better understand how to live with diabetes. Without Jefferso				
IV. Please choose the fo	llowing VAP Exception:				Family Medicine most of our patients would rely on the emergency department for their medical care. Jefferson Family Medicine has 2 physiciar and 2 nurse practitioners seeing between 40-50 patients a day. As a NCQA level III patient centered medical home, Jefferson Family Medicine is				
of serving the community, and community, and any state-design when choosing VAP Except indicate what PPS you into Information – Section II". When choosing VAP Except Care Management Agencic CMS approval. If your Hea approval and do not need safety net list, you do not another approved safety recomplete this form. List is ~ For Section IV.	iniquely qualified to serve based on serve/or clear track record of success in reduction i & ii – Please indicate what Performed to join, then you will be denied. Please to too join, then you will be denied. Please you are part of multiple PPSs, see section iii—The Department has submittees (CMAs) that have already been approfit home appears on this list as pending to submit this form. If the organization need to submit this form. If your organizet provider list, but your organization to available on the DSRIP website. 7, if you are joining more than one PPS,	vices provided, financial viability icing avoidable hospital use. Domes. ** rming Provider System (PPS) yease indicate the name of the Prion VII tab. I a draft list of State Designated weed as safety net providers as very approval, you will be granted operating your Health Home/C zation does not appear on the elieves that it should qualify as use second tab (Section VII) to	y, relationshi ou plan on joi 25 in the "App d Health Hom well as those a VAP Except MA already a draft Health I a Health Hor	ps within the ning. If you do not peal Applicant uses and Network that are pending ion pending CMS appears on another Home list or on me, please	uniquely qualified to be the gatekeepers for our patients' medical treatments and well being. JFM tracks and manages all open laboratory and imaging orders and all referrals made on behalf of our patients to ensure that appointments are made and kept . We also monitor hospitalization and emergency department visits; helping to educate our patients on their appropriate usage. Jefferson Family Medicine is also involved in the Greater Rochester Health Home Network. Through our association with this organization we provide care management to Medicaid patients and help to provide services for patients requiring housing, and other social services.				
V. Percentage of Medicai	d & Uninsured members that your facil	ity serves							
N	1edicaid (FFS & MC)	Uninsured	Data Sc	ource Year					
Percentage	54%	6%	EHI	R 2013					
	the information and data provided on information may be subject to audit a	nd I may be asked to provide d		on in support of this					

10/30/2014 Jennifer Ruh, MD vap_exception_appeal_form

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 p	public com	ment 30 days prior to appl	ication approval		•			•	, ,					
I. Are you a Mo	edicaid Pro	vider												
	Answer	Yes						▼	You have chosen the following VAP Exception: i					
II. Appeal App	licant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organiza	tion Name:	General Physicians PC- Jenn	ifer Ruh, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	Erie County Medical Center Corpora	ation					-	You chose the qualification i, in the space below please include:					
^^ The VAP Exce	eption is eva	luated in the context of the F	PPS you are joining	g. If you are	joining more	than one PF	S, you hav	e the						
		'AP Exception in that PPS as v			the "VII_Add	litional PPSs	" tab to se	lect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
		I and VII of the instructions for	or further clarifica	ation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Pro	ovider Type:	Other						▼	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					
Provider Ty	ype - Other:	Primary Care												
		Operating Certificate/	License #	MN	1IS*		NPI*		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)					
Unique	dentifiers:			0183	0331	18	91814028		c. Any supporting documentation to substantiate your narrative (attach as 1 of 111 the citian when submitting)					
	gency Code:													
Billir	ng Entity ID:			-					Character Count: 1482					
	A d dross	Address		Ci	•	State	Zip		General Physicians PC - A multi-specialty medical group					
	Address	3725 N Buffalo Rd	ĮC	Orchard Park		NY	1412 * RF	QUIRED	Orchard Park, NY Location: 3725 N Buffalo Rd, Orchard Park, NY 14127 (Erie County, NY) Vital Access Provider within the ECMC Performing Provider System					
III. Appeal Poir	nt of Conta	ct						QUINED	That Access Fortier William the Earlier Cromming Fortier System					
Contact P		antha J. Sessamen, M.S.							Provider: Jennifer Ruh, MD; MMIS#: 01830331; NPI: 1891814028; License #: 187406					
	Title Incentive Coordinator													
		716-698-3469 Extension ssessamen@gppconline.com							Needed as Vital Access Provider within the ECMC Performing Provider System					
-	•	owing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County.					
of sendand	ving the con ospital is un nunity, and/s tate-designa VAP Except PS you inten ection i!". If VAP Except ent Agencies f your Healt on ot need to ou do not ne ed safety ne orm. List is a Section IV,	not be served without grant immunity. iquely qualified to serve base or clear track record of succeived health home or group of ion i & ii – Please indicate who to join, then you will be de you are part of multiple PPS ion iii – The Department has so (CMAs) that have already be the Home appears on this list a so submit this form. If yo to provider list, but your organ vailable on the DSRIP website if you are joining more than & Uninsured members that y	health homes. ** hat Performing Properties. Please indice, see section VII to submitted a draft teen approved as as as pending approventies are properties. Please indice the properties of the	vided, finanoidable hosp covider Systetate the namab. list of State afety net produced along the work of the list of state afety net produced along the list of th	m (PPS) you e of the PPS Designated H widers as we e granted a \ th Home/CM. ear on the dra qualify as a	plan on joini in the "Appe lealth Home Il as those th /AP Exceptic A already ap aft Health Hom	ing. If you of the last sand Netwood and are pen on pending opears on a come list or e, please	do not nt vork ding CMS nother	The General Physicians PC—Orchard Park, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This office location is near by the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,769 resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).					
Γ	Me	edicaid (FFS & MC)	Unin	sured		Data Sou	irce \	ear (
Percentage		13%	2	2%		EMR	2013	3-2014						
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Don Boyd Yes No														

10/30/2014 Jordan Christy PA vap_exception_appeal_form

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Vital Access Provider Expertion: The ctate will consider exceptions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must

							•	basis in it is deemed in the best interest of interioration members. Any exceptions that are considered must be approved by CMS and must						
•		ment 30 days prior to appli	ication approval. I	nree allowed rea	asons to	or granting	an exception	are snown in Section IV.						
I. Are you a N	Answer							You have chosen the following VAP Exception:						
							•							
II. Appeal App								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
Organiza		General Physicians PC- Jorda	· · · · · · · · · · · · · · · · · · ·					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
AA The MAD For	Joined PPS:			£		DDC		You chose the qualification i, in the space below please include:						
		luated in the context of the P /AP Exception in that PPS as w						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
	-	I and VII of the instructions for			_Additio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ab to sciect	include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pr	rovider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.						
	Type - Other:	Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network						
- Trovider	Type Other	Operating Certificate/	License #	MMIS*		N	PI*	of services for the PPS in this community (ies).						
Uniqu	e Identifiers:	Operating Certificate/	License #	03529426			932822	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	Agency Code:			03323420		1700.	752022							
	ing Entity ID:							Character Count: 1537						
		Address		City		State	Zip	General Physicians PC - A multi-specialty medical group						
	Address	100 Ohio St	Med	dina		NY	14103	Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)						
III. Ammaal Ba	int of Couto						* REQUIRED	Vital Access Provider within the ECMC Performing Provider System						
III. Appeal Po Contact		antha J. Sessamen, M.S.						Provider: Jordan Christy PA; MMIS#: 03529426; NPI: 1780932822; License #: 015817						
Contact		ntive Coordinator						110Vide1. Jordan Cillisty FA, Wivism. 03323420, NT. 1700332022, Litelise #. 013017						
Contact	Phone 716-	698-3469		Extension	on			Needed as Vital Access Provider within the ECMC Performing Provider System						
Contac	t Email ssess	samen@gppconline.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.							If you do not Applicant and Network are pending bending CMS ars on another e list or on olease	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties. The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin). This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).						
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves		_									
	Me	edicaid (FFS & MC)	Uninsur	red		Data Source	e Year							
Percentage		25%	2%			EMR	2013-2014							
	n d that this i ne	he information and data provinformation may be subject to Don Boyy CEO Jeals from the CEO, CFO or	o audit and I may be	asked to provide	docum Answer	entation in								

10/30/2014 Karen Manning NP vap_exception_appeal_form

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



									iasis in it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must						
		ment 30 days prior to appli	ication approval.	Three allowed i	easons	s for grantin	ig an exce	ption a	re shown in Section IV.						
I. Are you a N									1						
	Answer							▼.	You have chosen the following VAP Exception:						
II. Appeal App									VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiza		General Physicians PC- Karer	-						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined PPS:							~	You chose the qualification i, in the space below please include:						
		luated in the context of the P			-										
	-	'AP Exception in that PPS as was and VII of the instructions for			II_Addi	itional PPSs"	tab to sele	ct	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						
	rovider Type:		or rurther clarificat					V	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						
Provider I	Type - Other:	Primary Care							of services for the PPS in this community (ies).						
		Operating Certificate/	License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	e Identifiers:			02209070		111	4909066								
	Agency Code: ing Entity ID:								Character Count: 1412						
БІІІІ	ing entity iD.	Address		City		State	Zip		General Physicians PC - A multi-specialty medical group						
	Address	210 E Main Street	Sn	ringville		NY	14141		Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)						
		210 E Main Street	jop.					UIRED	Vital Access Provider within the ECMC Performing Provider System						
III. Appeal Poi	int of Conta	ct													
Contact I		antha J. Sessamen, M.S.							Provider: Karen Manning NP; MMIS#: 02209070; NPI: 1114909066; License #: F332545						
Contact		ill ssessamen@gppconline.com							Needed as Vital Access Provider within the ECMC Performing Provider System						
	•								Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Frie and northern						
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 your 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. It you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.							within the ag. If you do al Applicant and Netwo at are pend pending C ears on an me list or o please	Cattaraugus and Chautauqua Counties. The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).							
	Me	edicaid (FFS & MC)	Unins	ured		Data Sour	ce Ye	ar							
Percentage		29%	2%	6		EMR	2013-	2014							
	n d that this i ne	he information and data provintormation may be subject to Don Boyy CEO eals from the CEO, CFO or	o audit and I may b	pe asked to provi		umentation i	•	•							

10/30/2014 Kathleen Kait NP vap_exception_appeal_form

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

he posted for nu	blic comr	nent 30 days prior to appli	ication approval				•		· · · · · · · · · · · · · · · · · · ·					
I. Are you a Med			ication approvai.	Timee unov	carcason	3 TOT BEATTER	is an exception	Jii ui c	Sidentin Section V.					
ii Ai e you u ivieu	-	Yes						Ţ [You have chosen the following VAP Exception:					
II. Appeal Applic	ant Infor	mation						_ ,	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
		General Physicians PC- Kath	leen Kait NP					_	"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"					
		Erie County Medical Center Corpora					-	*	You chose the qualification i, in the space below please include:					
		uated in the context of the F	127510075	. If you are jo	ining more	than one PPS			- Control of the second process of the secon					
		AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's. See	e <u>Section II</u>	and VII of the instructions for	or further clarificati	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Provi	ider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.					
Provider Typ	e - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/	License #	MMI	S*		NPI*		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)					
Unique lo	dentifiers:			02503	859	17	0208028	╛	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	ncy Code:													
Billing	Entity ID:							۔ ا	Character Count: 1518					
	A ddross	Address	D	City unkirk	*	State NY	Zip 14048		General Physicians PC - A multi-specialty medical group Dunkirk, NY Location: 515 Swan St, Dunkirk, NY 14048 (Chautauqua County, NY)					
	Address	515 Swan St	Dui	INKIFK		INY	* REQUIR	_	Vital Access Provider within the ECMC Performing Provider System					
III. Appeal Point	of Conta	ct							0 * * * * * * * * * * * * * * * * * * *					
Contact Per		intha J. Sessamen, M.S.							Provider: Kathleen Kait NP; MMIS#: 02503859; NPI: 170208028; License #: 301371					
	Title Incentive Coordinator hone 716-698-3469 Extension							- Ⅱ.						
		amen@gppconline.com		E	xtension			-111	Needed as Vital Access Provider within the ECMC Performing Provider System					
P		owing VAP Exception:						그 ,	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.					
of servir Any hos commun Any stat When choosing V/ indicate what PPS Information – Sect When choosing v/ indicate what PPS Information – Sect When choosing v/ indicate what PPS Information – Sect When choosing v/ indicate what PPS Information – Sect When choosing v/ indicate what PPS Information – Sect When choosing v/ indicate what PPS Information – Section – Sec	pital is uninity, and/o ve-designat AP Excepti you intendition II". If) AP Excepti t Agencies orur Health ot need to a do not ne safety net n. List is av ection IV, i	not be served without grant munity. quely qualified to serve base or clear track record of succested health home or group of on i & ii – Please indicate what to join, then you will be deignou are part of multiple PPS on iii—The Department has signification of the provider by the provider list, but your orgar vailable on the DSRIP website f you are joining more than & Uninsured members that y	ed on services provious sin reducing avoid health homes. ** nat Performing Provinied. Please indicate, see section VII tab submitted a draft lisen approved as safes pending approval, anization operating ur organization doenization believes that. one PPS, use secon	ided, financia dable hospita wider System te the name 2. st of State Di fety net prov J, you will be y your Health es not appea at it should o	al viability, r il use. i (PPS) you i of the PPS i esignated H iders as wel granted a V Home/CM/ r on the dra jualify as a l	elationships Jan on joinir n the "Appe: ealth Homes I as those th: AP Exception A already app fit Health Ho Health Home	within the ang. If you do no al Applicant and Network at are pending n pending CMS pears on anoth me list or on n, please	ble (The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).					
	Me	dicaid (FFS & MC)	Uninsu	ured		Data Sour	ce Year							
Percentage		27%	2%	6		EMR	2013-201	4						
understand t appeal. Name Title	that this ir	ne information and data pro information may be subject to Don Boy CEO eals from the CEO, CFO or	o audit and I may b	oe asked to p	Ansv	wer	-	-						

10/30/2014 Kathleen Simms NP vap_exception_appeal_form

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

	•		ication approval. Th	rree allowed rea	asons for	granting	an exceptio	on are shown in Section IV.						
I. Are you	a Medicaid Pro							Now have the fellowing MAR Franchism						
	Answer							You have chosen the following VAP Exception:						
	Applicant Infor							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
Org		General Physicians PC- Kathl						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined PPS:	Erie County Medical Center Corpora						You chose the qualification i, in the space below please include:						
		luated in the context of the P AP Exception in that PPS as v												
		I and VII of the instructions for			_Addition	di PP35 la	an to select	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						
marcipic i	Provider Type:		or runtile, clarification					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						
Prov	ider Type - Other:							of services for the PPS in this community (ies).						
		Operating Certificate/	License #	MMIS*			IPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
U	Inique Identifiers:			03308803		11940	058966	- 						
	Agency Code: Billing Entity ID:							Character Count: 1539						
	Billing Entity ID:	Address		City	C+	ate	Zip	General Physicians PC - A multi-specialty medical group						
	Address	100 Ohio St	Med			NY	14103	Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)						
	71001 033	100 01110 30	Ivica	a		**	* REQUIRI							
	al Point of Conta													
Con		antha J. Sessamen, M.S.						Provider: Kathleen Simms NP; MMIS#: 03308803; NPI: 1194058966; License #: F301582						
		ntive Coordinator		1				- ∥						
	ntact Phone 716-	samen@gppconline.com		Extension	on			Needed as Vital Access Provider within the ECMC Performing Provider System						
								Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties.						
When cho indicate w Informatic When cho Care Mana (CMS approval a safety net another al complete	A community will of serving the con Any hospital is un community, and/o Any state-designa osing VAP Except that PPS you inten on — Section II". If osing VAP Except grown of the condition of the	owing VAP Exception: not be served without grant nounity. iquely qualified to serve base or clear track record of succes ted health home or group of ion i & ii – Please indicate wh d to join, then you will be der you are part of multiple PPSs ion iii – The Department has s (CMAs) that have already be n Home appears on this list a: o submit this form. If the orgs ed to submit this form. If yo t provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that y	d on services provide ss in reducing avoidal health homes. ** hat Performing Provi- nied. Please indicate , see section VII tab. submitted a draft list en approved as safet s pending approval, y enization operating your organization does nization believes that one PPS, use second	ed, financial viabible hospital use. der System (PPS) the name of the of State Designat y net providers a you will be grante our Health Home not appear on th it should qualify	you pland PPS in the sed Health s well as t d a VAP E /CMA alre e draft He as a Healt	onships wi on joining. "Appeal / Homes ar hose that xception p eady appea ealth Home, p	. If you do no Applicant and Network are pending pending CMS ars on anothe e list or on please	Safety Net locations (white stars). This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compare to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin). This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).						
	Me	edicaid (FFS & MC)	Uninsur	ed	Da	ata Source	e Year	7						
Percenta	nge	29%	2%			EMR	2013-2014	14						
	erstand that this in eal. Name Title	he information and data pro information may be subject to Don Boyy CEO CEO CEO CEO CEO CEO CEO C	o audit and I may be	asked to provide			-							

10/30/2014 Kelsey Stack vap_exception_appeal_form

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



Vital Access Provider Exception: The state v	vill consider exceptions to the safety n	et definition on a case-by-case b	pasis 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 ap	oplication approval. Three allowed reas	sons for granting an exception a	re shown in Section IV.
I. Are you a Medicaid Provider			
Answer Yes		▼	You have chosen the following VAP Exception: i
II. Appeal Applicant Information			VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization Name: Kelsey Stack, MD			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS: Upstate University Hospital			You chose the qualification i, in the space below please include:
^^ The VAP Exception is evaluated in the context of the	ie PPS you are joining. If you are joining m	ore than one PPS, you have the	
option of applying for the VAP Exception in that PPS a		Additional PPSs" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. See <u>Section II and VII</u> of the instruction	is for further clarification!		include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type: Other		▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Other: Physician			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).
Operating Certifica	te/License # MMIS*	NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Identifiers: 262832	9 03428026	1033344049	c. Any supporting documentation to substantiate your narrative (attach as FOF in the email when submitting)
Agency Code:			
Billing Entity ID:			Character Count: 594
Address		State Zip	This VAP exception is requested for an emergency medicine physician affiliated with Upstate University Health System. Upstate University
Address 750 East Adams Street	Syracuse	NY 13210 * REQUIRED	Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine physician engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care
III. Appeal Point of Contact		REQUIRED	management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (46 Medicaid/126
Contact Person Rick Platis			total encounters = 36.51% Medicaid).
Title Coordinator, Meaningful Use a	nd Quality Incentives		
Contact Phone 315-464-5181	Extension	n n/a	
Contact Email platisr@upstate.edu			
IV. Please choose the following VAP Exception:			
A community will not be served without gra	anting the exception because no other elig	gible provider is willing or capable	
of serving the community.			
Any hospital is uniquely qualified to serve be	ased on services provided, financial viabili	ty, relationships within the	
community, and/or clear track record of suc	ccess in reducing avoidable hospital use.		
O iii Any state-designated health home or group	of health homes. **		
When choosing VAP Exception i & ii – Please indicate	what Performing Provider System (PPS) y	ou 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 P	PPS in the "Appeal Applicant	
Information – Section II". <u>If you are part of multiple PF</u>			
When choosing VAP Exception iii— The Department ha	=		
Care Management Agencies (CMAs) that have already			
CMS approval. If your Health Home appears on this lis approval and do not need to submit this form. If the o			
safety net list, you do not need to submit this form. If			
another approved safety net provider list, but your or			
complete this form. List is available on the DSRIP webs			
~ For Section IV, if you are joining more th	an one PPS, use second tab (Section VII) t	o add additional PPSs.	
V. Percentage of Medicaid & Uninsured members that	at your facility serves		
Medicaid (FFS & MC)	Uninsured	Data Source Year	
Percentage 37%	n/a	EHR CY 2013	
Yes I Hereby Certify that the information and data punderstand that this information may be subject appeal. Name Title Administrati Only appeals from the CEO CEO	et to audit and I may be asked to provide o		

10/30/2014 Ken Osborn PA vap_exception_appeal_form

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

•		ment 30 days prior to appl	ication approval. Th	ree allowed rea	asons	for grantir	ng an exce _l	otion a	e shown in Section IV.				
I. Are you a N	Answer								You have chosen the following VAP Exception:				
								¥					
II. Appeal App								_	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiza		General Physicians PC- Ken (~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Erie County Medical Center Corpora	120000					~	You chose the qualification i, in the space below please include:				
		luated in the context of the F											
	_	'AP Exception in that PPS as N I and VII of the instructions for		_	_Addit	ionai PPSS	tab to sele	ct	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				
· · · · · ·	rovider Type:		or runtile clarification	•••				V	without your organization's involvement given the PPS current configuration of network providers.				
								- 1	b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
Provider	Type - Other:	Primary Care	. 1		-				of services for the PPS in this community (ies).				
		Operating Certificate/	License #	MMIS*		NPI*			c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	e Identifiers:			01274304		1417939943							
	Agency Code:								Chamatas County 1444				
BIII	ing Entity ID:	Address	1	City	1	State	Zip		Character Count: 1411 General Physicians PC - A multi-specialty medical group				
	Address	210 E Main Street	Sprin	City		NY	21p 14141		Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)				
	Addiess	210 L Wall Street	рріп	igville		INI		UIRED	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Po	int of Conta	ct											
Contact		antha J. Sessamen, M.S.							Provider: Ken Osborn PA; MMIS#: 01274304; NPI: 1417939943; License #: 003354-1				
	Title Incentive Coordinator												
Contact		698-3469		Extensio	n				Needed as Vital Access Provider within the ECMC Performing Provider System				
		samen@gppconline.com							Decembly there are a limited number of Cofety Net designated asimply each provider in the FCMC DDC legated in southern Frie and parthern				
i A co of set of	mmunity will rving the con hospital is un munity, and/o state-designa g VAP Except PS you intensection II". If g VAP Except lent Agencies If your Healti o not need to you do not need to you do not need to you do not not restrict is a wir Section IV,	owing VAP Exception: not be served without grant munity. iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wit d to join, then you will be de you are part of multiple PPSs ion iii—The Department has s (CMAs) that have already be in Home appears on this list a o submit this form. If yo t provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that y	ed on services providess in reducing avoidal health homes. ** nat Performing Providence. Please indicate, see section VII tab. submitted a draft list seen approved as safets pending approval, y anization operating your organization does nization believes that e.c. one PPS, use second	ed, financial viabil ble hospital use. der System (PPS) y the name of the l of State Designate y net providers as you will be granted our Health Home, not appear on the it should qualify a	you plants you plants in the period Head Head Name (CMA) as a Head as a Head Name (CMA)	an on joinir the "Appea alth Homes as those the P Exception already app t Health Home	within the ang. If you do al Applicant and Netwo at are pend in pending C pears on an ome list or o e, please	o not	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern Cattaraugus and Chautauqua Counties. The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).				
		edicaid (FFS & MC)	Uninsure	ed	ſ	Data Sour	rce Ye	ar					
Percentage		26%	2%		}	EMR	2013-2						
	n d that this i	he information and data pro nformation may be subject t Don Boy CEO eals from the CEO, CFO or	o audit and I may be	asked to provide	docur	mentation i	•	•					

10/30/2014 Kitchen vap_exception_appeal_form-1 (2)

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

		ment 30 days prior to appl	ication approva	al. Three allowed r	easons	s for grant	ting an ex	xception a	e shown in Section IV.				
I. Are you a	Medicaid Pro								Van harry shares who fellowing MAR Franchism				
	Answer	Yes						•	You have chosen the following VAP Exception:				
	pplicant Infor								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organ		Westfield Family Physicians,						-	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
44 The 1/4D F		Catholic Medical Partners-Accounta	118.000	na If you are inining		than ana D	DC vou b	2550	You chose the qualification i, in the space below please include:				
		luated in the context of the F 'AP Exception in that PPS as w							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
		I and VII of the instructions for			II_Addi	itional FF3	is tables	select	include descriptions of the geographic area, the population, and how the services in this community are insufficient				
	Provider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.				
	- ''	Primary Care Provider-MD							b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
TTOVICE	i type Other.	Operating Certificate/	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).				
Unic	que Identifiers:	188164	License #	01387062		11	00388428	20	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Offic	Agency Code:	100104		01387002		1	00388428	,,,					
В	Billing Entity ID:								Character Count: 3143				
		Address		City		State	Zi	ip					
	Address	138 East Main Street, PO Bo	x 10	Westfield		NY	147		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of th				
III Annesi D	Point of Conta	ct					* R	REQUIRED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
		ette Bartkowiak,RN							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),				
Contac		e manager							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services				
Conta	ct Phone 716-	326-4678		Extens	sion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Conta	act Email nanb	@wfpweb.net											
i Any con ii Any con iii Any con iii Any con iii Any con iii Any con iiii Any con iiiii Any iiiiiiiiiiiiiiiiiiiiiiiiiiii	community will serving the con y hospital is un mmunity, and/o y state-designa ing VAP Except t PPS you inten — Section II". If ing VAP Except ing VAP Except al. If your Healtild on on need to t, you do not no coved safety ne s form. List is a For Section IV,	owing VAP Exception: not be served without grant munity. iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wit d to join, then you will be de you are part of multiple PPSs ion iii—The Department has s (CMAs) that have already be n Home appears on this list a o submit this form. If the orgs eed to submit this form. If yo t provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that y	health homes. * health homes. * hat Performing Inde. Please ind., see section VII submitted a draften approved as s pending appro anization operation organization oblieves c. one PPS, use see	rovided, financial vial violdable hospital use ** Provider System (PPS licate the name of th tab. fit list of State Design safety net providers vial, you will be gran ing your Health Hom does not appear on that it should qualif cond tab (Section VI)	bility, res. S) you pare PPS in atted Horas well ted a Vone/CMA the draffy as a H	elationship olan on joir n the "App ealth Home I as those t AP Excepti A already a ft Health Hon	os within t ning. If you leal Applic es and Ne that are pe ion pendir ppears on dome list c ne, please	u do not cant twork ending ng CMS a another or on	Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride. The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management. We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full pa				
	Me	edicaid (FFS & MC)	Uni	insured		Data So	urce	Year	Sincerely,				
Percentage	1	24%		4%		an rosters	and Pi	2014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC				
	tand that this i	he information and data pro nformation may be subject to				umentatio	•	•					
	Title Only app	Donald F Brautig CEO Westfield Family reals from the CEO, CFO or	Physicians,PC		Yes								

10/30/2014 Lake Erie Medical Services, PC(1)

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

Only appeals from the CEO, CFO or comparable will be accepted



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-hy-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

					basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CMS and mus			
be posted for public con	nment 30 days prior to application ap	proval. Three allowed reaso	ns for gran	ting an exception a	re shown in Section IV.			
I. Are you a Medicaid Pr								
Answei	Yes			▼	You have chosen the following VAP Exception: VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
II. Appeal Applicant Info	ormation							
Organization Name	: Lake Erie Medical Services, PC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
Joined PPS	Catholic Medical Partners-Accountable Care IPA	INC		•	You chose the qualification i, in the space below please include:			
	raluated <u>in the context of the PPS</u> you ar							
	VAP Exception in that PPS as well (if app		ditional PPS	's" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
	II and VII of the instructions for further	Ciarifications			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Provider Type				▼	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			
Provider Type - Other	r: Physician		1		of services for the PPS in this community (ies).			
	Operating Certificate/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Unique Identifiers		03518187	1	437409638				
Agency Code				-	Chamata County 2403			
Billing Entity ID	Address	City	State	Zip	Character Count: 3461 Chautaugua County is one of the largest rural and most impoverished counties in New York State. Chautaugua is consistently ranked as one of			
Address		Fredonia	NY	14063	the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximate			
	200 W Main of Saite 2	rredoma	1 1	* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000			
III. Appeal Point of Cont	act				Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north			
Contact Person Var					[Dunkirk/Fredonia] and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the			
Title Cre Contact Phone 716	dentialing Specialist and Billing Supervis	or Extension		206	Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care,			
	mpbell@lakeeriehealth.org	Extension		200	and Mental Health. Lake Erie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014 (Includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community			
IV. Please choose the fo	<u> </u>				and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urba			
of serving the co Any hospital is u community, and Any state-design When choosing VAP Excep indicate what PPS you inte Information – Section II". I When choosing VAP Excep Care Management Agencie CMS approval. If your Heal approval and do not need safety net list, you do not a another approved safety n complete this form. List is For Section IV	ill not be served without granting the ex mmunity. niquely qualified to serve based on servi/or clear track record of success in reducated health home or group of health how tion i & ii — Please indicate what Perform to join, then you will be denied. Pleaf you are part of multiple PPSs, see sectivation iii— The Department has submitted to submit this form. If sist a pending to submit this form. If the organization to submit this form. If your organization be available on the DSRIP website. if you are joining more than one PPS, if the Uninsured members that your facilitians.	ices provided, financial viability, cing avoidable hospital use. mes. ** ming Provider System (PPS) you use indicate the name of the PPS on VII tab. a draft list of State Designated I/ed as safety net providers as we approval, you will be granted a operating your Health Home/CN ation does not appear on the dielieves that it should qualify as a use second tab (Section VII) to a	plan on joir in the "App Health Homell as those I VAP Excepti IA already a aft Health Hon	ps within the ning. If you do not peal Applicant these and Network that are pending ion pending CMS appears on another Home list or on me, please	Inetwork. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordabl transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own communi as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access t quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Som of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHELINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice woul also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are already in place for data Collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in			
		·						
N	ledicaid (FFS & MC)	Uninsured	Data So	ource Year				
Percentage	46%	2%	PM	1 2014				
	the information and data provided on the information may be subject to audit an John R Tallett, MD	d I may be asked to provide do		n in support of this				

10/30/2014 Lake Erie Medical Services, PC(2)

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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 of	omment 30 days prior to application app	roval. Three allowed reason	s for gran	ting an exception a	are shown in Section IV.
I. Are you a Medicaid	Provider				·
Ansv	ver Yes			▼	You have chosen the following VAP Exception: i
II. Appeal Applicant I	nformation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Na	me: Lake Erie Medical Services, PC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined	PPS: Catholic Medical Partners-Accountable Care IPA IN	c		-	You chose the qualification i, in the space below please include:
^^ The VAP Exception is	evaluated in the context of the PPS you are j	oining. If you are joining more	than one P	PPS, you have the	
option of applying for the	ne VAP Exception in that PPS as well (if applic	cable). Please see the "VII_Add	litional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. See <u>Sect</u>	ion II and VII of the instructions for further cla	arification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider T	ype: Other			▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Ot	her: Physician				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique Identif	· · · · · · · · · · · · · · · · · · ·	03386270	1	356534713	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Co					
Billing Entity	/ ID:				Character Count: 3461
	Address	City	State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of
Addre	ess 268 W Main St Suite 2	Fredonia	NY	14063	the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately
III. Appeal Point of Co	tast			* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000
	Vanessa Campbell				Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the
	Credentialing Specialist and Billing Supervisor				Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care,
	716-672-2000	Extension		206	and Mental Health. Lake Erie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014
Contact Email	campbell@lakeeriehealth.org		•		(includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community
IV. Please choose the	following VAP Exception:				and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban
A community of serving the community, a Any hospital i community, a Any state-des When choosing VAP Exindicate what PPS you in Information – Section II When choosing VAP Exicare Management Ager CMS approval. If your H approval and do not nessafety net list, you do manother approved safet complete this form. List For Section	will not be served without granting the exce	s provided, financial viability, ig avoidable hospital use. es. ** ing Provider System (PPS) you indicate the name of the PPS VII tab. draft list of State Designated H d as safety net providers as we oproval, you will be granted a Verating your Health Home/CM. ion does not appear on the draves that it should qualify as a e second tab (Section VII) to a	plan on joir in the "App lealth Hom Il as those t /AP Excepti A fit Health h Health Hon	os within the ning. If you do not neal Applicant es and Network that are pending ion pending CMS ppears on another dome list or on ne, please	areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs' but rather they are scattered across the provider network. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access to quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHELINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice would also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are alrea
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
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Percentage	46%	2%	PM	2014	
	nat the information and data provided on thi his information may be subject to audit and John R Tallett, MD	I may be asked to provide doc	umentatio	n in support of this	

10/30/2014 Lake Erie Medical Services, PC(3)

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Vital Access Provider Exception: The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must

	public comment 30 days prior to ap		Three allowed reason		•	, , ,
I. Are you a Mo	edicaid Provider					
	Answer Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	licant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	tion Name: Lake Erie Medical Service	s, PC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Catholic Medical Partners-Accord	untable Care IPA INC			•	You chose the qualification i, in the space below please include:
	ption is evaluated in the context of the					
	ng for the VAP Exception in that PPS		-	itional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	ee Section II and VII of the instruction	is for further clarificati	ion!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type: Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Ty	pe - Other: Physician					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certifica	te/License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	Identifiers: 276408	3	pending	1	407112105	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:		, ,			
Billir	ng Entity ID:					Character Count: 3492
	Address	S	City	State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of
	Address 268 W Main St Suite 2	Fre	edonia	NY	14063	the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximatel
	-1 -1 C1				* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000
III. Appeal Poir					i	Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the
Contact P	Title Credentialing Specialist and Bil	ling Supervisor				Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care,
Contact F		iiig Supervisor	Extension		206	and Mental Health. Lake Frie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014
	Email vcampbell@lakeeriehealth.org					(Includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community
IV. Please choo	ose the following VAP Exception:					and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urbai
of sendand	munity will not be served without graining the community. Despital is uniquely qualified to serve be unity, and/or clear track record of such ate-designated health home or group VAP Exception i & ii — Please indicate 25 you intend to join, then you will be extion II". If you are part of multiple Pl VAP Exception iii— The Department him Agencies (CMAs) that have already your Health Home appears on this lis not need to submit this form. If the could not need to submit this form. If ed safety net provider list, but your or mru. List is available on the DSRIP web. Section IV, if you are joining more the f Medicaid & Uninsured members the	assed on services provices in reducing avoid of health homes. ** what Performing Providenied. Please indicat Please indicat Please indicat Please see section VIII tab as submitted a draft lis been approved as safet as pending approval, organization operating your organization doe ganization believes the site. an one PPS, use secon	ded, financial viability, rable hospital use. vider System (PPS) you to the name of the PPS in the name of the PPS in the providers as well, you will be granted a value your Health Home/CM. The providers as not appear on the dratat it should qualify as a literal page.	olan on joir n the "App ealth Home I as those t 'AP Excepti Af Health Hon thealth Hon	os within the ning. If you do not neal Applicant es and Network that are pending on pending CMS ppears on another some list or on ne, please	areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs' but rather they are scattered across the provider network. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordabl transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own communit as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access t quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Som of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHELINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice would also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvemer activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are already in
	Medicaid (FFS & MC)	Uninsu	ured	Data So	urce Year	
Percentage	46%	2%	6	PM	2014	
-	ertify that the information and data plate that this information may be subjected. John R Tai	t to audit and I may b	e asked to provide doc	umentatio	n in support of this	

10/30/2014 Lake Erie Medical Services, PC(4)

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

Only appeals from the CEO, CFO or comparable will be accepted



VILAI ACCESS FIOVICE	Exception. The state will consider	exceptions to the safety het	deminition	on a case-by-case i	asis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by Civis and must				
be posted for public com	ment 30 days prior to application ap	oproval. Three allowed reaso	ns for gran	ting an exception a	re shown in Section IV.				
I. Are you a Medicaid Pr	ovider								
Answer	Yes			▼	You have chosen the following VAP Exception:				
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organization Name:	Lake Erie Medical Services, PC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Joined PPS	Catholic Medical Partners-Accountable Care IPA	INC		-	You chose the qualification i, in the space below please include:				
^^ The VAP Exception is ev	aluated in the context of the PPS you are	e joining. If you are joining mor	e than one F	PPS, you have the					
	VAP Exception in that PPS as well (if app		ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's. See <u>Section</u>	II and VII of the instructions for further	clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Provider Type	Other			▼	without your organization's involvement given the PPS current configuration of network providers.				
Provider Type - Other	: Physician				b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	Operating Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).				
Unique Identifiers	275052	pending	1	720214349	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Agency Code		, ,							
Billing Entity ID					Character Count: 3461				
	Address	City	State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of				
Address	268 W Main St Suite 2	Fredonia	NY	14063	the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately				
III. Appeal Point of Conta	act			* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
Contact Person Van				1	Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the				
	dentialing Specialist and Billing Supervisor	or			Health Resources and Services Administration (HRSA) with Health Professional Shortage Area (HPSA) designations in Primary Care, Dental Care,				
Contact Phone 716		Extension		206	and Mental Health. Lake Erie Medical Services has served approximately 705 Medicaid patients since its first day of business on 03/17/2014				
Contact Email vcar	mpbell@lakeeriehealth.org				(Includes FFS, Managed Care,) and many of those patients as Primary Care Practice in Chautauqua County. The rural nature of our community				
IV. Please choose the fol	lowing VAP Exception:			_	and the shortage of primary care providers play a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs' but rather they are scattered across the provider				
of serving the concommunity, and/ Any hospital is ur community, and/ Any state-designa When choosing VAP Excepindicate what PPS you interinformation – Section II". If When choosing VAP Excepicare Management Agencie CMS approval. If your Healt approval and do not need to safety net list, you do not not need to safety net list, you do not not need to safety net list, you do not not need to safety net list, you do not not need to safety net list, you do not not need to safety net list, you do not not need to safety net list, you do not not need to safety net list, you do not need to safety net list, you do not not need to safety net list, you do not not need to safety net list, you do not need to safety net list.	Il not be served without granting the eximmunity. Iniquely qualified to serve based on servi for clear track record of success in reduct ated health home or group of health home ated health home or group of health home tion i & ii — Please indicate what Perfor nd to join, then you will be denied. Pleaty ou are part of multiple PPSs, see sectivation iii— The Department has submitted is (CMAs) that have already been approve the Home appears on this list as pending to submit this form. If the organization to submit this form. If your organization be available on the DSRIP website. If you are joining more than one PPS, it & Uninsured members that your facility.	ices provided, financial viability, cing avoidable hospital use. mes. ** ming Provider System (PPS) you use indicate the name of the PPS on VII tab. a draft list of State Designated yed as safety net providers as wapproval, you will be granted a opperating your Health Home/Chation does not appear on the delieves that it should qualify as a use second tab (Section VII) to	relationship u plan on join i in the "App Health Hom ell as those i VAP Except I/A already a raft Health Hor	ps within the ning. If you do not peal Applicant es and Network that are pending ion pending CMS ppears on another dome list or on me, please	network. There are currently three small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own communits as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As part of the largest OB/GYN practice in the northern part of the county, Medicaid patients have access to quality women's health care services including Well Woman Care, Pregnancy & Childbirth and Gynecological Care. As providers in Chautauqua County, we would have support from the Chautauqua County Health Network whose work is aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that are supported in the county include Meaningful Use, disease registries, local and regional health information exchanges working with HEALTHELINK, Maternal and Child Health Coalition, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, National Diabetes Prevention Program, Chronic Disease Self-Management Programs, smoking cessation, and physician engagement with the Prevention Agenda. Many of these activities align with the proposed DSRIP domain projects. Our practice would also potentially have access to the technology infrastructure already in place for data collection, aggregation, reporting, and quality improvemen activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as full participating members of a PPS. The services and infrastructure that are already in place for data collection, aggregation, reporting, and quality improvemen activities. To truly make an impact on the Medicaid population				
	· · ·								
М	edicaid (FFS & MC)	Uninsured	Data So	ource Year					
Percentage	46%	2%	PM	2014					
	the information and data provided on t information may be subject to audit an John R Tallett, MD	d I may be asked to provide do An		n in support of this					

10/30/2014 Lashbrook vap_exception_appeal_form-1

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

		ent 30 days prior to appli	ication approva	al. Three allowed re	easons	s for gran	ting an ex	xception a	re shown in Section IV.				
I. Are you a N	Medicaid Prov												
		fes						▼	You have chosen the following VAP Exception:				
II. Appeal Ap									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiz		Westfield Family Physicians							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
AA The VAD Ev	-	Catholic Medical Partners-Accounta	1180-001-002-002-002-002-002-002-002-002-00	ar If you are inining		than and D	nne vou b	200	You chose the qualification i, in the space below please include:				
		uated in the context of the P AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
		and VII of the instructions for			II_Addi	itional FF3	s tab to s	select	include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pi	rovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.				
		Primary Care Provider-MD							b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
TTOVIGET	Type Other.	Operating Certificate/	Liconco #	MMIS*			NPI*		of services for the PPS in this community (ies).				
Uniqu	ue Identifiers:	233677	License #	02586029		1	.00338140	20	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code:	233077		02380029			.00336140	00					
	ling Entity ID:								Character Count: 3143				
		Address		City		State	Zi	ip					
	Address 1	138 East Main Street, PO Box	x 10	Westfield		NY	147		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the				
III. Annool Do	int of Contac						* F	REQUIRED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately				
- ' '		te Bartkowiak, RN							135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),				
Contact	Title Office								surrounded by smaller villages and farmland. All of Chautaugua County is officially recognized by the Health Resources and Services				
Contact	t Phone 716-3	26-4678		Extens	sion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Contac	ct Email nanb@	wfpweb.net											
i A co of se ii Any comi ii Any comi iii Any i ii Any i	ommunity will reviving the community, and/or state-designate g VAP Exceptic PPS you intend Section II". If yo g VAP Exceptic If your Health do not need to you do not	wing VAP Exception: not be served without grant munity. guely qualified to serve base clear track record of succes and health home or group of on i & ii – Please indicate wh to join, then you will be der ou are part of multiple PPSs on iii – The Department has s CMAs) that have already be Home appears on this list as submit this form. If the orgs and the submit this form. If yo provider list, but your organ silable on the DSRIP website you are joining more than Uninsured members that y	d on services pro- ss in reducing av health homes. * hat Performing P nied. Please indi , see section VII I submitted a drafi en approved as s s pending appro- snization operati ur organization o nization believes . one PPS, use sec	ovided, financial vial oidable hospital use * Provider System (PPS icate the name of th tab. L list of State Designs safety net providers val, you will be grant ng your Health Hom does not appear on that it should qualificand tab (Section VII)	bility, res. S) you pare PPS in atted Horas well ted a Vone/CMA the draffy as a H	elationship blan on join n the "App ealth Hom l as those t 'AP Excepti A Excepti A fit Health Hon	ps within t ning. If you peal Applic es and Ne that are pe ion pendir appears on Home list of me, please	u do not cant etwork ending ng CMS a another or on	Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride. The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management. We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full pa				
	Med	licaid (FFS & MC)	Uni	nsured		Data So	ource	Year	Sincerely,				
Percentage		24%		4%		insurance	roster	2014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC				
	•	e information and data pro formation may be subject to			de docı	umentatio	•	-					
Nan Tit	tle	Donald F Brautig CEO Westfield Family als from the CEO, CFO or	Physicians, PC		Yes								



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

		nt 30 days prior to applicati	ion approval. T	hree allowed reasons f	for grai	inting an e	exception are s	hown in Section IV.
I. Are you a	Medicaid Pro							
	Answer	Yes					•	You have chosen the following VAP Exception:
II. Appeal Ap	pplicant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organ	nization Name:	Letchworth Family Medicine	e- Barb Walker,	NP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpora	ation					You chose the qualification i, in the space below please include:
		luated in the context of the P						
		AP Exception in that PPS as v		-	ddition	nal PPSs" ta	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS'	s. See <u>Section I</u>	II and VII of the instructions for	or further clarifi	cation!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
	Provider Type:	Other					•	
Provide	r Type - Other:	Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
		Operating Certificate	/License #	MMIS*			NPI*	services for the PPS in this community (ies).
Unic	que Identifiers:			2995040			5727949	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Onic	Agency Code:			2555040		123.	3727343	d
B	Billing Entity ID:							Character Count: 1096
		Address		City		State	Zip	Letchworth Family Medicine
	Address			Perry		NY	14530	3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
L.		1		1 - /		-	* REQUIRE	
III. Appeal P	oint of Conta	ct						Provider: Barb Walker, NP; NPI 1295727949; MMIS 2995040; License # F330129
Contac	ct Person Lind							There are no other Wyoming County Safety Net designated providers in the ECMC PPS at this time. The nearest sources of Safety Net care are
		tice Facilitator						(over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin) and
		816-7267		Extension	1			nearest Safety Net locations (white stars).
Conta	act Email fran	kelqmc@gmail.com						In terms of avoidable Medicaid hospitalizations (overall PQI Composite) this area is 50% above the 5 year goal (1,828/100,000 compared to goal
IV. Please ch	noose the foll	owing VAP Exception:					_	rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin). This location is in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759.
_	community will serving the con	I not be served without grant nmunity.	ing the exceptio	n because no other eligil	ble pro	ovider is wi	lling or capable	
		iquely qualified to serve base or clear track record of succe			, relati	ionships w	ithin the	
O iii Any	y state-designa	ted health home or group of	health homes. *	**				
indicate what Information - When choosi Care Manage CMS approva approval and safety net list another appr this form. List	t PPS you inten - Section II". If- ing VAP Except ment Agencies il. If your Healti do not need to t, you do not ne roved safety ne t is available or	cion i & ii – Please indicate who do join, then you will be dei you are part of multiple PPSs, cion iii- The Department has so (CMAs) that have already be home appears on this list are so submit this form. If the orgated to submit this form. If you trovider list, but your organ the DSRIP website. If you are joining more than	nied. Please ind , see section VII submitted a dra en approved as s pending appro anization operat ur organization o nization believes	icate the name of the PP tab. It list of State Designated safety net providers as v val, you will be granted ing your Health Home/Ci does not appear on the c that it should qualify as	PS in the d Health well as t a VAP E MA alre draft He a Healt	th Homes a those that Exception pready appe ealth Home, p	Applicant and Network are pending bending CMS ars on another e list or on blease complete	
V. Percentag	e of Medicaid	& Uninsured members that y	your facility ser	ves	_			
	Me	edicaid (FFS & MC)	Un	insured		Data Sourc	e Year	<u> </u>
Percentage		11%		2%		EMR	2013-2014	
	tand that this i	he information and data pro nformation may be subject t		ay be asked to provide d		entation in		
	ame	J. Thomas Reag	•	[res C	ON C		
٦	Only app	Owner peals from the CEO, CFO or		ill be accepted				



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

	nment 30 days prior to applicati	on approval. Thre	ee allowed reasons for	granting a	an excep	otion are sho	wn in Section IV.			
I. Are you a Medicaio										
	swer Yes					▼	You have chosen the following VAP Exception:			
II. Appeal Applicant I							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
	ame: Letchworth Family Medicine)				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
Joined						~	You chose the qualification i, in the space below please include:			
•	s evaluated in the context of the P	_, , ,	, , ,							
	the VAP Exception in that PPS as we tion II and VII of the instructions for		_	itional PPS	s" tab to	select	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			
	Type: Other	7 Tartifer clarification	10111			_	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			
Provider Type - C				1			services for the PPS in this community (ies).			
	Operating Certificate/	License #	MMIS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Unique Identi			1745094		10331017	720				
Agency (Billing Enti							Character Count: 1377			
Billing Enti	Address		City	State	I	Zip	Letchworth Family Medicine			
Add		Pe	erry	NY		4530	3 Handley Street, Perry, NY 14530 (Wyoming County, NY)			
	, , , , , , , , , , , , , , , , , , , ,	1: ~	,	1	*	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System			
III. Appeal Point of C							Provider: Daniel Zerbe, MD; NPI 1033101720; MMIS 01745094; License # 1999761			
Contact Person										
Contact Phone	Practice Facilitator 716-816-7267		Extension				Needed as Vital Access Providers within the ECMC Performing Provider System			
	frankelqmc@gmail.com		Extension				Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showing			
	following VAP Exception:						the VAP location (black push pin) and nearest Safety Net locations (white stars).			
							Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of			
	y will not be served without granti	ng the exception b	pecause no other eligible	provider i	s willing o	or capable	avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal			
_	e community.						rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin).			
O ii Any hospital	is uniquely qualified to serve base	d on services provid	ided, financial viability, r	elationshin	s within	the	This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VAP			
	and/or clear track record of succes			Cidtionsinp	,5 •••••	u.c	location (black push pin).			
O iii Any state-de										
Any state-de	signated health home or group of	health homes. **								
	xception i & ii – Please indicate wh									
-	intend to join, then you will be der			n the "App	eal Appli	icant				
	I". If you are part of multiple PPSs,					- Anno and a				
_	xception iii— The Department has s ncies (CMAs) that have already be		-							
	Health Home appears on this list as					-				
	eed to submit this form. If the orga									
	not need to submit this form. If you									
	ty net provider list, but your organ	ization believes tha	at it should qualify as a H	Health Hon	ne, please	e complete				
	ole on the DSRIP website.		1. 1 (6 .: 10)							
- For Section	n IV, if you are joining more than	one PPS, use secor	ind tab (Section VII) to a	aa aaaitio	nai PPSS.	•				
V. Percentage of Medi	caid & Uninsured members that y	our facility serves	:							
	Medicaid (FFS & MC)	Unins	sured	Data Se	ource	Year				
Percentage	10%	2%	%	EM	IR 2	2013-2014				
understand that appeal. Name Title	that the information and data pro this information may be subject t J. Thomas Reag Owner y appeals from the CEO, CFO or	o audit and I may b	Ans Yes	umentatio	on in supp					



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

		t 30 days prior to applicati	оп аррготан п			,. u						
I. Are you a P	Medicaid Prov	rider							·			
L	Answer	Yes						▼	You have chosen the following VAP Exception: i			
II. Appeal Ap	plicant Inform	nation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organi	zation Name:	Letchworth Family Medicine	- Julie Grover, N	IP					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	L.	Erie County Medical Center Corpora	711111					•	You chose the qualification i, in the space below please include:			
		uated in the context of the P										
		AP Exception in that PPS as w and VII of the instructions for			_Addit	ional PPSs	" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include			
			or rurther clarific	ation:				_	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.			
	Provider Type:							•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network of			
Provider	Type - Other:								 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). 			
<u> </u>		Operating Certificate/	License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	ue Identifiers:			1922930		10	0038082	296				
	Agency Code:								Character Courts 1977			
Ві	lling Entity ID:	A dduose		City		Ctata		7in	Character Count: 1377 Letchworth Family Medicine			
-	Address	Address 3 Handley St		City		State NY		Zip 4530	3 Handley Street, Perry, NY 14530 (Wyoming County, NY)			
<u> </u>	/ lauress	5 Harraicy 5t		Terry		141		REQUIRED	Vital Access Provider within the ECMC Performing Provider System			
III. Appeal Po	int of Contac	t							Provider: Julie Grover, NP; NPI 1003808296; MMIS 01922930; License # F332449			
Contact	Person Linda											
<u> </u>		ice Facilitator		1					Needed as Vital Access Providers within the ECMC Performing Provider System			
	t Phone 716-8	elqmc@gmail.com		Extension	on				Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showin			
									the VAP location (black push pin) and nearest Safety Net locations (white stars).			
IV. Please ch	oose the folio	owing VAP Exception:							Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of			
		not be served without granti	ng the exceptior	n because no other eli	igible p	orovider is	willing o	or capable	avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal			
of so	erving the com	munity.							rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin).			
O ii Anv	haanital is unis	quely qualified to serve base	d an aamilaaa mu	uided finencial viebil	امد بدا	latianahina	ه منطفنین	th a	This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the			
		r clear track record of succes			iity, re	lationsnips	WILIIII	uie	4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VA			
		r cicar track record or succes	o in readeing av	ordabie mospital ase.					location (black push pin).			
O iii Any	state-designate	ed health home or group of	health homes. *	*								
When choosir	ng VAP Exception	on i & ii – Please indicate wh	at Performing P	rovider System (PPS)	you p	lan on join	ing. If yo	ou do not				
		I to join, then you will be der										
Information –	Section II". <u>If y</u>	ou are part of multiple PPSs,	see section VII t	ab.								
		on iii– The Department has s		_								
_		(CMAs) that have already be						-				
		Home appears on this list as submit this form. If the orga						-				
		ed to submit this form. If you										
		provider list, but your organ	-									
this form. List	is available on	the DSRIP website.										
~ F	or Section IV, i	f you are joining more than	one PPS, use se	cond tab (Section VII)) to ad	d addition	al PPSs.					
V. Percentage	of Medicaid &	k Uninsured members that y	our facility serv	es								
	Med	Medicaid (FFS & MC) Uninsured Data Source Year						Year				
Percentage		9%		2%		EMF	2	013-2014				
		ne information and data pro formation may be subject to										



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

		nt 30 days prior to applicati	on approval. Ti	hree allowed reasons fo	r gra	inting an ex	xception are sh	own in Section IV.			
I. Are you a M											
	Answer						▼	You have chosen the following VAP Exception:			
II. Appeal App		1						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organiz		Letchworth Family Medicine	•	s, NP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:						▼	You chose the qualification i, in the space below please include:			
	•	luated in the context of the P						A consistent of the community (i.e.) the transition of the constant of the con			
	-	'AP Exception in that PPS as v I and VII of the instructions for		-	aition	nai PP35 ta	b to select	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			
	ovider Type:		Turtiner claime				▼	organization's involvement given the PPS current configuration of network providers.			
		Primary Care					•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network of			
Provider	Type - Other:							services for the PPS in this community (ies).			
		Operating Certificate	License #	MMIS*			IPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	e Identifiers: Agency Code:			2189435		1154	380038				
	ing Entity ID:							Character Count: 1378			
	ing Entity ID.	Address		City		State	Zip	Letchworth Family Medicine			
	Address	3 Handley St		Perry		NY	14530	3 Handley Street, Perry, NY 14530 (Wyoming County, NY)			
		•		•		•	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System			
III. Appeal Poi							1	Provider: Mary Richards, NP; NPI 1154380038; MMIS 02189435; License # F331697			
Contact	Person Linda	a Franke tice Facilitator						Needed as Vital Access Providers within the ECMC Performing Provider System			
Contact		816-7267		Extension				Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest			
		kelqmc@gmail.com						sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showing			
IV. Please cho	ose the foll	owing VAP Exception:						the VAP location (black push pin) and nearest Safety Net locations (white stars).			
		•						Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of			
		not be served without grant	ng the exception	n because no other eligib	le pro	ovider is will	ling or capable	avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal			
l I	rving the com	illiulity.						rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin). This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the			
O ii Any h	nospital is uni	iquely qualified to serve base	d on services pro	ovided, financial viability,	relati	ionships wit	thin the	4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HSA areas and the VAP			
comr	nunity, and/o	or clear track record of succes	s in reducing av	oidable hospital use.				location (black push pin).			
O iii Any s	tate-designa	ted health home or group of	health homes *	*							
	_										
		ion i & ii – Please indicate wh									
		d to join, then you will be der you are part of multiple PPSs,			in th	ie "Appeai A	Applicant				
		i on iii – The Department has s			Healtl	h Homes ar	nd Network				
_		(CMAs) that have already be		_							
_	-	h Home appears on this list as									
approval and de	o not need to	submit this form. If the orga	nization operati	ing your Health Home/CN	1A alr	eady appea	irs on another				
		eed to submit this form. If you									
		t provider list, but your organ the DSRIP website.	ization believes	that it should qualify as a	Heal	lth Home, p	lease complete				
		if you are joining more than	one PPS use se	econd tah (Section VII) to	add a	additional P	PPSc				
	. 5000.011.11,	you are joining more than	oe	cona tab (section vii) to							
V. Percentage	of Medicaid	& Uninsured members that y	our facility serv	ves .							
	Me	edicaid (FFS & MC)	Un	insured	ı	Data Source	e Year				
Percentage		9%		2%		EMR	2013-2014				
	nd that this i	he information and data pro nformation may be subject t J. Thomas Rea	o audit and I ma	ay be asked to provide do	ocume nswer	entation in					
Tit		Owner									
110		eals from the CEO, CFO or		ill be accepted							



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

	mment 30 days prior to application	n approval. Three allowed rea	sons for grar	nting an exception	are shown in Section IV.
I. Are you a Medicaid I	Provider er Yes			-	You have chosen the following VAP Exception:
					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
II. Appeal Applicant In	e: Letchworth Family Medicine- Rod	January MD			
		iney Logan, MD			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	PS: Erie County Medical Center Corporation	ou are joining. If you are joining	more than on	100	You chose the qualification i, in the space below please include:
option of applying for the	evaluated <u>in the context of the PPS</u> yo e VAP Exception in that PPS as well (i on II and VII of the instructions for fur	if applicable). Please see the "VII			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
Provider Typ	De: Other			-	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Oth	er: Primary Care		1		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).
	Operating Certificate/Licens			NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Identifie		604140		1811989015	, ,
Agency Coo					Sharata Santa 1775
Billing Entity		City	Chaha	7in	Character Count: 1375 Letchworth Family Medicine
Addres	Address SS 3 Handley St	City Perry	State	Zip 14530	3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
Addres	5 natituley 5t	reny	INT	* REQUIRE	
III. Appeal Point of Co	ntact				Provider: Rodney Logan, MD; NPI 1811989015; MMIS 00604140; License # 146686
Contact Person Li	nda Franke				Needed as Vital Access Providers within the ECMC Performing Provider System
	ractice Facilitator				Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The ne
	16-816-7267	Extensio	n		sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached)
Contact Email fr	ankelqmc@gmail.com				showing the VAP location (black push pin) and nearest Safety Net locations (white stars). Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of
capable of serv Any hospital is community, an iii Any state-desig When choosing VAP Exc ont indicate what PPS yo Information – Section II' When choosing VAP Exc Care Management Agen CMS approval. If your He approval and do not nee another safety net list, yo or on another approved: complete this form. List i ~ For Section IV	will not be served without granting the ring the community. uniquely qualified to serve based on d/or clear track record of success in rignated health home or group of healt eption i & ii – Please indicate what P u intend to join, then you will be deni. If you are part of multiple PPSs, see eption iii – The Department has submicies (CMAs) that have already been a lealth Home appears on this list as pend to submit this form. If the organizat ou do not need to submit this form. If safety net provider list, but your orga is available on the DSRIP website. If you are joining more than one P said & Uninsured members that your	services provided, financial viab reducing avoidable hospital use. th homes. ** the homes. ** performing Provider System (PPS) ided. Please indicate the name of section VII tab. hitted a draft list of State Designar pproved as safety net providers iding approval, you will be grant tion operating your Health Home fyour organization does not appenization believes that it should on the providers of the providers) you plan on the PPS in the ated Health H as well as tho ed a VAP Exce /CMA alread ear on the dr. uualify as a He	joining. If you do ie "Appeal Applican" omes and Network see that are pending pertion pending CMS y appears on aft Health Home list ealth Home, please	avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin). This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to ser 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and VAP location (black push pin).
	Medicaid (FFS & MC)	Uninsured	Data S	Source Year	
Percentage	8%	2%	EN	AR 2013-2014	
	at the information and data provided rstand that this information may be leal.	e subject to audit and I may be a	sked to prov		in
Name	J. Thomas Reagan, M Owner		Yes O No	0	
Title Only a	owner appeals from the CEO, CFO or comp	parable will be accepted		→	



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

	olic comment 30 days prior to applicat	ion approvai. Three a	allowed reasons ic	r granting	an excep	tion are sno	whilin Section IV.
I. Are you a M	ledicaid Provider						
<u> </u>	Answer Yes					-	You have chosen the following VAP Exception:
II. Appeal App	licant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name: Letchworth Family Medicine	e- J. Thomas Reagan, N	ИD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Corpor	ation				•	You chose the qualification i, in the space below please include:
	eption is evaluated in the context of the I						
	ing for the VAP Exception in that PPS as v		_	ditional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See <u>Section II and VII</u> of the instructions f	or further clarification	!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	ovider Type: Other					▼	organization's involvement given the PPS current configuration of network providers.
Provider 1	Гуре - Other: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating Certificate	/License #	MMIS*		NPI*		services for the PPS in this community (ies).
Uniqu	e Identifiers:		488546		11745153	373	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:						
	ing Entity ID:						Character Count: 1380
	Address		City	State		Zip	Letchworth Family Medicine
	Address 3 Handley St	Perry	/	NY	14	4530	3 Handley Street, Perry, NY 14530 (Wyoming County, NY)
					*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi							Provider: J. Thomas Reagan, MD; NPI 1174515373; MMIS 00488546; License # 136428
Contact	Person Linda Franke Title Practice Facilitator						Needed as Vital Access Providers within the ECMC Performing Provider System
Contact	Phone 716-816-7267		Extension				Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Wyoming County. The nearest sources of Safety Net care are (over 30 miles) far beyond the HPSA criteria. See the "Avoidable Medicaid Hospitalizations" map (attached) showin
	t Email frankelqmc@gmail.com		EXCENSION				the VAP location (black push pin) and nearest Safety Net locations (white stars).
	ose the following VAP Exception:						Letchworth Family Medicine is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of
							avoidable Medicaid hospitalizations (overall PQI Composite), the Wyoming PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal
	mmunity will not be served without grant	ing the exception beca	ause no other eligib	le provider i	s willing o	or capable	rate of 1,219). See the Avoidable Medicaid Hospitalizations" map (attached) showing the VAP location (black push pin).
of ser	rving the community.						This location is also in the rural Wyoming County Health Professional Shortage Area and there are not adequate safety net providers to serve the
O ii Any h			d financial debite.		dala tara		4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map (attached) showing HPSA areas and the VA
	nospital is uniquely qualified to serve base munity, and/or clear track record of succe			relationship	os within t	ine	location (black push pin).
	mariley, and/or clear track record or succe	33 III reducing avoidab	ile Hospital use.				
O iii Anys	tate-designated health home or group of	health homes. **					
When choosing	VAP Exception i & ii – Please indicate w	nat Performing Provid	er System (PPS) you	ı nlan on ioi	ning If vo	u do not	
_	PS you intend to join, then you will be de	-					
	ection II". If you are part of multiple PPSs						
	VAP Exception iii – The Department has		of State Designated	Health Hom	es and Ne	etwork	
Care Manageme	ent Agencies (CMAs) that have already be	en approved as safety	net providers as w	ell as those	that are p	ending	
	If your Health Home appears on this list a		_		-	-	
	o not need to submit this form. If the orga						
	ou do not need to submit this form. If yo	•					
	ved safety net provider list, but your organ	nization believes that i	t should quality as a	Health Hon	ne, please	complete	
	s available on the DSRIP website. Ir Section IV, if you are joining more than	DDC	4ab (Castian \(II) 4a		mal DDCa		
FU	i section iv, ii you are joining more than	one FF3, use second	tab (Section VII) to	auu auuitio	ilai FF35.		
V. Percentage	of Medicaid & Uninsured members that	your facility serves					
Ī	Medicaid (FFS & MC)	Uninsure	ed	Data S	ource	Year	
<u> </u>	· ,						
Percentage	10%	2%		EN	IR 2	013-2014	
Ves I Hereby (Certify that the information and data pro	wided on this form is	accurate and corre	t to the he	t of my k	nowledge	1
	nd that this information may be subject						
appeal.	,	,					
• •				nswer	_		
Nam				es O No)		
Tit							
	Only appeals from the CEO, CFO or	comparable will be a	accepted				

10/30/2014 Letchworth Family Medicine, P.C.

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

Only appeals from the CEO, CFO or comparable will be accepted



	r public comment 30 days prior to appl				asis in this deemed in the best interest of interiors. Any exceptions that are considered must be approved by GMS and must
•	Medicaid Provider	ilication approval. Three allowed re-	asons for granting an ext	Leption ar	e shown in Section iv.
i. Ale you a i	Answer Yes			▼	You have chosen the following VAP Exception:
II Anneal An	pplicant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	zation Name: Letchworth Family Medicine	a B.C			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Organia	Joined PPS: Finger Lakes PPS	e, r.c.		-	You chose the qualification i, in the space below please include:
ΛΛ The VΔP Fy	ception is evaluated in the context of the F	PPS you are joining. If you are joining r	nore than one PPS, you ha	17.00	Tou chose the quantitation i, in the space below please include.
	ying for the VAP Exception in that PPS as v				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	. See <u>Section II and VII</u> of the instructions f			Г	include descriptions of the geographic area, the population, and how the services in this community are insufficient
Р	Provider Type: Other			▼	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other: Family Practice				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate	/License # MMIS*	NPI*		of services for the PPS in this community (ies).
Uniqu	ue Identifiers:	488564	1154313351		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	100301	113 1313331		
	lling Entity ID:				Character Count: 1164
	Address	City	State Zip)	
	Address 3 Handley Street	Perry	NY 1453		a. Letchworth Family Medicine is the only medical practice in the Town of Perry, and is the largest practice in Wyoming County. We believe we
III. Annoal Bo	oint of Contact		* RE	EQUIRED	have usually been one of the only practices accepting adult Medicaid patients in the region until Oak Orchard opened part time in nearby
Contact					Warsaw. We believe we are the largest Medicaid provider in our area. The population of Perry is 5,575 but in the last year we have seen 6,227 patients with 24,697 patient visits. Our practice is at the forefront of using our MEDENT EMR and meaningful use attestation for the good of
Contact	Title MD				patients as a medical home.
Contac	t Phone (585) 237-6734	Extension	on		b. We are a full spectrum family practice. We have no pediatrician practices in the county, and we are the largest pediatric provider in the county
Contac	ct Email letchworthfamilymedicine@gmai	il.com			and the only practice covering pediatrics at Wyoming County Community Hospital. As a rural practice, we are uniquely challenged and equipped
	oose the following VAP Exception: ommunity will not be served without grant	ting the exception because no other el	igible provider is willing or	capable	to serve patients from both the Rochester and the Buffalo regional health information exchanges. Our practice is made up of three physicians and three family nurse practitioners. c. More information about our practice is available at our website, www.letchworthfamilymedicine.com.
	erving the community.			· 11	e. More morning about our produce is available at our medice, www.lectimorningmedicine.com.
O ii Any				Ш	
	hospital is uniquely qualified to serve base munity, and/or clear track record of succe	• •	lity, relationships within th	ne	
	infullity, and/or clear track record of succe	ess in reducing avoidable nospital use.			
	state-designated health home or group of			الـ	
	Ig VAP Exception i & ii – Please indicate where the properties of the properties				
	Section II". If you are part of multiple PPSs		PPS III tile Appeal Applica	arit	
	ng VAP Exception iii— The Department has:		ed Health Homes and Net	work	
	nent Agencies (CMAs) that have already be	=			
	. If your Health Home appears on this list a			_	
	do not need to submit this form. If the orga				
	you do not need to submit this form. If yo wed safety net provider list, but your organ			ron	
	form. List is available on the DSRIP website		as a meanin mome, piease		
	or Section IV, if you are joining more than		to add additional PPSs.		
V. Percentage	of Medicaid & Uninsured members that	your facility serves			
	Medicaid (FFS & MC)	Uninsured	Data Source	Year	
Percentage	17%	21%	MEDENT	2014	
-	Certify that the information and data pro			_	
appeal.			Answer		
Nai	me Daniel Zei	rbe	Yes O No		

10/30/2014 Liberty Pediatrics, PC

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

Only appeals from the CEO, CFO or comparable will be accepted



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-hy-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

					basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CMS and mus			
	ment 30 days prior to application a	pproval. Three allowed reaso	ns for gran	ting an exception a	re shown in Section IV.			
I. Are you a Medicaid Pr								
Answer	Yes			▼	You have chosen the following VAP Exception:			
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organization Name:	LIBERTY PEDIATRICS, PC				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼			
Joined PPS	Westchester Medical Center			-	You chose the qualification i, in the space below please include:			
	aluated <u>in the context of the PPS</u> you ar							
	VAP Exception in that PPS as well (if app		lditional PPS	Ss" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
	II and VII of the instructions for further	Clarifications			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Provider Type				▼	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			
Provider Type - Other	: Pediatrics	1			of services for the PPS in this community (ies).			
<u> </u>	Operating Certificate/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Unique Identifiers	17864	1131213	1	477643856	, , , , , , , , , , , , , , , , , , , ,			
Agency Code	:							
Billing Entity ID		City	Charles	7:-	Character Count: 3500 Liberty Pediatrics, PC an established pediatrics office located in Sullivan County has been providing patient care to families and children since			
Address	Address 39 old monticello rd	City ferndale	State ny	Zip 12734	1989. Dr. Darshan Trivedi the owner and pediatrician at Liberty Pediatrics has an outstanding reputation within the community as well as many			
Address	39 old monticello la	Terridale	Пу	* REQUIRED	professional and business associated relationships. With previous affiliations with the local hospital Catskill Regional located in Harris NY for over			
III. Appeal Point of Cont	act			-	20 years, and now affiliations with Ellenville Regional Hospital located in Ulster County NY, Dr. Trivedi is very involved in surrounding patient car			
Contact Person Cole	ette Sheridan				With several school districts in the county and surrounding ones as well as a local college Liberty Pediatrics has developed a strong			
	ce Manager				communication amongst their health services and our office. Providing continuing care and patient referrals as needed and working with patier			
Contact Phone 845		Extension			families to help address their needs for health services. Liberty Pediatrics prioritizes our patient's health as the utmost importance and never			
IV. Please choose the fol	ertypediatrics39@yahoo.com				turns away a sick child. Our staff works with the parents to call insurances if there is a lapse, delay, or error in the communication between ther to better help them understand what they can and need to do to fix the problem and have there child's insurance active and eligible. Our record			
of serving the color any hospital is un community, and/ Any hospital is un community, and/ Any state-designa When choosing VAP Excep indicate what PPS you inter Information — Section II". If When choosing VAP Excep Care Management Agencie CMS approval. If your Healt approval and do not need a safety net list, you do not ranother approved safety net complete this form. List is a reference of the complete this form. List is a reference of the complete this form. List is a reference of the complete this form. List is a reference of the complete this form. List is a reference of the complete this form. List is a reference of the complete this form. List is a reference of the community of the community, and the community of the community, and the community of the	Il not be served without granting the exammunity. Iniquely qualified to serve based on serve for clear track record of success in reduction i & ii — Please indicate what Performed to join, then you will be denied. Pleating to a part of multiple PPSs, see section iii— The Department has submitted is (CMAs) that have already been approth Home appears on this list as pending to submit this form. If your organization be used to submit this form. If your organizet provider list, but your organization be available on the DSRIP website. If you are joining more than one PPS, Uninsured members that your facility.	rices provided, financial viability cing avoidable hospital use. Demes. ** rming Provider System (PPS) you ase indicate the name of the PP ion VII tab. I a draft list of State Designated wed as safety net providers as we approval, you will be granted a operating your Health Home/CN zation does not appear on the delieves that it should qualify as use second tab (Section VII) to	u plan on join S in the "App Health Hom ell as those i VAP Except MA already a raft Health Hor	ps within the ning. If you do not peal Applicant these and Network that are pending ion pending CMS appears on another Home list or on me, please	have been a member of the Vaccine for Children's immunization program as an effort to help all children receive their vaccines and required preventative services since 1994. Many of our patients struggle with reliable transportation, financial health care cost, and other geographical situations that affect their ability to come to the doctors routinely as needed. Liberty Pediatrics understands this and works with Medicaid Transportation services to help set up need appointments for children to our office as well as to referred specialist care. Our office is open six days a week Monday through Saturday to better accommodate parent's schedules, and avoid emergency room visits for non urgent matters. W provide an answering service that is available 24 hours seven days a week to reach Dr. Trivedi . We provide flexible scheduling and same day appointments as well as accept walk-ins. Liberty Pediatrics is among other pediatricians and healthcare facilities in the community that accepts straight Medicaid as well as managed care HMOS. Other providers that have a large cliental such as Crystal Run Healthcare do not participate w straight Medicaid and are unable to give patient care to patients such as: newborns with Medicaid insurance for the first 30 days before it switches to managed care plans, patients that have Medicaid as a primary or secondary insurance, patients with disabilities that are fully covere by Medicaid Insurance, foster children that are under the state's care, etc. Our practice is currently in stage 2 of The Meaningful Use program as well, helping to keep our records up to date and our practice aware of needs of improvements and concerns regarding patient care. Becoming apart of The Westchester Medical PPS we feel we can help identify areas of needed improvement and conflict regarding Medicaid and managed Care Insurance patients, with hopes to assist in finding reasonable resolutions. As a practice we can offer vital information about Sullivan Count to the PPS and the current network providers.			
	·	·						
М	edicaid (FFS & MC)	Uninsured	Data So	ource Year				
Percentage	62%	8%	repo	ort 2013				
	the information and data provided on information may be subject to audit ar Colette Sheridan	nd I may be asked to provide do	ocumentatio oswer	n in support of this				

10/30/2014 Linda Cole PA vap_exception_appeal_form

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

be posted for	public comr	ment 30 days prior to appl	ication approval	. Three allo	owed reason	s for gra	nting a	n exception	are shown in Section IV.
I. Are you a M	ledicaid Pro	vider							
	Answer	Yes						▼	You have chosen the following VAP Exception: i
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	General Physicians PC- Linda	a Cole PA						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpora	ation					-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	luated in the context of the F	PPS you are joining	g. If you are	joining more	than one	PPS, yo	u have the	
option of apply	ing for the V	'AP Exception in that PPS as v	well (if applicable)	. Please see	the "VII_Add	litional PF	Ss" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section II</u>	I and VII of the instructions f	or further clarifica	ition!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	M	MIS*		NPI	*	of services for the PPS in this community (ies).
Unique	e Identifiers:				82397		166945		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:			<u> </u>					
	ing Entity ID:								Character Count: 1572
	-	Address		C	ity	State		Zip	General Physicians PC - A multi-specialty medical group
	Address	263 Liberty St	А	rcade		NY		14009	Arcade, NY location: 263 Liberty St, Arcade, NY 14009 (Wyoming County, NY)
								* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi									
Contact i		antha J. Sessamen, M.S. ntive Coordinator							Provider: Linda Cole PA; MMIS#: 01282397; NPI: 1669454005; License #: 004200
Contact		698-3469			Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
		amen@gppconline.com		I	EXTENSION				needed as vital Access Florider within the Leiner entitling Florider System
IV Please cho	ose the foll	owing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Wyoming, southern
		not be served without grant	ing the exception	hosauso no	othor oligible	n provido	ic willin	or capable	Erie and northern Cattaraugus and Allegany Counties.
	rving the com	_	ing the exception	because no	other eligible	e provider	15 WIIIII	ig or capable	The General Physicians PC – Arcade, NY primary care location serves the Warsaw Primary Care Service Area (PCSA). The nearest sources of Safety
	rving the con	imunity.							Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net
O ii Anvh	hospital is uni	iquely qualified to serve base	ed on services prov	vided. finan	cial viability.	relationsh	ips with	in the	locations (white stars). This provider office is located in the rural Warsaw Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable
		or clear track record of succe							Medicaid hospitalizations (overall PQI Composite), the Warsaw PCSA is 50% above the 5 year goal (1,828/100,000 compared to goal rate of
O iii Anys									1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin).
iii Any s	state-designat	ted health home or group of	health homes. **						
_		i on i & ii – Please indicate wh					_	•	This location also serves the rural Cattaraugus County HPSA, Allegany County HPSA, and the Wyoming County HPSA areas and there are not
		d to join, then you will be de			ne of the PPS	in the "Ap	peal Ap	plicant	adequate safety net providers to serve the 4,759 resident Medicaid and uninsured population in the Warsaw Primary Care Service Area. See map
	_	you are part of multiple PPSs	•	_					showing HPSA areas (in red) and the VAP location (blue push pin).
_		ion iii – The Department has s			-				
_	_	(CMAs) that have already be							
		n Home appears on this list a o submit this form. If the orga			-			-	
		eed to submit this form. If yo							
		t provider list, but your organ							
		vailable on the DSRIP website					-,		
~ Fo	r Section IV, i	if you are joining more than	one PPS, use seco	ond tab (Sec	ction VII) to a	dd additio	onal PPS	is.	
V Dovembers	of Madicald (& Uninsured members that y	fo silitu somus	_					
v. reiteiltage t	or Wedicald 6	x Offinisured members that y	your facility serve	•					
	Me	dicaid (FFS & MC)	Unin	sured		Data S	ource	Year	
Percentage		28%	2	%		EN	1R	2013-2014	
			_					2010 2011	
Van Illander	Cautifu that t	ha information and data are	wided on this form			40 4ho ho	at of m	, lunas uda da a	7
-	-	he information and data pro nformation may be subject t						_	'
appeal.	na that this ii	normation may be subject t	o addit and i may	oc asked to	o provide doc	umentati	on m su	PPOIL OI LIIIS	
appeal.					Ans	wer	_		
Nam	ne	Don Boy	rd		Yes	O No	7		
Tit		CEO			_⊏				
	Only app	eals from the CEO, CFO or	comparable wil	I be accept	ted				

10/30/2014 Linda Fuller NP vap_exception_appeal_form

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 com	ment 30 days prior to appl	ication approval. T						, , , , , , , , , , , , , , , , , , , ,
I. Are you a M	•					- · · · · · · · · · · · · · · · · · · ·	. O		
	Answer							▼	You have chosen the following VAP Exception: i
II. Appeal App	licant Info	rmation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		General Physicians PC- Lind	a Fuller NP						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:						-	•	You chose the qualification i, in the space below please include:
		luated in the context of the F	1,000	If you are join	ing more	than one PPS	S, you have the	e	, , , , , , , , , , , , , , , , , , , ,
		/AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section</u>	II and VII of the instructions f	or further clarification	on!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).
Unique	e Identifiers:	· -		0354659	0	160	9045343	╣	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Α.	gency Code:								
Billi	ng Entity ID:								Character Count: 1519
		Address		City		State	Zip	4	General Physicians PC - A multi-specialty medical group
	Address	515 Swan St	Dur	nkirk		NY	14048		Dunkirk, NY Location: 515 Swan St, Dunkirk, NY 14048 (Chautauqua County, NY)
III. Appeal Poi	int of Conta	ıct					* REQUIF	KED	Vital Access Provider within the ECMC Performing Provider System
Contact F		antha J. Sessamen, M.S.						ᆔ	Provider: Linda Fuller NP; MMIS#: 03546590; NPI: 1609045343; License #: 306314
	Title Ince	ntive Coordinator							
	Phone 716-			Ext	ension				Needed as Vital Access Provider within the ECMC Performing Provider System
Contact	t Email sses	samen@gppconline.com						_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.
ii Any h comm ii Any s when choosing indicate what P Information – S when choosing Care Manageme CMS approval. I approval and de safety net list, y another approv complete this fo	mmunity will wing the con- nospital is un nunity, and/ tate-designary (VAP Except PS you inten- tection II". If VAP Except ent Agencies If your Healt to not need to vou do not not red safety ne norm. List is a r Section IV,	iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate wid to join, then you will be de you are part of multiple PPSs ion iii – The Department has so (CMAs) that have already be home appears on this list a posubmit this form. If the orgaed to submit this form. If yo t provider list, but your orgar vailable on the DSRIP website if you are joining more than	ed on services provides in reducing avoids health homes. ** nat Performing Provinied. Please indicate, see section VII tab. submitted a draft listen approved as safe is pending approval, anization operating your organization does in the provining approval to the provining approval, and the provining approval, and the provining approval and the provining approval and the provining approval. The province of the	ded, financial lable hospital vider System (te the name of section of the first of State Deservoid, you will be gryour Health Hes not appear of at it should qu	viability, r use. PPS) you p f the PPS i ignated He ers as well ranted a V lome/CMA on the dra alify as a H	relationships plan on joinir in the "Appea ealth Homes I as those the 'AP Exception A already app iff Health Home Health Home	within the ang. If you do no al Applicant and Network at are pending n pending CMS nears on anoth metits or on to please	ot	The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).
v. Percentage C		& Uninsured members that y	•		7	Data Carre			
	Me	edicaid (FFS & MC)	Uninsu		4	Data Sour		_	
Percentage		22%	2%			EMR	2013-201	14	
-	nd that this i	he information and data pro nformation may be subject t Don Boy CEO	o audit and I may be	e asked to pro		umentation i	-	-	

10/30/2014 Linda Pullman

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



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				
•		ment 30 days prior to appl	ication approval. Three	allowed reason	ns for grantin	g an exception	are shown in Section IV.				
I. Are you a M		vider									
	Answer	Yes				•	You have chosen the following VAP Exception: i				
II. Appeal App	olicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	ation Name:						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Finger Lakes PPS				-	You chose the qualification i, in the space below please include:				
		luated <u>in the context of the F</u>									
		AP Exception in that PPS as value of the Instructions for the Instruction in the		see the "VII_Add	ditional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
<u> </u>			or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient				
	ovider Type:					▼	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				
Provider T	Type - Other:	Physician	1				of services for the PPS in this community (ies).				
		Operating Certificate/	License #	MMIS*	1	NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	e Identifiers:	F331354-1			1194	4710236	у				
	gency Code:										
Billi	ing Entity ID:	A 1.1	1	6.1	T 61 1		Character Count: 698				
-	Address	Address 12 Martin St	Wellsvill	City	State NY	Zip 14895	Linda Pullman NP is an essential provider in the Allegany County Community, serving a heavy Medicare and dual eligible population. One of the DSRIP projects selected for the Finger Lakes PPS is related to reducing readmissions. Linda Pullman admits a significant number of the local				
	Address	12 Martin St	weiisviii	E	INT	* REQUIRED					
III. Appeal Poi	int of Conta	ct					addition to Linda Pullman's connection to the nursing home population and readmissions, the Hornell market is failing and we are anticipating we				
Contact F	Person Trace	Gates (Linda Pullman NP)					will need to take additional Medicaid patients into the practice which will also increase Linda Pullman's DSRIP participation.				
		ital CFO		1							
	Phone 585-			Extension							
		st@jmhny.org					J				
IV. Please cho	ose the foll	owing VAP Exception:									
of ser	rving the con	not be served without grant nmunity. iquely qualified to serve base or clear track record of succe	ed on services provided, f	inancial viability,							
		ted health home or group of	-	iospitai asci							
indicate what P	PS you inten	i on i & ii – Please indicate wh d to join, then you will be de you are part of multiple PPSs	nied. Please indicate the			· ,					
Care Manageme CMS approval. I approval and do safety net list, y another approv complete this fo	ent Agencies If your Healtl o not need to you do not ne ved safety ne orm. List is a	ion iii— The Department has a (CMAs) that have already be a Home appears on this list a so submit this form. If the orgated to submit this form. If yo t provider list, but your organ vailable on the DSRIP website if you are joining more than	een approved as safety ne is pending approval, you vanization operating your our organization does not nization believes that it sl e.	t providers as we will be granted a Health Home/CM appear on the dr nould qualify as a	ell as those tha VAP Exception IA already apporaft Health Hone, Health Home,	t are pending pending CMS ears on another ne list or on please					
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves								
	Me	dicaid (FFS & MC)	Uninsured		Data Source	ce Year					
Percentage		S	4%		Internal	2013					
	nd that this in	he information and data pro nformation may be subject t Tracy Gat CFO	o audit and I may be ask	ed to provide do	cumentation in						
	Only app	eals from the CEO, CFO or	comparable will be ac	cepted							

10/30/2014 Lisa M. Evans vap_exception_appeal_form

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



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 I	public com	ment 30 days prior to appli	ication approval. Thre	ee allowed reasor	ns for granting	an exception	are shown in Section IV.
I. Are you a M	ledicaid Pro	vider					·
	Answer	Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	licant Info	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Lisa M. Evans, NP					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Upstate University Hospital				-	You chose the qualification i, in the space below please include:
^^ The VAP Exce	eption is eva	luated in the context of the P	PPS you are joining. If yo	ou are joining more	than one PPS,	you have the	
	•	/AP Exception in that PPS as v		se see the "VII_Add	ditional PPSs" t	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. S	See <u>Section</u>	II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Nurse Practitioner					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*	N	PI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	F333074		02137126	1861	499196	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:						
Billi	ng Entity ID:						Character Count: 590
		Address		City	State	Zip	This VAP exception is requested for an emergency medicine provider affiliated with Upstate University Health System. Upstate University
	Address	750 East Adams Street	Syracu	se	NY	13210	Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine
						* REQUIRED	provider engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care
III. Appeal Poi		Platis					management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (6 Medicaid/13 total
Contact P		rdinator, Meaningful Use and	Quality Incentives				encounters = 46.15% Medicaid).
Contact I		464-5181	Quality incentives	Extension	1	n/a	
		sr@upstate.edu		EXCHSION	'	i, u	
	•	lowing VAP Exception:					'
of ser Any h comm iii Any st When choosing indicate what Pl Information – St When choosing care Manageme CMS approval. I approval and do safety net list, y another approv complete this for	rving the cor nospital is un nunity, and/ tate-designa g VAP Except PS you inter- ection II". If VAP Except ent Agencies If your Healt o not need t you do not n red safety ne or Section IV,	I not be served without grant immunity. iquely qualified to serve base or clear track record of succested health home or group of ion i & ii – Please indicate who do to join, then you will be dei you are part of multiple PPSs. ion iii— The Department has so (CMAs) that have already be a bounded in this list are to submit this form. If the orgated to submit this form. If yo t provider list, but your organ vailable on the DSRIP website if you are joining more than & Uninsured members that y	ed on services provided ss in reducing avoidable health homes. ** nat Performing Provide nied. Please indicate the sees section VII tab. submitted a draft list of seen approved as safety is pending approval, you anization operating you are reganization does no nization believes that it is one PPS, use second ta	financial viability, hospital use. r System (PPS) you le name of the PPS State Designated Heret providers as we will be granted a tributal Health Home/CM of appear on the drishould qualify as a	plan on joining in the "Appeal Health Homes a sell as those that VAP Exception A already appeaft Health Home,	ithin the If you do not Applicant and Network are pending bending CMS ars on another e list or on olease	
Ī	M	edicaid (FFS & MC)	Uninsured		Data Source	Year	
Percentage		46%	n/a		EHR	CY 2013	
-	nd that this i	the information and data pro information may be subject to Lorraine Mar Administrative beals from the CEO, CFO or	o audit and I may be as nzella Director	ked to provide doo	cumentation in		

10/30/2014 M. Shane Jennings vap_exception_appeal_form

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



Name	it of Medicaid members. Any exceptions that are considered must be approved by CMS and m				•	nment 30 days prior to app					
11. Appeal Applicant information Organization Name. M Jame Remines, MD Jam	AP Exception:	▼					•				
Agreny Code Billing Entity Dia Contact From Johnson Street Systems towns of Street Str	· · · · · · · · · · · · · · · · · · ·										
## New Post Exception is a valuated in the context of the PTS you are joining more than one PTS, you have been please include: **The VAP Exception is a value of the context of the PTS you are joining more than one PTS, you have been please section and you for instructions for further clarification. **Provider Type - Other Physician **Operating Certificate/License # MMIDS* NPI** **Unique Identifies: **Agency Code **Inline Indiana State			• • • • • • • • • • • • • • • • • • • •								
** The VAP Exception is revoluted in the context of the PS's year a poining reflow are joining in You are not you are joining in You are joining in You are not you are not joining in You are not joining in You are not joining in You are not joining in You are not make you are not joining in You are not make you are not joining in You are not make you are not joining in You are not make you are not you are not will you are not you are not will you are not you are		-									
pulso and applying for the VAP Exception in that PPS as well of applicable). Please see the "VII Additional PPSs" tab to select buildings of the Wap Exception in the process of the instructions for further charification. Provider Type: One: V Provider Type: One: V V		onica i i oi apraeta anica i i i apraeta anica ani									
Provider Type Chebr Type Type Type Chebr Type Chebr Type Type	• • •				as well (if applicable). Plea	VAP Exception in that PPS as	otion of applying for the				
Provider Type - Other Physician Operating Certificate/License # MMIS* NPI* Unique Identifiers: 266197	- • • • • • • • • • • • • • • • • • • •				is for further clarification!						
Operating Certificate/License # MMIS* NPI* Unique Identifiers: 266197 03485688 1639315797 Agency Code: Billing Entity ID: Address Sol sast Adams Street Syracuse NY 13210 MAGNES Sol sast Adams Street Syracuse NY 13210 MI. Appeal Point of Contact Contact Pron Rick Platis Title Coordinator, Meaningful Use and Quality Incentives Title Contract Pron Sil-46445181 Extension n/a Contact Pron Sil-464451813 Extension n/a Contact Email plains:@upstate.edu N. Please choose the following VAP Exception: If 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 avoidance the name of the PS in the "Appeal Applicant Information - Section II". If you are part of multiple PSs, see section VII tab. When choosing VAP Exception is I = Please indicate what Performing Provider System (PPS) you plan on joining, If you do not information - Section II". If you are part of multiple PSs, see section VII tab. When choosing VAP Exception is I = Negaring approval, you will be granted and AVP Exception is Track Position of the PS in this community, and or clear track record of success in reducing avoidable hospital use. When choosing VAP Exception is I = Negare indicate what Pserforming Provider System (PPS) you plan on joining, If you do not incommand in the population of the PS in the "Appeal Applicant Information - Section II". If you are part of multiple PSs, see section VII tab. When choosing VAP Exception is I in the population of new or population of the provider is willing or capable of service for the PS in the substantiate your narrative (attach as PDF in the email of the population of the population of the provider is the multiple program with the suprimary care and because in the population of the provider is the substantiate of the population of the provider is will not be served without provider is willing or capable of service provider is a visual provider is willing or	· · · · · · · · · · · · · · · · · · ·										
Operating Certificate/License # MMIS* NPI* Agency Code: Billing Entity ID: Address So Gast Address City State Zip Address So Gast Address Syracuse NY 13210 III. Appeal Point of Contact Contact Person Rick Plats The Coordinator, Meaningful Use and Quality incentives Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception: III. Appeal Point of Contact Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal point of Contact Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception: III. Appeal point of Contact Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception: III. Appeal point of Contact Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal point of Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal Point of Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal Point of Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal Point of Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal Point of Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal Point of Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal Point of Contact Femal plainting@upstate.edu IV. Please choose the following VAP Exception III. Appeal Pointing III.	•					: Physician	Provider Type - Other				
Unique Identifiers: 266197 03486688 1639316797 Agency Code: Billing Entity ID: Address City State Zip Address SOE ast Adams Street Syracuse NY 13210 III. Appeal Point of Contact Contact Penson Rick Platis Title Coordinator, Meaningful Use and Quality incentives Contact Penson Bills Address SoE ast Adams Street Syracuse NY 18210 Title Coordinator, Meaningful Use and Quality incentives Contact Penson Bills Address SoE ast Adams Street Syracuse NY 18210 Title Coordinator, Meaningful Use and Quality incentives Contact Penson Bills Address SoE ast Adams Street Syracuse NY SoE ast Adams Street Syracuse SoE ast Adams Street Syracuse NY SoE ast Adams Street Syracuse SoE ast Adams Street Syracuse NY SoE ast Adams Street Syracuse SoE ast Street So	· · ·	기*	N	MMIS*	te/License #	Operating Certificate					
Billing Entity ID Address City State Zip Address 750 East Adams Street Syracuse NY 13210 III. Appeal Point of Contact Contact Person 26ck Plats Title Coordinator, Meaningful Use and Quality Incentives Contact Prince 315-364-5181 Security Secu	······································	16797	16393	03486688	7	: 266197					
Address 750 East Adams Street Syracuse NY 13210 III. Appeal Point of Contact Contact Person Rick Plats Title Coordinator, Meaningful Use and Quality Incentives Contact Person Rick Plats Contact Final plater@upstate.edu NY 18210 Ny 1822 Contact Final plater@upstate.edu NY 18210 Contact Final plater@upstate.edu NY 1822 Contact Final plater@upstate.edu NY 1823 Contact Final plater@upstate.edu NY 1824 Contact Final plater@upstate.edu NY						:					
Address So East Adams Street Syracuse NY 13210	Character Count: 595		Ct. I	0.1			Billing Entity ID				
III. Appeal Point of Contact Contact Person Rick Plats Title Contact Charact Person Rick Plats Title Contact Person Rick Pe							Address				
Management Strategies Using data from calendar year 2014, this provider demonstrates greater than 35% M total encounters = 36.84% Medicaid). Contact Person Pick Platis Coordinator, Meaningful Use and Quality Incentives Contact Phone 315-464-5181 Extension n/a Contact Person Pick Platis Pick Plati			INY	se	Syracu	750 East Adams Street	Audress				
Contact Person Rick Platis Title Coordinator, Meaningful Use and Quality incentives Contact Email platis:@upstate.edu N. Please choose the following VAP Exception: i I Acommunity 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 ii — 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 and do not need to submit this form. If the organization operating your Health Home Exception pending CMS approval and to 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 you on to need to submit this form. If you organization does not appear on the draft 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. Welcatd (FFS & MC) Uninsured members that your facility serves Medical (FFS & MC) Uninsured members that your facility serves						act	. Appeal Point of Cont				
Contact Prione 313-464-5181 Extension n/a Contact Enail platistr@upstate.edu W. 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. 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. When choosing VAP Exception 18, 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 ii". If you are part of multiple PPSs, see section VII tab. When choosing VAP Exception ii" because 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 pending CMS appraval. You will be granted a VAP Exception pending CMS appraval you will be granted a VAP Exception pending CMS appraval and the appears on this list as pending approval, you will be granted a VAP Exception pending CMS appraval and the papears on this list as pending approval, you will be granted a VAP Exception pending CMS appraval you will be granted a VAB Exception pending CMS appraval you will be granted a VAB Exception pending CMS appraval you will be granted a VAB Exception pending CMS appraval you will be granted a VAB Exception pending CMS appraval you will be granted a VAB Exception Pending CMS are very pending complete this form. If you or organization believes that it should qualify as a Health Home, please complete this form. List a available on the DSRP website. For Sect						(Platis	Contact Person Rick				
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V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year		PSs.	d additional P	b (Section VII) to ac			•				
Percentage 37% n/a EHR CY 2013		Year	Data Source	i	Uninsured	edicaid (FFS & MC)	М				
		CY 2013	EHR		n/a	37%	Percentage				
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 Name Lorraine Manzella Yes No		ny knowledge. I	to the best of imentation in	ked to provide docu	provided on this form is a ct to audit and I may be as Manzella	the information and data pri information may be subject to Lorraine Ma	es I Hereby Certify that understand that this appeal.				

10/30/2014 Mackowiak vap_exception_appeal_form-1

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

		nent 30 days prior to appl	ication approva	al. Three allowed r	easons	s for gran	ting an ex	xception a	e shown in Section IV.				
I. Are you a N	Medicaid Pro												
	Answer	Yes						▼	You have chosen the following VAP Exception: i				
II. Appeal Ap	•							1	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiz		Westfield Family Physicians							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
AA The MAD Fu		Catholic Medical Partners-Accounta	1.15-42.1-42.2-42.2-2.2-2	a If you are inining		than and P	nne vou b	1230	You chose the qualification i, in the space below please include:				
		uated in the context of the F AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
		and VII of the instructions for			II_Addi	itional FF3	s tab to s	select	include descriptions of the geographic area, the population, and how the services in this community are insufficient				
P	Provider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.				
		Primary Care Provider-Adult	Nurse Practition	ner					b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
TTOVIGET	Type Other.	Operating Certificate/		MMIS*			NPI*		of services for the PPS in this community (ies).				
Uniqu	ue Identifiers:	305556	License #	02937988		1	75047341	10	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code:	303330		02337368			.73047341						
	lling Entity ID:								Character Count: 3143				
		Address		City		State	Zi	ip					
	Address	138 East Main Street, PO Bo	x 10	Westfield		NY	147		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of th				
III Anneal De	oint of Conta	rt					* F	REQUIRED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
		tte Bartkowiak						1	Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),				
Contact	Title Offic								surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services				
Contact	t Phone 716-3	326-4678		Extens	sion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Contac	ct Email nanb	@wfpweb.net											
i A co of se	hospital is unimunity, and/c state-designal g VAP Excepti PPS you intens Section II". If . ig VAP Excepti nent Agencies . If your Health do not need to you do not ne you do safety net form. List is ax or Section IV, i	not be served without grant munity. quely qualified to serve base or clear track record of successed health home or group of the successed health home appears on this list a submit this form. If yo provider list, but your organialble on the DSRIP website of you are joining more than a Uninsured members that your organials.	to don services prosses in reducing average in reducing average in reducing average in reducing a r	evided, financial vial oidable hospital use * Provider System (PPS icate the name of the state Design. Stafety net providers val, you will be grant ng your Health Hom does not appear on that it should qualifectond tab (Section VI	bility, res. S) you pare PPS in atted Horas well ted a Vone/CMA the draffy as a H	elationship olan on join n the "App ealth Hom l as those t AP Excepti A already a ft Health Hon	ps within t ning. If you peal Applic es and Ne that are pe ion pendir appears on Home list of me, please	u do not cant etwork ending ng CMS a another or on	Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride. The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management. We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full pa				
	Me	dicaid (FFS & MC)	Unii	nsured		Data So	ource	Year	Sincerely,				
Percentage		24%		4%		ance rost	er and	2014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC				
	•	ne information and data pro oformation may be subject to				umentatio	•	•					
Nar Ti	itle	Donald F Brautig CEO Westfield Family eals from the CEO, CFO or	Physicians, PC		Yes								

10/30/2014 Marcel Rosario NP vap_exception_appeal_form

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

	•	ment 30 days prior to appli	ication approval. Three	allowed reaso	ns for gran	ting an	exception a	re shown in Section IV.			
I. Are you a M	Answer						_	You have chosen the following VAP Exception:			
							¥	<u> </u>			
II. Appeal App			10 : 10				1	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
_		General Physicians PC- Marc					12	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:	Erie County Medical Center Corpora			- 4b D	DC	▼	You chose the qualification i, in the space below please include:			
		luated in the context of the P 'AP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
		I and VII of the instructions for		see the VII_Au	iarcional i i s	is tub t	o sciect	include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pro	ovider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.			
	vpe - Other:	Primary Care						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)			
Frovider i	ype - Other.	Operating Certificate/	Liconco #	MMIS*		NPI*					
Halani		Operating Certificate/		02897749	1	992996	012				
	e Identifiers: gency Code:			02897749	1	992990	912				
	ng Entity ID:							Character Count: 1875			
		Address		City	State		Zip	General Physicians PC - A multi-specialty medical group			
	Address	100 Ohio St	Medina		NY	1	14103	Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)			
			•			,	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System			
III. Appeal Poi											
Contact F		antha J. Sessamen, M.S.						Provider: Marcel Rosario NP; MMIS#: 02897749; NPI: 1992996912; License #: F430346-1			
Contact		ntive Coordinator 698-3469		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System			
		amen@gppconline.com		Extension				Needed as vital access Floridei within the Ediric Ferrorining Floridei System			
	•	owing VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties.			
of ser Any h comn iii Any s When choosing indicate what P Information – S When choosing care Managem CMS approval. I approval and de safety net list, y another approv complete this fe	ving the con- cospital is un- nunity, and/o tate-designa VAP Except PS you inten- ection i!". If VAP Except or VAP Except or UAP	not be served without grant inmunity. iquely qualified to serve base or clear track record of succested health home or group of ion i & ii – Please indicate who to join, then you will be deivou are part of multiple PPS. (CMAs) that have already be in Home appears on this list as submit this form. If you to provider list, but your organ vailable on the DSRIP website if you are joining more than & Uninsured members that y	d on services provided, f ss in reducing avoidable health homes. ** hat Performing Provider nied. Please indicate the see section VII tab. submitted a draft list of S en approved as safety ne s pending approval, you unization operating your ur organization does not nization believes that it sl. one PPS, use second tab	inancial viability, nospital use. System (PPS) you name of the PPS tate Designated at providers as will be granted a Health Home/CN appear on the dould qualify as a	, relationship u plan on joir 5 in the "App Health Hom ell as those t VAP Excepti VA already a raft Health Hon	os within ning. If y peal App es and N that are ion pend ppears Home lis ne, plea	n the you do not plicant Network pending ding CMS on another st or on sse	The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin). This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin). This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).			
[Me	edicaid (FFS & MC)	Uninsured		Data So	urce	Year				
Percentage		28%	2%		EMF	۲ 2	2013-2014				
-	n d that this i	he information and data pro- nformation may be subject to Don Boyy CEO CEO CEO CEO CEO CEO CEO C	o audit and I may be ask d	ed to provide do	swer	-	_				

10/30/2014 Mary Beth Earl, NP vap_exception_appeal_form

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



								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 com	ment 30 days prior to applic	cation approval. T	hree allowed reas	ons fo	or granting a	in exception i	are shown in Section IV.				
I. Are you a N	/ledicaid Pro	ovider						·				
	Answer	Yes					▼	You have chosen the following VAP Exception: i				
II. Appeal Ap	plicant Infor	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiz	ation Name:	General Physicians PC- Mary	Beth Earl, NP					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Erie County Medical Center Corporat	tion				-	You chose the qualification i, in the space below please include:				
^^ The VAP Exc	ception is eva	luated in the context of the Pl	PS you are joining. I	If you are joining mo	ore tha	n one PPS, yo	ou have the					
		/AP Exception in that PPS as w						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's.	See <u>Section</u> I	II and VII of the instructions fo	r further clarification	on!				include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pi	rovider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.				
		Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
FTOVIGET	Type - Other.							of services for the PPS in this community (ies).				
		Operating Certificate/L	icense #	MMIS*		NP		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	ie Identifiers:			02674115		196242	24226					
	Agency Code:											
Bill	ling Entity ID:						_	Character Count: 1485				
	• 11	Address	_	City		State	Zip	General Physicians PC - A multi-specialty medical group				
	Address	3725 N Buffalo Rd	Orc	hard Park		NY	14127 * REQUIRED	Orchard Park, NY Location: 3725 N Buffalo Rd, Orchard Park, NY 14127 (Erie County, NY)				
III. Appeal Po	int of Conta	act					* REQUIRED	Vital Access Provider within the ECMC Performing Provider System				
Contact		antha J. Sessamen, M.S.						Provider: Mary Beth Earl, NP; MMIS#: 02674115; NPI: 1962424226; License #: 330684				
Contact		ntive Coordinator						Provider, Mary Betti Earl, NP, MINIS#, 02074115, NP1, 1902424220, License #, 550004				
Contact		698-3469		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System				
		samen@gppconline.com		Extension				The Late of the Access Flower within the Edwer Cholling Flower System				
	-	lowing VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in central Erie County.				
IV. Please cho	bose the foll	lowing VAP Exception:						The General Physicians PC – Orchard Park, NY primary care location serves the South Towns Primary Care Service Area (PCSA). The nearest				
i A co	mmunity wil	I not be served without granti	ng the exception be	ecause no other elig	ible pro	ovider is willi	ng or capable	sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest				
of se	rving the con	nmunity.						Safety Net locations (white stars).				
O ii Anyi							L	This office location is near by the South Buffalo Lackawanna PCSA. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the				
		iquely qualified to serve based			y, relat	tionships wit	hin the	South Buffalo Lackawanna PCSA is 60% above the 5 year goal (1,951/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid				
comi	munity, and/	or clear track record of succes	s in reducing avoida	able hospital use.				Hospitalizations" map showing the VAP location (blue push pins).				
O iii Any	stata dasiana	ted health home or group of h	aalth hamas **									
Any:	state-designa	ited fleattif florifle of group of f	lealth homes.					This location also secondarily serves the extremely high need Buffalo HPSA and there are not adequate safety net providers to serve the 10,769				
When choosing	g VAP Except	ion i & ii – Please indicate wh	at Performing Prov	rider System (PPS) y	ou plan	n on joining. I	f you do not	resident Medicaid and uninsured population in the South Towns Primary Care Service Area. See map showing HPSA areas (in red) and the VAP				
		d to join, then you will be den			PS in th	he "Appeal A	pplicant	location (blue push pins).				
		you are part of multiple PPSs,										
	• .	ion iii– The Department has s		•								
_	-	(CMAs) that have already bee	* *									
	-	h Home appears on this list as					_					
		o submit this form. If the orga										
		eed to submit this form. If you	-									
		t provider list, but your organ		t it should qualify a	s a Hea	ilth Home, pl	ease					
		vailable on the DSRIP website.					_					
~ F0	or Section IV,	if you are joining more than o	one PPS, use second	d tab (Section VII) t	o add a	additional PP	Ss.					
V. Percentage	of Medicaid	& Uninsured members that ye	our facility serves									
					_							
	Me	edicaid (FFS & MC)	Uninsu	red		Data Source	Year					
1		` ′			_							
Percentage		18%	2%			EMR	2013-2014					
	<u> </u>											
V 111	C	h - ! - f						7				
-	-	he information and data prov					-	"				
ungersta appeal.	nu mat this i	nformation may be subject to	audit and I may be	e askeu to provide (JUCUME	EIILALION IN SI	upport of this					
арреаі.				4	nswer							
Nan	ne	Don Boyo	I		es () No						
Tit		CEO										
		peals from the CEO, CFO or	comparable will b	e accepted								

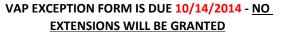
10/30/2014 Mary Obear MD PLLC (dba Pembroke Family Medicine)

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

Only appeals from the CEO, CFO or comparable will be accepted



			·			•	aasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	•		cation approval. Three allov	ved reason	s for grantir	ng an exception a	re shown in Section IV.
I. Are you a N							[
	Answer					▼	You have chosen the following VAP Exception:
II. Appeal Ap							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz		Mary Obear MD PLLC (dba Pe	embroke Family Medicine)				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS				~	You chose the qualification i, in the space below please include:
			PS you are joining. If you are jo				
		AP Exception in that PPS as w and VII of the instructions fo	rell (if applicable). Please see the	ne "VII_Add	litional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
			i further clarification:				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.
		Other				•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider	Type - Other:	Family Medicine Practice					of services for the PPS in this community (ies).
		Operating Certificate/L	License # MMI	S*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	ue Identifiers:		03044	906	178	30698555	
	Agency Code:						
Bil	ling Entity ID:				1		Character Count: 2809
	A -l -l	Address	Cit	<u>/</u>	State	Zip	Pembroke Family Medicine is the largest Family Medicine practice in Genesee County, serving approximately 10,000 patients with an annual visit
	Address	860 Main Road	Corfu		NY	14036 * REQUIRED	volume of about 24,000. We are a Level 3 Patient Centered Medical Home. Our provider staff consists of three physicians, five nurse practitioners, and a Licensed Mental Health Counselor. The practice has grown over the past twelve years from three providers to nine. We are
III. Appeal Po	oint of Conta	ct				REQUIRED	recruiting new provider staff to meet the demands of our growing patient roster. At this time there are no other Primary Care offices from
Contact	Person Chris	ty Zell					Genesee County participating in the FLPPS DSRIP project. Geographically our office serves patients from not only Genesee County but Orleans
	Title Busin	ess Manager					and Wyoming counties as well. We have three office locations situated throughout the county one of which is in the county seat of Batavia. Our
	t Phone 585 5			xtension			Batavia office maintains the majority of our Medicaid and Medicaid Managed Care volume. Our patients with transporation barriers can take a
Contac	ct Email christ	tyz@pembrokefamilymed.cor	m				bus, taxi, or walk to our Batavia office. The practice offers our patients access to integarted behavioral health care by way of our staff on LMHW. Our LMHW travels between the three office locations and also does house calls when deemed necessary. Our office works with Genesee County
Any com Any com Any when choosin indicate what Information – when choosin Care Managem CMS approval. approval approval approval complete this reference of the complete this reference of	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. ** hoosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant tion – Section II". If you are part of multiple PPSs, see section VII tab. hoosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network tangement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending proval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another et list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on approved safety net provider list, but your organization believes that it should qualify as a Health Home, please 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.						Alcoholism and Substance Abuse Association with opiod dependent patients. Our three physicians prescribe Suboxone at a maintenance level after patients have successfully completed therapy through GCASA or other therapy organization. Pembroke Family Medicine offers prenatal, newborn, pediatric, adult, geriatric, and palliatve care services to our patients. We are committed to managing chronic conditions with evidence based models that incorporate a commitment to care coordination and behavioral therapy when needed. We currently manage approximately 550 diabetic patients. We report our diabetes quality data to our providers on a quarterly basis to identify areas of opportunity and patients that may benefit from care coordination. We are committed to emergency room diversions by havisian on call 24 hours a day seven days a week, educating patients about contacting us before going to the emergency room and monitoring emergency room visits of our patients. We are focusing on transition of care management by contacting patients with hospital admissions within two days of discharge and seeing them in our office for hospital follow up visits within seven to fourteen days depending on the patient's severity. This model has been shown to reduce readmissions and continuity of care. Pembroke Family Medicine is committed to continuing to serve our Medicaid and Managed Care population. Our practice has a goal of fully integrating care coordination staff into each office within the next 12 months.
	Me	dicaid (FFS & MC)	Uninsured		Data Sour	rce Year	
Percentage	<u> </u>	32%	2%		EMR	2014	
-	-	-	vided on this form is accurate a audit and I may be asked to p		umentation i		
Nar Ti	me	Mary Obear MI Physician/Ow			O No		





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

be posted for	public comr	nent 30 days prior to appli	ication approva	al. Three allowed re	asons	for granti	ng an exceptio	are shown in Section IV.
I. Are you a M		vider						
	Answer	Yes						You have chosen the following VAP Exception: i
II. Appeal App	licant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Medicor Associataes						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Catholic Medical Partners-Accounta	able Care IPA INC					You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	luated <u>in the context of the P</u>	PPS you are joinir	ng. If you are joining	more t	than one PP	S, you have the	
		AP Exception in that PPS as v			_Addi	tional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
<u> </u>		and VII of the instructions for	or further clarific	cation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other					•	
Provider T	ype - Other:	Primary Care Provider						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*			NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	180842		01227641		19	92771935	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:							1
Billi	ng Entity ID:							Character Count: 3277
		Address		City		State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the
	Address	12 Center St. Suite 1		Fredonia		NY	14063	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately
III. Annaal Dai							* REQUIRE	
III. Appeal Poi	Person Kare							Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the
COIIIact F		ice Coordinator						Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,
Contact	Phone 716-			Extensi	ion		1980	and Mental Health.
		nd@medicorassociates.com						11
i A coro of ser	community will not be served without granting the exception because no other eligible provider is willing or capable serving the community. In yhospital is uniquely qualified to serve based on services provided, financial viability, relationships within the immunity, and/or clear track record of success in reducing avoidable hospital use. In y state-designated health home or group of health homes. ** Sing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not at PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant — Section II". If you are part of multiple PPSs, see section VII tab. Sing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network ement Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending al. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS d do not need to submit this form. If the organization operating your Health Home/CMA already appears on another st, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on roved safety net provider list, but your organization believes that it should qualify as a Health Home, please is 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.							served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care tha provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management.
Domontoso	Me	dicaid (FFS & MC)		insured		Data Sou EHR	_	
Percentage		%0		1%		EHR	20:	<u>1</u>
-	nd that this in	he information and data pro information may be subject to Hyder Alam Managing Pa eals from the CEO, CFO or	o audit and I ma I MD artner	y be asked to provide	e docu	ımentation	-	



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

be posted for	public com	ment 30 days prior to appli	ication approval. T	hree allowed rea	asons	for grant	ing an except	on ar	re shown in Section IV.						
I. Are you a N		ovider													
	Answer	Yes						▼	You have chosen the following VAP Exception:						
II. Appeal App	olicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiza	ation Name:	Medicor Associataes							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	_					
	Joined PPS:	Catholic Medical Partners-Accounta	able Care IPA INC					•	You chose the qualification i, in the space below please include:						
		luated in the context of the P						е							
	-	/AP Exception in that PPS as v		_	_Addi	tional PPS	s" tab to select		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
		I and VII of the instructions for	or further clarificatio	n!				1	include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pr	ovider Type:	Other						▼	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						
Provider 1	Гуре - Other:	Primary Care Provider							of services for the PPS in this community (ies).						
		Operating Certificate/	License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
Uniqu	e Identifiers:	223561		02212504		17	750357810		and the supporting accumentation to substantiate your manager (accuments)						
	Agency Code:														
Bill	ing Entity ID:			<u> </u>		-			Character Count: 3277	C - 1					
	Address	Address 504 Central Ave	D	City		State	Zip 14048	-11	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of	f the					
	Auuress	504 Central Ave	Dun	KIFK		NY	* REQUI	RED	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000						
III. Appeal Po	int of Conta	ct							Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north						
Contact	Person Kare	n Dull							(Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by	the					
		tice Coordinator							Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care	<u>.</u> ,					
	Phone 716-			Extensio	on		1980	_	and Mental Health.						
		nd@medicorassociates.com							Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautaugua's population center in the North and						
i 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 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.							ing. If you do n eal Applicant es and Network hat are pending on pending CM opears on anot ome list or on te, please	ot s	rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid live The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be ser locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accounte Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Managers, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating memb o	are y are es. eved able tha					
	Me	edicaid (FFS & MC)	Uninsur	red		Data Sou	urce Year								
Percentage		26%	1%			EHR	2	013							
	•	he information and data pro nformation may be subject to				ımentation	•	•							
	Name Title Managing Partner Only appeals from the CEO, CFO or comparable will be accepted														



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

		nent 30 days prior to appli	ication approva	I. Three allowed re	easons	for grant	ing an ex	ception a	e shown in Section IV.					
i. Are you a	Medicaid Pro Answer	Viaer						▼	You have chosen the following VAP Exception:					
II. Annoal Ar	pplicant Infor							•	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
		Medicor Associataes							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Organi		Catholic Medical Partners-Accounta	shle Care IPA INC					-	You chose the qualification i, in the space below please include:					
^^ The VAP Ex		luated in the context of the P		g. If you are joining	more t	than one P	PS. vou ha	1858	Too chose the qualification, in the space below please include.					
		AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's	s. See <u>Section I</u>	and VII of the instructions for	or further clarific	ation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
I	Provider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.					
Provider	r Type - Other:	Primary Care Provider							 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) 					
		Operating Certificate/	License #	MMIS*			NPI*							
Uniq	que Identifiers:	175338		01088522		12	29575886	0						
	Agency Code:													
Bi	illing Entity ID:		ı	0.1		C			Character Count: 3277 Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
	Address	Address 113 Main St.		City Silver Creek		State NY	Zi 141		State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately					
	71447655	113 Wall 5t.		Silver Creek		141		EQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
	oint of Conta								Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north					
Contac	t Person Kare								Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the					
Contac	ct Phone 716-	ice Coordinator		Extens	ion	l	1980		Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
		nd@medicorassociates.com		Exteris	1011	l	1360		and weight reduct.					
		owing VAP Exception:							Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and					
of s Any con ii Any when choosis indicate what Information – When choosis Care Manager	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.								rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they a served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they cattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be serv locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountal Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management.					
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 anoths asfety 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									Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at Medicor Associates will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.					
	Me	Medicaid (FFS & MC) Uninsured Data Source Year												
Percentage		32%	:	1%		EHR	1	2013						
	and that this in	ne information and data pro			le docu	ımentatior	•	•						
Na	ame	Hyder Alam	MD	((Yes	No No	Ī							
	Title	Managing Pa					l							
	Only appeals from the CEO, CFO or comparable will be accepted													



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

be posted for p	ublic comment 30 days prior	to application appro	val. Three allowed reaso	ns for grant	ing an exception a	are shown in Section IV.						
I. Are you a Me	dicaid Provider											
	Answer Yes				▼	You have chosen the following VAP Exception: i						
II. Appeal Appli	icant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organizat	ion Name: Medicor Associataes	1				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
J	oined PPS: Catholic Medical Partners	-Accountable Care IPA INC			-	You chose the qualification i, in the space below please include:						
^^ The VAP Exce	otion is evaluated in the context	of the PPS you are joir	ning. If you are joining mor	e than one P	PS, you have the							
	g for the VAP Exception in that			lditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
· ·	ee <u>Section II and VII</u> of the instru	ctions for further clari	fication!			include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pro	vider Type: Other				▼	without your organization's involvement given the PPS current configuration of network providers.						
Provider Ty	pe - Other: Primary Care Provid	er				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)						
	Operating Cer	tificate/License #	MMIS*		NPI*	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)						
Unique	Identifiers: 18	5898	01289174	13	316913338							
Ag	ency Code:											
Billin	g Entity ID:					Character Count: 3277						
		dress	City	State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the						
	Address 12 Center St. Suite 1		Fredonia	NY	14063	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
III. Appeal Poin	t of Contact				* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000						
	erson Karen Dull					Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the						
Contact re	Title Practice Coordinator					Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,						
Contact P	hone 716-679-2233		Extension		1980	and Mental Health.						
Contact E	Email karend@medicorassociat	es.com										
i A com of serv ii Any ho commu iii Any sta When choosing V indicate what PP. Information – Se When choosing V Care Managemet CMS approval and do safety net list, yo another approve complete this for ~ For Service Program of the service of the	se the following VAP Excepti munity will not be served witho ing the community. spital is uniquely qualified to se unity, and/or clear track record of the designated health home or get a feet a fee	rive based on services por success in reducing a roup of health homes. icate what Performing III be denied. Please in ole PPSs, see section Vient has submitted a draward been approved a nist list as pending approved the organization operam. If your organization ur organization believe website.	provided, financial viability avoidable hospital use. ** g Provider System (PPS) you dicate the name of the PP. II tab. aft list of State Designated as safety net providers as woval, you will be granted a sting your Health Home/Cn does not appear on the dest that it should qualify as econd tab (Section VII) to	, relationship u plan on joir 5 in the "App Health Home ell as those t VAP Excepti AA already a raft Health Hon	ing. If you do not eal Applicant es and Network that are pending on pending CMS opears on another tome list or on ne, please	Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care tha provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting,						
Dorontono	Medicaid (FFS & MC)	Uı	ninsured 1%	Data So								
Percentage	9%		170	EHR	2013							
-		ubject to audit and I m er Alam MD aging Partner	An Ye		-							



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

be posted for public co	mment 30 days prior to applic	cation approval. Thre	ee allowed reaso	ns for grant	ting an exception	are shown in Section IV.						
I. Are you a Medicaid P	rovider											
Answe	Yes					You have chosen the following VAP Exception: i						
II. Appeal Applicant Inf	ormation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
Organization Name	: Medicor Associataes					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
Joined PF	S: Catholic Medical Partners-Accountal	ble Care IPA INC				You chose the qualification i, in the space below please include:						
^^ The VAP Exception is e	valuated in the context of the Pl	PS you are joining. If yo	ou are joining mor	e than one P	PS, you have the	-						
	VAP Exception in that PPS as w		se see the "VII_Ad	ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
multiple PPS's. See <u>Sectio</u>	n II and VII of the instructions fo	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Provider Typ	e: Other				-							
Provider Type - Othe	r: Primary Care Provider					b. A description of the applicant's organization, the services provided, and how the services will enhance the network						
	Operating Certificate/L	License #	MMIS*		NPI*	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)						
Unique Identifie	<u> </u>		01413854	1.	467428425							
Agency Cod		<u> </u>				1						
Billing Entity I						Character Count: 3277						
	Address		City	State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the						
Addres	12 Center St. Suite 1	Fredon	ia	NY	14063	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
III. Assessed Deleter of Com					* REQUIRE							
III. Appeal Point of Con						Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north						
Contact Person Ka Title Pr	actice Coordinator					(Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,						
Contact Phone 71			Extension		1980	and Mental Health.						
	rend@medicorassociates.com		Extension		1300	11						
A community wo of serving the community, and Any hospital is community, and Any state-desig When choosing VAP Exce indicate what PPS you into Information – Section II". When choosing VAP Exce Care Management Agence CMS approval. If your Heapproval and do not need safety net list, you do not another approved safety complete this form. List is ~ For Section II".	collowing VAP Exception: will not be served without grantic promunity. uniquely qualified to serve based alfor clear track record of success an ated health home or group of the potion i & ii — Please indicate whith the promunity of the product	d on services provided, is in reducing avoidable health homes. ** at Performing Provide hied. Please indicate the see section VII tab. ubmitted a draft list of en approved as safety is pending approval, you nization operating you are organization does not ization believes that it is one PPS, use second tables in reducing the provided of the provided in the provid	financial viability, e hospital use. r System (PPS) you en name of the PPS State Designated net providers as word will be granted a r Health Home/CN ot appear on the dishould qualify as a	relationship I plan on joir I in the "App Health Hom I as those t VAP Excepti I/A already a raft Health Hon	os within the ning. If you do not leal Applicant less and Network that are pending on pending CMS ppears on anothe lome list or on ne, please	served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care tha provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management.						
ı	Medicaid (FFS & MC)	Uninsured		Data So	urce Year]						
Percentage	28%	1%		EHR	201	3						
understand that thi appeal. Name Title	t the information and data prov s information may be subject to Hyder Alam Managing Par opeals from the CEO, CFO or	o audit and I may be as MD rtner	ked to provide do		-							



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

be posted for	public com	ment 30 days prior to appli	ication approva	l. Three allowed	d reasons	s for granti	ng an exceptior	are shown in Section IV.						
I. Are you a N		vider												
	Answer	Yes					•	You have chosen the following VAP Exception: i						
II. Appeal Ap	plicant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiz	ation Name:	Medicor Associataes						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined PPS:	Catholic Medical Partners-Accounta	able Care IPA INC					You chose the qualification i, in the space below please include:						
^^ The VAP Exc	ception is eva	luated in the context of the P	PPS you are joinin	ng. If you are joini	ng more	than one PP	S, you have the							
		'AP Exception in that PPS as v			"VII_Addi	itional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
 	_	I and VII of the instructions for	or further clarific	ation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pi	rovider Type:	Other					▼	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 society for the RPS in this community (ice).						
Provider [*]	Type - Other:	Primary Care Provider												
		Operating Certificate/	/License #	MMIS*			NPI*	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)						
Uniqu	e Identifiers:	003971		03437432	2	12	35409673							
	Agency Code:							1						
Bill	ling Entity ID:							Character Count: 3277						
		Address		City		State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the						
	Address	504 Central Ave	I	Dunkirk		NY	14048	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
III. Ammaal Da	: C	-1					* REQUIRE							
III. Appeal Po	Person Kare							Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the						
Contact		ect Coordinator						Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,						
Contact	Phone 716-			Exte	ension		1980	and Mental Health.						
		nd@medicorassociates.com		1				11						
i A co of se	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.							Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reportin						
	Me	edicaid (FFS & MC)	Unir	nsured		Data Sou	rce Year]						
Percentage		53%	:	1%		EHR	201	<u> </u>						
understa appeal. Nan	/es I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledg understand that this information may be subject to audit and I may be asked to provide documentation in support of th appeal. Name Hyder Alam MD Title Managing Partner Only appeals from the CEO, CFO or comparable will be accepted													
	Only app	eals from the CEO, CFO or	comparable wi	III be accepted										



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

be posted for	public com	ment 30 days prior to appl	lication approv	al. Three allowed re	asons	for granti	ng an exceptior	are shown in Section IV.						
I. Are you a N														
	Answer	Yes						You have chosen the following VAP Exception: i						
II. Appeal Ap	plicant Info	rmation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiz	ation Name:	Medicor Associataes						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined PPS:	Catholic Medical Partners-Account	able Care IPA INC				,	You chose the qualification i, in the space below please include:						
^^ The VAP Ex	ception is eva	luated in the context of the F	PPS you are joini	ing. If you are joining	more t	than one PP	S, you have the	-						
		/AP Exception in that PPS as v			_Addi	tional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
multiple PPS's.	See <u>Section</u>	I and VII of the instructions f	or further clarifi	cation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient						
P	rovider Type:	Other					•							
Provider	Type - Other:	Primary Care Provider						b. A description of the applicant's organization, the services provided, and how the services will enhance the network						
		Operating Certificate/	/License #	MMIS*			NPI*	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)						
Unia	ue Identifiers:	F334898		02946110		17	70586398							
	Agency Code:	130.000		027.0227				1						
	ling Entity ID:							Character Count: 3277						
		Address		City		State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the						
	Address	117 Main St		Salamance		NY	14779	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
		-					* REQUIRE							
III. Appeal Po								Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north						
Contact	Person Kare							(Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the						
	Title Prac Phone 716-	tice Coordinator		F. dans at			1980	Heath Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,						
		nd@medicorassociates.com		Extensi	1011		1980	and Mental Health.						
								Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and						
of se Any com O iii Any When choosin indicate what Information — When choosin Care Managen CMS approval approval and c safety net list, another appro complete this	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 adicate 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 are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending MS 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 after your list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on norther 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.							served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care tha provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management.						
Г	Me	edicaid (FFS & MC)	Un	insured		Data Sou	rce Year							
Percentage		49%		1%		EHR	201	<u>3</u>						
understa appeal. Nar	Name Hyder Alam MD Yes No Title Managing Partner													
	Only app	eals from the CEO, CFO or	r comparable w	vill be accepted										



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

be posted for	public comr	ment 30 days prior to appli	ication approva	al. Three allowed re	easons	for granti	ng an exception	are shown in Section IV.						
I. Are you a M		vider												
	Answer	Yes					•	You have chosen the following VAP Exception: i						
II. Appeal App	licant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiza	ation Name:	Medicor Associataes						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined PPS:	Catholic Medical Partners-Accounta	able Care IPA INC					You chose the qualification i, in the space below please include:						
^^ The VAP Exce	eption is eva	luated <u>in the context of the P</u>	PPS you are joinir	ng. If you are joining	more t	than one PF	S, you have the							
		'AP Exception in that PPS as v			I_Addi	tional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
<u> </u>		I and VII of the instructions for	or further clarific	cation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pro	ovider Type:	Other					•							
Provider T	ype - Other:	Primary Care Provider						 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). 						
		Operating Certificate/	License #	MMIS*			NPI*	or services for the PPS in this community (les). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
Unique	e Identifiers:	003912		03388658		10	73769725							
A	gency Code:		·											
Billi	ng Entity ID:							Character Count: 3277						
		Address		City		State	Zip	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the						
	Address	12 Center St. Suite 1		Fredonia		NY	14063	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
III. Appeal Poi	nt of Conta	ct					* REQUIRE							
	Person Kare							Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the						
Contact i		ice Coordinator						Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,						
Contact	Phone 716-			Extens	ion		1980	and Mental Health.						
Contact	: Email kareı	nd@medicorassociates.com]						
i A coro of ser	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 are Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending and 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 afety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on mother approved safety net provider list, but your organization believes that it should qualify as a Health Home, please omplete 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.							served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care tha provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management.						
B	Me	dicaid (FFS & MC)		nsured		Data Sou								
Percentage		15%		1%		EHR	201	3						
-	nd that this in	he information and data pro information may be subject to Hyder Alam Managing Pa eals from the CEO, CFO or	o audit and I ma n MD artner	y be asked to provid	Ansv	ımentation	-							

10/30/2014 Medicor Associates - Raja vap_exception_appeal_form-1

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**

be posted for public com	ment 30 days prior to applica	ation approval. Three allowed r	easons	for granti	ing an exc	eption a	re shown in Section IV.						
I. Are you a Medicaid Pro													
Answer	Yes					▼	You have chosen the following VAP Exception: i						
II. Appeal Applicant Info	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organization Name:	Medicor Associataes						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
Joined PPS:						-	You chose the qualification i, in the space below please include:						
		you are joining. If you are joining											
	AP Exception in that PPS as well and VII of the instructions for the	II (if applicable). Please see the "V	I_Addi1	tional PPSs	" tab to se	lect	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						
Provider Type:		rartier clarification:				▼	without your organization's involvement given the PPS current configuration of network providers.						
	Primary Care Provider						b. A description of the applicant's organization, the services provided, and how the services will enhance the network						
Provider Type - Other.		cense # MMIS*	1		NPI*		of services for the PPS in this community (ies).						
Unique Identifiers:	Operating Certificate/Lic 270272	03635765		14	97089460		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
Agency Code:	270272	03033703		14	97089460								
Billing Entity ID:							Character Count: 3277						
	Address	City		State	Zip		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the						
Address	504 Central Ave	Dunkirk		NY	1404		State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
III. Appeal Point of Conta	ıct				* RE	QUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north						
Contact Person Kare							(Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the						
	tice Coordinator						Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,						
Contact Phone 716-		Extens	ion		1980		and Mental Health.						
-	nd@medicorassociates.com						Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and						
of serving the concommunity, and/o iii Any hospital is un community, and/o iii Any state-designate when choosing VAP Except indicate what PPS you intended information — Section II". If When choosing VAP Except Care Management Agencies CMS approval. If your Healt approval and do not need to safety net list, you do not nanother approved safety ne complete this form. List is a refer to the complete this form. List is a refer section IV,	I not be served without granting numnity. iquely qualified to serve based or clear track record of success i ted health home or group of he ion i & ii – Please indicate what d to join, then you will be denie you are part of multiple PPSs, se ion iii – The Department has sub (CMAs) that have already been h Home appears on this list as p o submit this form. If the organia eld to submit this form. If your t provider list, but your organiza vailable on the DSRIP website.	Performing Provider System (PPS ed. Please indicate the name of the section VII tab. pointed a draft list of State Design approved as safety net providers rending approval, you will be grant zation operating your Health Homorganization does not appear on a table before the tit should qualified the PPS, use second tab (Section VI)	oility, re you pi e PPS in ated He as well ed a VA e/CMA he draf y as a H	lan on joini n the "Appe Palth Homes as those th AP Exception already ap it Health Homes lealth Homes	ing. If you all Applica s and Netva are peron pending oppears on a come list or e, please	do not nt vork ading a CMS another	rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be inc						
Me	edicaid (FFS & MC)	Uninsured		Data Sou	irce \	Year							
Percentage	56%	0%		EHR		2013							
understand that this i appeal. Name Title	•	ner	le docu Answ	mentation	-	_							



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

•	•	ent 30 days prior to appli	ication approv	al. Three allowed re	easons	for grant	ing an exc	eption a	re shown in Section IV.						
I. Are you a N															
		fes						▼	You have chosen the following VAP Exception:						
II. Appeal App									VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiza		Medicor Associataes							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	-	Catholic Medical Partners-Accounta						~	You chose the qualification i, in the space below please include:						
		lated in the context of the P							A series of the						
		NP Exception in that PPS as very and VII of the instructions for			I_Addi	tional PPSS	tab to se	elect	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						
	rovider Type:		or rurener clariff	cation:				▼	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						
Provider 1	Type - Other: I	Primary Care Provider				1			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)						
		Operating Certificate/	License #	MMIS*			NPI*								
	e Identifiers:	200012		01576076		19	942303029								
	Agency Code: ling Entity ID:								Character Count: 3277						
Dilli	ing Littly ID.	Address		City		State	Zip		Chautaugua County is one of the largest rural and most impoverished counties in New York State. Chautaugua is consistently ranked as one of the						
	Address	113 Main St.		Silver Creek		NY	1413		State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately						
								QUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000						
III. Appeal Po									Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north						
Contact	Person Karen								(Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the						
Contact	Phone 716-6	ce Coordinator		Extens	ion		1980		Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.						
		d@medicorassociates.com		Exteris	1011	I	1300		and wenter readil.						
i A coi of sei ii Any h comm iii Any s When choosing indicate what P Information – S When choosing Care Managem	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.							do not nt work	rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management.						
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 anothe 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								nother	Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that are already in place at Medicor Associates will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.						
_	Med	licaid (FFS & MC)		insured		Data Sou		Year							
Percentage		28%		1%		EHR		2013							
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Hyder Alam MD Title Managing Partner Only appeals from the CEO, CFO or comparable will be accepted								_							



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

be posted for public I. Are you a Medicai	comment 30 days prior to appl	lication approval. Thr	ee allowed reasor	ns for gran	ting an exc	eption a	e shown in Section IV.					
	swer Yes					-	You have chosen the following VAP Exception:					
II. Appeal Applicant							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organization N							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Joined		able Care IPA INC				-	You chose the qualification i, in the space below please include:					
	is evaluated in the context of the I	2.19.10.1-10.1-10.2.1.1	ou are joining more	than one I	PPS, you have	e the						
	the VAP Exception in that PPS as vertion II and VII of the instructions f			ditional PPS	ss" tab to sel	ect	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					
Provider	Type: Other					▼	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)					
Provider Type - C	Other: Primary Care Provider											
7,1	Operating Certificate	/License #	MMIS*		NPI*							
Unique Identi		, Election ii	03823907	1	316195696							
Agency												
Billing Enti	ty ID:						Character Count: 3277					
	Address		City	State	Zip		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
Add	ress 113 Main St.	Silver	Creek	NY	1413		State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately					
III. Appeal Point of O	`ontact				* REC	QUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north					
Contact Person							(Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the					
Title	Practice Coordinator						Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care,					
Contact Phone	716-679-2233		Extension		1980		and Mental Health.					
Contact Email	karend@medicorassociates.com						Looking at Medicor Associates as an organization, there are a total of 5 sites located in both Chautauqua's population center in the North and					
A communion of serving the Any hospital community, Any state-de When choosing VAP E indicate what PPS you Information – Section When choosing VAP E Care Management Age CMS approval. If your approval and do not not a safety net list, you do another approved safe complete this form. List	e following VAP Exception: ty will not be served without grant the community. is uniquely qualified to serve base and/or clear track record of succes asignated health home or group of exception i & ii — Please indicate with intend to join, then you will be de iff. If you are part of multiple PPSs exception iii— The Department has sencies (CMAs) that have already be Health Home appears on this list a ead to submit this form. If the orgenot need to submit this form. If yo ety net provider list, but your organist is available on the DSRIP website on IV, if you are joining more than icaid & Uninsured members that your organist is available.	ed on services provided ess in reducing avoidable health homes. ** hat Performing Provide enied. Please indicate tis, see section VII tab. submitted a draft list of een approved as safety as pending approval, you pur organization operating you pur organization does n nization believes that it e.	d, financial viability, le hospital use. er System (PPS) you he name of the PPS of State Designated Honet providers as we will be granted a vur Health Home/CM ot appear on the dreshould qualify as a	plan on joi in the "App Health Hom Il as those VAP Except IA already a aft Health Hor Health Hor	ps within the ning. If you o neal Applican es and Netw that are pen ion pending ippears on a Home list or me, please	do not not ork ding CMS nother	rural areas of the county. We serve approximately 6,500 Medicaid patients as one of the largest Primary Care Practice in Chautauqua County. Th rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, all of our patients benefit from our successful collaborations aimed at creating a clinically integrated system of health care the provides access to quality services. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be inclu					
	Medicaid (FFS & MC)	Uninsured	d	Data Sc		ear						
Percentage	39%	1%		EHI	10/1	/13-9/30						
understand that appeal. Name Title	that the information and data pro this information may be subject t Hyder Alam Managing Pa y appeals from the CEO, CFO or	to audit and I may be an MD artner	sked to provide doc Ans Yes	wer	-	-						

10/30/2014 Melissa Fanton PA vap_exception_appeal_form

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

•	•	ment 30 days prior to appl	ication approval. Th	hree allowed rea	asons	for granti	ng an exc	eption ar	re shown in Section IV.						
I. Are you a N								▼	You have chosen the following VAD Exception:						
L	Answer							•	You have chosen the following VAP Exception:						
II. Appeal App									VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiz		General Physicians PC- Melis							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined PPS:	Erie County Medical Center Corpora	1200000					-	You chose the qualification i, in the space below please include:						
		luated in the context of the F													
		'AP Exception in that PPS as Noted in the PPS as Note in the Instructions for the instructions for the Instructions for the Instruction in the Ins		_	_Addit	tional PPSs	" tab to se	elect	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						
· · · · · ·	rovider Type:							Ţ	without your organization's involvement given the PPS current configuration of network providers.						
	Type - Other:	Primary Care						_	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).						
TTOVIGET	Type Other.	Operating Certificate/	/Liconco #	MMIS*			NPI*								
Unique	a Idantifiara	Operating Certificate/	License #	03031436		100	02998974		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	e Identifiers: Agency Code:			03031430		150	02336374								
	ling Entity ID:								Character Count: 1411						
		Address		City		State	Zip		General Physicians PC - A multi-specialty medical group						
	Address	210 E Main Street	Sprii	ngville		NY	1414		Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)						
					•	•	* RE	QUIRED	Vital Access Provider within the ECMC Performing Provider System						
III. Appeal Po															
Contact		antha J. Sessamen, M.S.							Provider: Melissa Fanton PA; MMIS#: 03031436; NPI: 1902998974; License #: 011387						
Contact		ntive Coordinator 698-3469		Extensio	n				Needed as Vital Access Provider within the ECMC Performing Provider System						
		samen@gppconline.com		Exterisio	ווכ				Needed as Vital Access Provider within the ECMC Performing Provider System						
	•	owing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern						
i A co of se	mmunity will rrving the con hospital is un munity, and/o state-designa g VAP Except PPS you inten Section II". If g VAP Except lent Agencies If your Healtil to not need to you do not need to you do not need to you do not not need to you for Section IV,	not be served without grant	ed on services providing avoida health homes. ** nat Performing Provinied. Please indicate , see section VII tab. submitted a draft list een approved as safet sen approved as pending approval, yanization operating yur organization does nization believes that e. one PPS, use second	ed, financial viabil able hospital use. def System (PPS) y the name of the less of State Designate ty net providers as you will be granter your Health Home, ont appear on the tit should qualify a	you pleas welled a VA/CMA leed Heras a H	lan on joini n the "Appe lalth Homes as those th AP Exceptio already ap it Health Home	ng. If you all Applica s and Netwart are penin pending pears on a ome list or e, please	do not nt work nding CMS another	Cattaraugus and Chautauqua Counties. The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).						
	Me	edicaid (FFS & MC)	Uninsur	red		Data Sou	rce \	Year							
Percentage		27%	2%			EMR	2013	3-2014							
	nd that this in	he information and data pro information may be subject to Don Boy CEO eals from the CEO, CFO or	o audit and I may be d	asked to provide	docu Answ	mentation	•	•							

Owner Only appeals from the CEO, CFO or comparable will be accepted



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

Medicaid members. Any exceptions that are considered must be approved by CMS and

Vital Access Provide	r Exception: The state wi	Il consider exceptions to	the safety net	definition	on a case-by-case	e basis if it is deemed in the best interest of
must be posted for publ	ic comment 30 days prior t	to application approval.	Three allowed	reasons fo	r granting an exce	eption are shown in Section IV.
I. Are you a Medicaid Pi	rovider					
Answer	Yes				▼	You have chosen the following VAP Exc
II. Appeal Applicant Info	ormation					VI. Restricted to 3500 Characters only! -
Organization Name:	Mohamad-Zahi Kassas, MD					~ The VAP Exception relies heavily on th
Joined PPS	Finger Lakes PPS				▼	You chose the qualification i, in the
	aluated in the context of the					
	VAP Exception in that PPS as		see the "VII_Ad	ditional PPS	s" tab to select	a. A specific definition of the com
	II and VII of the instructions	for further clarification!				include descriptions of the geogra
Provider Type	Other				▼	without your organization's invol
Provider Type - Other	: Physician In Private Practice	2				b. A description of the applicant's
	Operating Certificate	/License #	MMIS*		NPI*	network of services for the PPS in c. Any supporting documentation
Unique Identifiers		236190 2	055278	16	29085592	c. Any supporting documentation
Agency Code						
Billing Entity ID			Cit.	Charles	7:-	Lam a physician in private practice in Welleyil
Address	Address 313 N Main Street	Wellsville	City	State NY	Zip 14895	I am a physician in private practice in Wellsvil 000 patients. Together with my nurse practiti
Address	313 N Main Street	Wellsville		INI	* REQUIRED	Jones Memorial Hospital (our local Hospital in
III. Appeal Point of Cont	tact					days weekly and 365 days per year call covers
Contact Person Ray						children with all spectrum of care. starting wi
	ce Billing Manager		F. dan alam			day office visits and the growing need for me
Contact Phone (58)	lsvillepeds@hotmail.com		Extension			difficulty recruiting and retaining physicians in health and well being of its children.
IV. Please choose the fo	•					realth and wen being of its children.
capable of servin Any hospital is un community, and, Any state-design When choosing VAP Excep not indicate what PPS you Information – Section II". If When choosing VAP Excep Care Management Agencie CMS approval. If your Heal approval and do not need another safety net list, you or on another approved sa complete this form. List is: ~ For Section IV,	Il not be served without gran g the community. niquely qualified to serve bas for clear track record of succes ated health home or group o botton i & ii – Please indicate we intend to join, then you will be fyou are part of multiple PPS botton iii – The Department has as (CMAs) that have already but the Home appears on this list: to submit this form. If the org it do not need to submit this fetty net provider list, but you available on the DSRIP websit if you are joining more than it & Uninsured members that	ed on services provided, fines in reducing avoidable in the feath homes. ** what Performing Provider State and the feath of the denied. Please indicate is, see section VII tab. It is submitted a draft list of State and proved as safety neas pending approval, you were approved in operating your form. If your organization derorganization believes that it. one PPS, use second tab (nancial viability, ospital use. System (PPS) you the name of the tate Designated at providers as will be granted a lealth Home/CN oes not appear c it it should qualif	relationship I plan on joi PPS in the * Health Hom ell as those VAP Excepti A already a on the draft y as a Healt	ning. If you do Appeal Applicant uses and Network that are pending on pending CMS ppears on Health Home list h Home, please	
М	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage	42%	0%		EMR rep	ort 2013	
I. Yes I Hereby Certify that I understand that thi this appeal.	the information and data pr s information may be subjec	t to audit and I may be as		locumentat wer		e.

	You have chosen the following VAP Exception: i
--	------------------------------------------------

Please read instructions for clarification!

ne statement you provide, so please be concise and thorough~ the space below please include:

nmunity (ies) that would otherwise not be served by the selected PPS. Be sure to raphic area, the population, and how the services in this community are insufficient lvement given the PPS current configuration of network providers.

s organization, the services provided, and how the services will enhance the this community (ies).

to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 1068

ille, NY. I am currently one of 3 pediatricians serving the county. My practice consists of close to 5 cioner we see 9 000-10 000 visits yearly. Although I am in private practice, I work very closely with in Wellsville, NY). I am chief of Pediatrics and I am on their call schedule. I also provide 24 hour, 7 age for my office patients due to the shortage of physicians in the area. We help treat infants and vith stabilizing premature babies, well child care and dealing with medical emergencies, to day to ental health care. Based on the volume of patients I see and the fact that our local hospital is having in our medically underserved area, you can see that my presence in this community is critical for the 10/30/2014 Murawski vap_exception_appeal_form-1

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

be posted to	r public comm	ient 30 days prior to appli	ication approval. I	Three allowed re	easons	for grant	ing an ex	ception a	re shown in Section IV.					
I. Are you a I	Medicaid Prov	vider .				-	-							
-	Answer	Yes						-	You have chosen the following VAP Exception: i					
II. Appeal Ap	plicant Inforn	nation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organi	zation Name: \	Westfield Family Physicians,	PC						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
- 0-		Catholic Medical Partners-Accounta	10/10/2019 10:00:00:00:00:00:00					-	You chose the qualification i, in the space below please include:					
^^ The VAP Ex	ception is evalu	uated in the context of the P	PPS you are joining.	If you are joining	more t	than one Pf	PS, you ha	ve the						
option of appl	lying for the VA	AP Exception in that PPS as v	vell (if applicable). F	Please see the "VII	I_Addi	tional PPSs	s" tab to s	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's	. See <u>Section II</u>	and VII of the instructions for	or further clarificati	on!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
F	Provider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.					
Provider	Type - Other:	Primary Care Provider-Famil	y Nurse Practitione	r					b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).					
Uniq	ue Identifiers:	332342		01877825		11	184699670)	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:													
Bil	lling Entity ID:								Character Count: 3143					
		Address		City		State	Zij							
	Address	138 East Main Street, PO Bo	x 10 We	estfield		NY	147 * D	87 EQUIRED	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the					
III. Appeal Po	oint of Contac	t					- K	EQUIKED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000					
		te Bartkowiak, RN							Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),					
	Title Office	manager							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services					
	t Phone 716-3			Extensi	ion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.					
Conta	ct Email nanb(@wfpweb.net							Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provid					
i Ac		owing VAP Exception: not be served without grant munity.	ing the exception b	ecause no other e	eligible	provider is	s willing or	capable	care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a					
O ii Any	hospital is unio	quely qualified to serve base r clear track record of succes				elationship	s within th	ne	ride. The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article					
O iii Any	state-designate	ed health home or group of	health homes. **						28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served b remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local					
indicate what	PPS you intend	on i & ii – Please indicate wh to join, then you will be der ou are part of multiple PPSs	nied. Please indicat	te the name of the		-			communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed)					
		on iii– The Department has s			ited He	ealth Home	s and Net	work	recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting,					
CMS approval	. If your Health	(CMAs) that have already be Home appears on this list as	s pending approval,	, you will be grante	ed a V	AP Exception	on pendin	g CMS	and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align					
		submit this form. If the orga		•			•		with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.					
	-	ed to submit this form. If you provider list, but your organ	-					ron	We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid					
complete this	form. List is ava	ailable on the DSRIP website f you are joining more than	2.						population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services					
V. Percentage	of Medicaid &	Uninsured members that y	our facility serves						and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.					
	Med	dicaid (FFS & MC)	Uninsu	ıred		Data Sou	urce	Year	Sincerely,					
Percentage		24%	4%	,		an rosters a	and PN	2014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC					
-	-	e information and data pro formation may be subject to				ımentation	-	_						
Na Ti	itle	Donald F Brauti CEO Westfield Family	Physicians,PC		Yes	O No								
	Only appe	eals from the CEO, CFO or	comparable will b	be accepted										



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

be posted for	public comi	ment 30 days prior to appl	ication approval.	Three allowe	d reason	s for grant	ing an	exception	re shown in Section IV.
I. Are you a N	ledicaid Pro	vider							
	Answer	Yes						▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	General Physicians PC- Allis	on Wasson, DO						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpora	ation					-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	luated in the context of the F	PPS you are joining.	If you are join	ning more	than one P	PS, you	have the	
option of apply	ing for the V	'AP Exception in that PPS as v	well (if applicable).	Please see the	"VII_Add	itional PPS	s" tab to	o select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions f	or further clarificat	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Гуре - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).
Uniqu	e Identifiers:	, , ,		038092	85	19	9323439	944	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:					ı			
Billi	ing Entity ID:								Character Count: 1368
		Address		City		State		Zip	Niagara Family Medicine Associates
	Address	7300 Porter Road	Ni	agara Falls		NY		4304	Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
							*	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Po		entha J. Sessamen, M.S.							
Contact		ntive Coordinator							Provider: Allison Wasson, DO; MMIS#: 03809285; NPI: 1932343944; License #: 269075
Contact		698-3469		Fx1	tension				Needed as Vital Access Provider within the ECMC Performing Provider System
		amen@gppconline.com							The state of the s
IV. Please cho	ose the foll	owing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.
of ser	rving the con	iquely qualified to serve base	ed on services provi	ded, financial	viability, r				The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920 See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,00) compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).
		or clear track record of succe	Ū	dable hospital	use.				This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location
iii Any s	state-designa	ted health home or group of	health homes. **						(blue push pins).
indicate what P Information – S When choosing Care Managem CMS approval. approval and disafety net list, y another approv	PPS you intensection II". If: g VAP Except ent Agencies If your Healtl o not need to you do not no yed safety ne orm. List is a	ion i & ii – Please indicate whence to do to join, then you will be devou are part of multiple PPSs ion iii – The Department has: (CMAs) that have already be an Home appears on this list a so submit this form. If the org. be to submit this form. If yot provider list, but your organiable on the DSRIP website if you are joining more than	nied. Please indica 5, see section VII tak submitted a draft li sen approved as saf as pending approval anization operating sur organization doe nization believes the	te the name on the control of the co	f the PPS i signated H lers as wel ranted a V Home/CM/ on the dra aalify as a I	ealth Home I as those t 'AP Excepti A already a off Health H Health Hom	eal App es and N hat are on pend ppears o lome list ne, pleas	Network pending ding CMS on another t or on se	
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves						
	Me	dicaid (FFS & MC)	Unins	ured		Data So	urce	Year	
Percentage		18%	2%	ó		EMR	2	2013-2014	
-	nd that this in	he information and data pro nformation may be subject t Jerome C.Andr Presider	o audit and I may bees,M.D.	e asked to pro		umentation wer		_	
	Only app	eals from the CEO, CFO or	comparable will	be accepted					



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

be posted for	public com	ment 30 days prior to appl	ication approval.	Three allowe	ed reason	s for grant	ing an	exception	re shown in Section IV.
I. Are you a N		vider							
	Answer	Yes						▼	You have chosen the following VAP Exception:
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	General Physicians PC- Hard	old Reubens, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpor	ation					-	You chose the qualification i, in the space below please include:
		luated in the context of the F							
		'AP Exception in that PPS as v			e "VII_Add	itional PPS	s" tab to	o select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions f	or further clarificat	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate	License #	MMIS	*		NPI*		of services for the PPS in this community (ies).
Uniqu	e Identifiers:			010237	52	1:	1644203	378	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:								
Bill	ling Entity ID:								Character Count: 1369
		Address		City		State		Zip	Niagara Family Medicine Associates
	Address	7300 Porter Road	Ni	agara Falls		NY		4304	Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
III. Ammaal Ba	: C						*	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Po		antha J. Sessamen, M.S.							Provider: Harold Reubens, MD; MMIS#: 01023752; NPI: 1164420378; License #: 1706690
Contact		ntive Coordinator							Frovide: . narotu Reuberis, Nib, Nivisa. 01023732, NFI. 1104420376, License #. 1700050
Contact		698-3469		Ex	tension				Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email ssess	samen@gppconline.com		•					
IV. Please cho	ose the foll	owing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.
of se	rving the con	·					_		The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920 See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000).
comr		iquely qualified to serve base or clear track record of succe				elationship	s within	n the	compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).
	_	ted health home or group of							This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).
indicate what F Information – S When choosing Care Managem CMS approval. approval and d safety net list, y another approv complete this f	PPS you inten Section II". If g VAP Except nent Agencies If your Healt io not need to you do not need ved safety ne form. List is a ur Section IV,	ion i & ii – Please indicate who do to join, then you will be do you are part of multiple PPSs ion iii – The Department has: (CMAs) that have already be in Home appears on this list a posubmit this form. If the orgaed to submit this form. If yot provider list, but your orgar vailable on the DSRIP website if you are joining more than	nied. Please indica 5, see section VII tal submitted a draft li een approved as as as pending approva anization operating our organization do nization believes the e. one PPS, use secon	ate the name of b. Ist of State Deserted provided by the second of the	of the PPS i signated H ders as wel granted a V Home/CM/ on the dra ualify as a I	ealth Home I as those t 'AP Excepti A already a off Health H Health Hom	es and N hat are on pend ppears of lome list	Network pending ding CMS on another t or on se	
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves		_			1	
	Me	edicaid (FFS & MC)	Unins	ured		Data So	urce	Year	
Percentage		14%	29	6		EMF	? 2	2013-2014	
understar appeal.	nd that this i	he information and data pro nformation may be subject t	o audit and I may I		ovide doci	umentation wer	-	_	
Nam		Jerome C.Andr Presider			Yes	O No			
Tit		eals from the CEO, CFO or		be accepted	•				

10/30/2014 Niagara Family Medicine Associates_Ashok Singh, MD

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**

be posted for	public com	ment 30 days prior to appl	ication approval					,	, , , , , , , , , , , , , , , , , , , ,					
I. Are you a M		vider												
	Answer	Yes						~	You have chosen the following VAP Exception: i					
II. Appeal App	licant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiza	ation Name:	General Physicians PC- Ash	ok Singh, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
		Erie County Medical Center Corpor						•	You chose the qualification i, in the space below please include:					
		luated in the context of the F												
		'AP Exception in that PPS as v			"VII_Add	itional PPSs'	" tab to se	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
<u> </u>	_	I and VII of the instructions f	or turtner ciarifica	ation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
	ovider Type:							▼	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					
Provider T	ype - Other:	Primary Care							of services for the PPS in this community (ies).					
		Operating Certificate/	License #	MMIS*			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	e Identifiers:			020710	16	137	26046343							
	gency Code:								Character Courts 1255					
Billi	ng Entity ID:	Address		City		State	Zip		Character Count: 1365 Niagara Family Medicine Associates					
	Address	7300 Porter Road		Niagara Falls		NY	1430		Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)					
	Addiess	7300 FOITEI ROdu	Į.	viagara rans		141		QUIRED	Vital Access Provider within the ECMC Performing Provider System					
III. Appeal Poi	int of Conta	ct												
Contact F		antha J. Sessamen, M.S.							Provider: Ashok Singh, MD; MMIS#: 02071016; NPI: 1326046343; License #: 232523					
		ntive Coordinator		1 -					ll					
	Phone 716-	698-3469 Samen@gppconline.com		EX	tension				Needed as Vital Access Provider within the ECMC Performing Provider System					
	•								Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.					
	ose the foil	owing VAP Exception:							The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara					
_		not be served without grant	ing the exception	because no oth	er eligible	provider is	willing or	capable	Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920.					
of ser	rving the com	nmunity.							See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).					
O ii Any h	ocnital ic uni	iquely qualified to serve base	nd on convices are	wided financial	viability r	olationchine	within th		In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000					
		or clear track record of succe				elationships	within th	e	compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).					
			_	•					This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location					
iii Any s	tate-designa	ted health home or group of	health homes. **	•					(blue push pins).					
_		ion i & ii – Please indicate wh	_			-								
		d to join, then you will be de			f the PPS i	n the "Appe	al Applica	int						
		you are part of multiple PPSs ion iii– The Department has:			ianatod U	oalth Homor	and Note	work						
_		(CMAs) that have already be			-									
		h Home appears on this list a						_						
approval and do	o not need to	submit this form. If the org	anization operatir	ng your Health H	lome/CM	A already ap	pears on a	another						
		eed to submit this form. If yo	-					on						
	-	t provider list, but your organ		that it should qu	alify as a	Health Home	e, please							
•		vailable on the DSRIP website if you are joining more than		and tab (Saction	a VIII) +a ar	dd additiona	I DDCc							
FOI	i section iv,	ii you are joilillig illore tilali	one FF3, use sect	ond tab (Section	i vii) to at	uu auuitioila	II FF35.							
V. Percentage	of Medicaid	& Uninsured members that y	your facility serve	es .										
	Me	edicaid (FFS & MC)	Unin	sured		Data Sou	rce	Year						
		` '			-									
Percentage		17%	2	2%		EMR	201	3-2014						
Voc 1 Haraber	Cartifu that t	he information and data	wided on this f	m is assurate	d correct	to the best	of my lar -	wlodaa						
	-	he information and data pro nformation may be subject t					-	_	7					
appeal.	11		- addit dild i illay	ac asked to pr			344401	. 51 11113						
					Ansv									
Nam		Jerome C.Andr		[Yes	O No								
Titl		Presider		<u> </u>										
	Only app	eals from the CEO, CFO or	comparable wil	II be accepted										



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

be posted for public comment 30 da	ays prior to application approval.	Three allowed reasons	s for granting a	n exception a	e shown in Section IV.
I. Are you a Medicaid Provider					
Answer Yes				▼	You have chosen the following VAP Exception:
II. Appeal Applicant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
	ysicians PC- Harold Reubens, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS: Erie County N				-	You chose the qualification i, in the space below please include:
^^ The VAP Exception is evaluated in the option of applying for the VAP Exception multiple PPS's. See Section II and VII of	on in that PPS as well (if applicable). F	Please see the "VII_Addi			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
Provider Type: Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Other: Primary Ca	re				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Ope	rating Certificate/License #	MMIS*	NP	1*	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)
Unique Identifiers:		01023752	116442	20378	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Code:					
Billing Entity ID:					Character Count: 1369
Address 7200 Darte	Address	City	State	Zip	Niagara Family Medicine Associates
Address 7300 Porte	r Koad Nia	agara Falls	NY	14304 * REQUIRED	Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY) Vital Access Provider within the ECMC Performing Provider System
III. Appeal Point of Contact					The state of the s
Contact Person Samantha J. Sess	samen, M.S.				Provider: Harold Reubens, MD; MMIS#: 01023752; NPI: 1164420378; License #: 1706690
Title Incentive Coordi	inator	T			
Contact Phone 716-698-3469	accoline com	Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
Contact Email ssessamen@gpp					Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.
of serving the community. Any hospital is uniquely qualicommunity, and/or clear trace iii Any state-designated health if When choosing VAP Exception i & ii – Findicate what PPS you intend to join, the Information – Section II". If you are par When choosing VAP Exception iii—The Care Management Agencies (CMAs) that CMS approval. If your Health Home app approval and do not need to submit this safety net list, you do not need to submit another approved safety net provider licomplete this form. List is available on the complete this form. List is available on the community.	ried to serve based on services provide without granting the exception be field to serve based on services provide record of success in reducing avoid name or group of health homes. ** Please indicate what Performing Proven you will be denied. Please indicate to find to find the provent of the field of	ided, financial viability, r dable hospital use. vider System (PPS) you p te the name of the PPS i 2. st of State Designated Hi ety net providers as wel y, you will be granted a V your Health Home/CM/ es not appear on the dra at it should qualify as a h	relationships wit olan on joining. I n the "Appeal A ealth Homes and I as those that a 'AP Exception pe A already appear ift Health Home Health Home, pl	hin the If you do not pplicant d Network re pending ending CMS rs on another list or on ease	The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin). This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).
Medicaid (FFS			Data Source	Year	
Percentage 14%	2%		EMR	2013-2014	
reiteiltage 14%	270	U	EIVIN	2013-2014	
appeal. Name Title	tion and data provided on this form i may be subject to audit and I may b Jerome C.Andres,M.D. President the CEO, CFO or comparable will t	e asked to provide docu	umentation in so		



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

									, checking and make a considered by
be posted	for public com	ment 30 days prior to appl	ication approval. Th	ree allowed r	easons	for granting	g an excep	otion a	re shown in Section IV.
I. Are you	a Medicaid Pro	vider							
	Answer	Yes						▼	You have chosen the following VAP Exception: i
II. Appeal	Applicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Orga	anization Name:	General Physicians PC- Jero	ome C.Andres, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		Erie County Medical Center Corpora	12/19/02/1					•	You chose the qualification i, in the space below please include:
		luated in the context of the F 'AP Exception in that PPS as v							
		I and VII of the instructions for			I_Addii	lional PP35	tab to sele	Cl	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
	Provider Type:			·				•	without your organization's involvement given the PPS current configuration of network providers.
Provid	ler Type - Other:								b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	ici iype Gaicii	Operating Certificate/	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).
Un	nique Identifiers:	operating certificates	Electise #	00826137			3410108		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
0	Agency Code:								
	Billing Entity ID:								Character Count: 1368
		Address		City		State	Zip		Niagara Family Medicine Associates
	Address	908 Center Street	Lewis	ston		NY	14092 * PEO	UIRED	Lewiston, NY Location: 908 Center Street, Lewiston, NY 14092 (Niagara County, NY) Vital Access Provider within the ECMC Performing Provider System
III. Appeal	Point of Conta	ct					REQ	UIKED	Via Access Frovider within the Ecinic Ferrorining Frovider System
Conta		antha J. Sessamen, M.S.							Provider: Jerome C.Andres, MD; MMIS#: 00826137; NPI: 1063410108; License #: 150366
		ntive Coordinator		1	. 1				ll
	tact Phone 716-	amen@gppconline.com		Exten	ion				Needed as Vital Access Provider within the ECMC Performing Provider System
	•	owing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.
⊚ i A		not be served without grant	ing the exception bec	ause no other	eligible	provider is w	villing or ca	pable	The Niagara Family Medicine Associates – Lewiston, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars).
		iquely qualified to serve base or clear track record of succe	•			elationships v	within the	+	In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).
O iii A	ny state-designa	ted health home or group of	health homes. **						This location also secondarily serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).
When choo	sing VAP Excepti	ion i & ii – Please indicate wh	nat Performing Provid	ler System (PP:) you p	lan on joining	g. If you do	not	
indicate wh	at PPS you inten	d to join, then you will be de	nied. Please indicate	the name of th	e PPS ir	the "Appeal	al Applicant	:	
		you are part of multiple PPSs							
	-	ion iii – The Department has s (CMAs) that have already be		_					
_		n Home appears on this list a						•	
		submit this form. If the orga		_		-			
-		eed to submit this form. If yo	-					n	
		t provider list, but your orgar vailable on the DSRIP website		it should qualit	y as a H	ealth Home,	, please		
		if you are joining more than		tab (Section V	I) to ad	d additional	PPSs.		
		& Uninsured members that y			,				
	Me	dicaid (FFS & MC)	Uninsure	ed		Data Sourc	ce Ye	ar	
Percentag	ge	15%	2%			EMR	2013-2	2014	
under: appea	stand that this in al. Name Title	he information and data pro nformation may be subject t Jerome C.Andr Presider	o audit and I may be a es,M.D. ot	asked to provi	le docu Answ	mentation in	-	_	
	Only app	eals from the CEO, CFO or	comparable will be	accepted					

10/30/2014 Niagara Family Medicine Associates_Maria Komin, MD

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

be posted for	•	ment 30 days prior to appl	lication approval	I. Three allo	wed reason	s for grant	ting an e	exception a	re shown in Section IV.
i. Ale you a iv	Answer							▼	You have chosen the following VAP Exception:
II. Appeal Ap								•	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
			de Kennin MAD						• —————————————————————————————————————
Organiz		General Physicians PC- Mar	· · · · · · · · · · · · · · · · · · ·					- 1	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		Erie County Medical Center Corpor	4.2000000					~	You chose the qualification i, in the space below please include:
		luated in the context of the I			_				
		'AP Exception in that PPS as N I and VII of the instructions f			ne "VII_Add	itional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
			or runtiner clarifice	ation:				_	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.
	rovider Type:								b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider	Type - Other:	Primary Care							of services for the PPS in this community (ies).
		Operating Certificate/	/License #	MM	IS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	ue Identifiers:			0102	3752	1.	5088645	05	
	Agency Code:								
Bill	ling Entity ID:								Character Count: 1365
		Address		Cit	:y	State		Zip	Niagara Family Medicine Associates
	Address	7300 Porter Road	N	Niagara Falls		NY		4304	Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
		-4					*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Po		antha J. Sessamen, M.S.							
Contact		ntive Coordinator							Provider: Maria Komin, MD; MMIS#: 01023752; NPI: 1508864505; License #: 170669
Contact		698-3469			Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
		samen@gppconline.com			EXTENSION				Needed as vital Access Flovider within the Edwic Ferrorining Flovider System
	-	owing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.
i A coording of see in Any i committee in Any i committee in Any ii iii Any ii iii Any ii iii iii iii iii iii iii iii iii ii	hospital is unimunity, and/o state-designal g VAP Excepti PPS you intens Section II". If: g VAP Excepti eent Agencies If your Health do not need to you do not need ved safety net form. List is a or Section IV, i	not be served without grant	ed on services pro- ess in reducing avo health homes. ** hat Performing Prenied. Please indices, see section VII to submitted a draft een approved as sa is pending approve anization operatin our organization de nization believes t e. one PPS, use seco	ovided, finance idable hospitate the name ab. list of State I affety net pro al, you will be good your Healt oes not appethat it should ond tab (Sect	ial viability, ital use. m (PPS) you is of the PPS Designated Hividers as we's granted a \inthe Home/CM. ar on the dra qualify as a	plan on joir in the "App ealth Home Il as those t (AP Excepti A already a aft Health Hon	ps within ning. If yo peal Appli es and No that are p ion pendi ppears o dome list ne, pleaso	etwork pending ing CMS on another or on sie	The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin). This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).
		edicaid (FFS & MC)	-	sured		Data So	ource	Year	
Percentage		14%	2	2%		EMF	R 20	013-2014	
	me	he information and data pro nformation may be subject t Jerome C.Andr Presider eals from the CEO, CFO or	res,M.D.	be asked to	Provide doc Anso Yes	umentatio	•	•	



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

be posted for	public comn	nent 30 days prior to appl	lication approva	al. Three allowed rea	asons	s for grant	ing an e	exception	re shown in Section IV.	
I. Are you a N	1edicaid Pro	vider								
	Answer	Yes						~	You have chosen the following VAP Exception: i	
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>	
Organiza	ation Name:	General Physicians PC- Mel	vin B. Dyster, M.	D					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	
	Joined PPS:	Erie County Medical Center Corpor	ration					-	You chose the qualification i, in the space below please include:	
^^ The VAP Exc	eption is eval	uated in the context of the I	PPS you are joini	ng. If you are joining n	nore	than one P	PS, you h	nave the		
option of apply	ing for the V	AP Exception in that PPS as	well (if applicable	e). Please see the "VII_	_Addi	itional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to	
multiple PPS's.	See <u>Section II</u>	and VII of the instructions f	or further clarifi	cation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient	
Pr	rovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.	
Provider 1	Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network	
		Operating Certificate	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).	
Unique	e Identifiers:		, =======	00603223		10	09371314	41	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)	
	Agency Code:			***************************************				-		
	ing Entity ID:								Character Count: 1371	
		Address		City		State	Z	Zip	Niagara Family Medicine Associates	
	Address	7300 Porter Road		Niagara Falls		NY	14	304	Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)	
							*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System	
III. Appeal Po								1		
Contact		ntha J. Sessamen, M.S. tive Coordinator							Provider: Melvin B. Dyster, M.D.; MMIS#: 00603223; NPI: 1093713141; License #: 074185	
Contact		598-3469		Extensio	on				Needed as Vital Access Provider within the ECMC Performing Provider System	
		amen@gppconline.com		Exteriore	J.,				Tecado do Main Access Fortide Manin de Cente Fortining Fortide Spacin	
IV Please cho	ose the follo	owing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.	
i A color of sea		not be served without grant	ting the exceptio	n because no other el	igible	provider is	s willing o	or capable	The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000	
comr		quely qualified to serve base or clear track record of succe			lity, r	elationship	s within	the	compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).	
O iii Any s	state-designat	ed health home or group of	health homes. *	*					This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).	
indicate what P Information – S When choosing Care Managem CMS approval. approval and disafety net list, y another approv	PPS you intend Section II". If y g VAP Excepti lent Agencies If your Health to not need to you do not need yed safety net form. List is av	on i & ii – Please indicate what i opin, then you will be de you are part of multiple PPSs on iii – The Department has (CMAs) that have already be it Home appears on this list a submit this form. If the orged to submit this form. If your provider list, but your organialable on the DSRIP websit if you are joining more than	enied. Please ind s, see section VII submitted a drateen approved as as pending appro anization operateur organization nization believes e.	icate the name of the tab. It list of State Designat safety net providers a val, you will be grante ing your Health Home does not appear on the that it should qualify	PPS inted Helps well and a Velocity of the design of the d	n the "App ealth Home I as those ti AP Exceptic A already ap ift Health H Health Hom	eal Appli es and Ne that are p on pendi ppears or lome list ne, please	etwork pending ing CMS n another or on		
V. Percentage	of Medicaid 8	& Uninsured members that	your facility serv	res						
	Me	dicaid (FFS & MC)	Uni	insured		Data Sou	urce	Year		
Percentage		15%		2%		EMR	20	013-2014		
-	nd that this in	ne information and data pro information may be subject t Jerome C.Andr Presider eals from the CEO, CFO or	res,M.D.	y be asked to provide		umentation	-	_		



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

be posted for	public comr	ment 30 days prior to appl	lication approval.	Three allowe	d reasons	s for grant	ting an e	exception a	re shown in Section IV.
I. Are you a N	1edicaid Pro	vider							
	Answer	Yes						~	You have chosen the following VAP Exception: i
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	General Physicians PC- Micl	hael Gray, PA						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpora	ation					-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is eva	luated in the context of the F	PPS you are joining.	. If you are join	ning more	than one P	PS, you h	have the	
option of apply	ing for the V	AP Exception in that PPS as v	well (if applicable).	Please see the	"VII_Addi	itional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions f	or further clarificat	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).
Uniqu	e Identifiers:	.,,		0146154		17	7806116	40	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:								
Bill	ing Entity ID:								Character Count: 1367
		Address		City		State	Z	Zip	Niagara Family Medicine Associates
	Address	7300 Porter Road	Ni	agara Falls		NY		1304	Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
							*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Po		antha J. Sessamen, M.S.							
Contact		ntive Coordinator							Provider: Michael Gray, PA; MMIS#: 01461545; NPI: 1780611640; License #: 010116
Contact		698-3469		Fxt	tension				Needed as Vital Access Provider within the ECMC Performing Provider System
		samen@gppconline.com							The state of the s
IV. Please cho	ose the foll	owing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.
of se	rving the com	not be served without grant nmunity. iquely qualified to serve base or clear track record of succe	ed on services provi	ided, financial	viability, r		_		The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).
O iii Any s	state-designa	ted health home or group of	health homes. **						This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).
indicate what P Information – S When choosing Care Managem CMS approval. approval and d safety net list, y another approv	PPS you inten- Section II". If view in II" in I	ion i & ii – Please indicate when do to join, then you will be de you are part of multiple PPSs ion iii—The Department has: (CMAs) that have already be in Home appears on this list a so submit this form. If the orgous the submit this form is the provider list, but your organ vailable on the DSRIP website if you are joining more than	enied. Please indica 6, see section VII tal submitted a draft li seen approved as saf is pending approval antization operating our organization do nization believes th e.	ate the name on b. ist of State Des fety net provid I, you will be gi g your Health H es not appear of at it should qu	f the PPS i signated He lers as wel ranted a V Home/CMA on the dra aalify as a H	n the "App ealth Home I as those t 'AP Exception A already aposit Health Home	eal Appli es and Ne hat are p on pendi ppears on lome list ne, please	etwork pending ing CMS in another	
V. Percentage	of Medicaid	& Uninsured members that	your facility serves		_			1	
	Me	edicaid (FFS & MC)	Unins	ured		Data So	urce	Year	
Percentage		24%	29	6		EMR	20	013-2014	
-	nd that this in	he information and data pro nformation may be subject t Jerome C.Andr Presider eals from the CEO, CFO or	res,M.D.	be asked to pro		umentation ver	-	_	

10/30/2014 Niagara Family Medicine Associates_Patricia Shea, FNP

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**

	•	ment 30 days prior to appl	ication approval. Th	hree allowed reas	sons for	granting a	n exception a	re shown in Section IV.		
I. Are you a M										
	Answer						▼	You have chosen the following VAP Exception:		
II. Appeal App								VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>		
Organiza		General Physicians PC- Patr	· · · · · · · · · · · · · · · · · · ·					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
		Erie County Medical Center Corpor	NAME OF THE PARTY				•	You chose the qualification i, in the space below please include:		
option of apply	ing for the	aluated in the context of the F VAP Exception in that PPS as v I and VII of the instructions f	well (if applicable). Pl	ease see the "VII_/				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		
Pr	ovider Type	Other					▼	without your organization's involvement given the PPS current configuration of network providers.		
Provider T	Type - Other	: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network		
		Operating Certificate	License #	MMIS*		NP	*	of services for the PPS in this community (ies).		
Unique	e Identifiers	:		02528669		187159	1040	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)		
А	gency Code	:								
Billi	ing Entity ID	:						Character Count: 1369		
		Address		City	Sta		Zip	Niagara Family Medicine Associates		
	Address	7300 Porter Road	Niag	gara Falls	N	Υ	14304	Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)		
III. Appeal Poi	int of Cont	art					* REQUIRED	Vital Access Provider within the ECMC Performing Provider System		
Contact I		antha J. Sessamen, M.S.					1	Provider: Patricia Shea, FNP; MMIS#: 02528669; NPI: 1871591040; License #: 331586		
		entive Coordinator								
Contact	Phone 716	-698-3469		Extension	า			Needed as Vital Access Provider within the ECMC Performing Provider System		
Contact	t Email sses	ssamen@gppconline.com								
i A con of ser o	mmunity wintring the composite is ununity, and/state-designs and the composite is ununity, and provided in the composite is ununity. And provided in the composite is ununity and the composit	Illowing VAP Exception: Ill not be served without grant mmunity. Iniquely qualified to serve base for clear track record of succes ated health home or group of tion i & ii – Please indicate with the join, then you will be de you are part of multiple PPSs tion iii – The Department has is (CMAs) that have already be the Home appears on this list a consulmit this form. If the orgued to submit this form. If you et provider list, but your organavailable on the DSRIP website if you are joining more than	ed on services provides in reducing avoida health homes. ** nat Performing Provinied. Please indicate yes ection VII tab. submitted a draft list een approved as safet spending approval, yanization operating y ur organization does nization believes that e.	ed, financial viabilible hospital use. der System (PPS) yethe name of the Poff of State Designate ty net providers as you will be granted our Health Home/inot appear on the it should qualify a	ou plan o PPS in the d Health well as th l a VAP Ex CMA alred draft Health s a Health	in joining. It "Appeal Al "Appeal Al Homes and iose that an ioception pe addy appear alth Home in Home, plo	f you do not oplicant d Network re pending nding CMS s on another list or on ease	Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate. The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Reliagara Falls (North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin). This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).		
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves		_					
	М	edicaid (FFS & MC)	Uninsur	ed	Da	ta Source	Year			
Percentage		28%	2%			EMR	2013-2014			
	nd that this	the information and data pro information may be subject t Jerome C.Andr Presider peals from the CEO, CFO or	o audit and I may be es,M.D. it	asked to provide						



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

be posted for	public com	ment 30 days prior to appl	ication approval. Tl	hree allow	ed reason	s for granti	ng an exc	eption a	re shown in Section IV.
I. Are you a N	ledicaid Pr	ovider							·
	Answer	Yes						-	You have chosen the following VAP Exception: i
II. Appeal App	plicant Info	rmation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	General Physicians PC- Son	joy Singh, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS	Erie County Medical Center Corpor	ation					-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	luated in the context of the I	PPS you are joining. If	f you are jo	ining more	than one PP	S, you hav	ve the	
		/AP Exception in that PPS as			e "VII_Add	litional PPSs'	" tab to se	:lect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		II and VII of the instructions f	or further clarificatio	on!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
	rovider Type							▼	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other	Primary Care	•						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).
		Operating Certificate,	License #	MMIS			NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers			01543	333	106	63410066		,
	Agency Code								
Billi	ing Entity ID	Address		Cit.		Chaha	7:		Character Count: 1366 Niagara Family Medicine Associates
	Δddress	7300 Porter Road	Niao	City gara Falls		State NY	Zip 1430		Niagara Falls, NY Location: 7300 Porter Road, Niagara Falls, NY 14304 (Niagara County, NY)
	Addiess	7500 Forter Road	INIAE	gara rans		INI		QUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi	int of Cont	act							
Contact I		antha J. Sessamen, M.S.							Provider: Sonjoy Singh, MD; MMIS#: 01543333; NPI: 1063410066; License #: 197421
Countries		ntive Coordinator		-	ktension				
	Phone 716	samen@gppconline.com		E	ktension				Needed as Vital Access Provider within the ECMC Performing Provider System
-	•	lowing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.
i A con of set o	mmunity wi rving the con- nospital is ur munity, and/ state-designa g VAP Except PPS you inter- Section II". If g VAP Except ent Agencie if your Healto o not need to you do not need safety ne form. List is a or Section IV,	I not be served without grant mmunity. iiquely qualified to serve base or clear track record of succested health home or group of sion i & ii – Please indicate while to join, then you will be de you are part of multiple PPS ion iii—The Department has s (CMAs) that have already be home appears on this list a o submit this form. If the orged to submit this form. If you trovider list, but your organ vailable on the DSRIP website if you are joining more than	ed on services providing avoida health homes. ** nat Performing Provinied. Please indicate in the submitted a draft list een approved as safet is pending approval, yanization operating your organization does nization believes that e. one PPS, use second	ided, financia able hospita ider System e the name t of State De ty net provi you will be your Health s not appear t it should q	(PPS) you (PPS) you of the PPS esignated H ders as wel granted a V Home/CM.	plan on joinin in the "Appe lealth Homes il as those th /AP Exceptio A already ap joft Health Ho Health Home	ng. If you all Applica s and Netvatare pen n pending pears on a me list or e, please	do not ant work anding g CMS another	The Niagara Family Medicine Associates – Niagara Falls, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin). This location also serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).
v. reiteiltage		& Uninsured members that vectors and the series of the ser	Uninsur	rad		Data Sou	rce	Year	
Percentage	IVI	· , ,		eu		-			
understar appeal. Nam	nd that this	the information and data pro information may be subject t Jerome C.Andr	o audit and I may be es,M.D.			umentation wer	of my kno	_	
Tit		Presider Deals from the CEO, CFO or		e accepted	· I				

10/30/2014 Niagara Family Medicine AssociatesD_aniel Zorich, MD

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

		ment 30 days prior to appli							uasis in its detented in the best interest of Medicald members. Any exceptions that are considered must be approved by CMs and must are shown in Section IV				
I. Are you a M	•		cation approvai. I	Timee anowed t	Casons	o ioi grancii	ing ani cz	ксерион е	in shown in section iv.				
Are you u iv	Answer							▼	You have chosen the following VAP Exception: i				
II. Appeal App									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
	ation Name:	General Physicians PC- Dani	el Zorich MD						"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"				
Organiza	Joined PPS:		· · · · · · · · · · · · · · · · · · ·					-	You chose the qualification i, in the space below please include:				
^^ The VAP Exc		luated in the context of the P		If you are joining	more	than one PP	S. you h	7.49	Too choose the quantitation i, in the space secon presse metade.				
		/AP Exception in that PPS as w							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's.	See <u>Section I</u>	II and VII of the instructions fo	or further clarification	on!	_				include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pr	ovider Type:	Other						▼	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				
Provider T	ype - Other:	Primary Care											
		Operating Certificate/I	icense #	MMIS*			NPI*		of services for the PPS in this community (ies).				
Unique	e Identifiers:	operating certificate, t	areerise ii	02147771		177	7058199	13	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	gency Code:			02117771		1	, 050155	.5					
	ng Entity ID:								Character Count: 1366				
		Address		City		State	Zi	ip	Niagara Family Medicine Associates				
	Address	908 Center Street	Lew	viston		NY	140		Lewiston, NY Location: 908 Center Street, Lewiston, NY 14092 (Niagara County, NY)				
III. Ammaal Dai							* F	REQUIRED	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Poi		antha J. Sessamen, M.S.						1	Provider: Daniel Zorich, MD; MMIS#: 02147771; NPI: 1770581993; License #: 214961				
Contact		ntive Coordinator							riovider. Danier Zoricii, Mid., Midism. 02147771, Nr.: 1770301333, License M. 214301				
Contact		698-3469		Extens	sion				Needed as Vital Access Provider within the ECMC Performing Provider System				
Contact	t Email ssess	samen@gppconline.com											
IV. Please cho	ose the foll	lowing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in western Niagara County is inadequate.				
of ser	rving the con	I not be served without granti nmunity. iquely qualified to serve base or clear track record of succes	d on services provid	ded, financial via	bility, r				The Niagara Family Medicine Associates – Lewiston, NY primary care location serves the Niagara Falls North Tonawanda Western Niagara Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited considering that the Medicaid resident population is 21,920. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), this PCSA is 47% above the five year DISRIP goal (a rate of 1,793/100,000 compared to a goal rate of 1,218/100,000). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin).				
		ited health home or group of I	_						This location also secondarily serves the extremely high poverty, high need Niagara Falls HPSA. See map showing HPSA areas (in red) and the VAP location (blue push pins).				
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.								etwork ending ng CMS nanother or on					
V. Percentage	of Medicaid	& Uninsured members that y	our facility serves		Ī								
	Me	edicaid (FFS & MC)	Uninsu	red		Data Soul	rce	Year					
Percentage		14%	2%			EMR	20	13-2014					
	nd that this i	the information and data proving the information may be subject to determine the subject to dete	es,M.D.	e asked to provid		imentation	•	•					



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

posted for pul	blic comment 30 days prior to applicat	ion approvai. Three allow	rea reasons for	granting a	n exception are si	iown in Section IV.
I. Are you a N	1edicaid Provider					<u> </u>
	Answer Yes				_	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	ation Name: Olean Medical Group LLP - I	Brad Pecherzewski, NP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Corpor	ation			•	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evaluated in the context of the R	PPS you are joining. If you a	re joining more	than one PF	S, you have the	
	ying for the VAP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the instructions f	or further clarification!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pi	rovider Type: Other				▼	organization's involvement given the PPS current configuration of network providers.
Provider '	Type - Other: Primary Care					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating Certificate	/Liconco #	MMIS*	1	NPI*	services for the PPS in this community (ies).
Union			1202088	1	487096384	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ue Identifiers: Agency Code:	· · · · · · · · ·	1202088	1 1	487096384	
	ling Entity ID:					Character Count: 1429
Dill	Address		City	State	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 14 Center St	Cuba	City	NY	14727	Cuba, NY Location: 14 Center St, Cuba, NY 14727 (Allegany County, NY)
	ridaress 14 center se	cubu		1111	* REQUIRED	111 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
III. Appeal Poi	int of Contact					1
Contact	Person Daniel Strauch, MHA, CMPE					Provider: Brad Pecherzewski, NP; MMIS#: 01202088; NPI: 1487096384; License #: 338230
	Title Chief Executive Officer]
Contact			Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email dstrauch@oleanmedical.com					· · · · · · · · · · · · · · · · · · ·
IV. Please cho	oose the following VAP Exception:				_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
⊚ i Aco	mmunity will not be served without grant	ing the exception because	no other eligible	e provider is	willing or capable	Counties. The Olean Medical Group – Cuba, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safet
	rving the community.	ing the exception because	no other english	c provider is	willing or capable	Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
						locations (white stars).
O ii Any i	hospital is uniquely qualified to serve base	ed on services provided, fin	ancial viability, r	relationships	within the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
com	munity, and/or clear track record of succe	ss in reducing avoidable ho	spital use.			compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
0						pins).
O iii Any s	state-designated health home or group of	health homes. **				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
When choosing	g VAP Exception i & ii – Please indicate w	nat Performing Provider Sy	stem (PPS) you	plan on join	ing. If you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red
indicate what F	PPS you intend to join, then you will be de	nied. Please indicate the n	ame of the PPS	in the "Appe	eal Applicant	and the VAP locations (blue push pins).
Information – 9	Section II". <u>If you are part of multiple PPSs</u>	, see section VII tab.				
	g VAP Exception iii— The Department has					
_	nent Agencies (CMAs) that have already be					
	If your Health Home appears on this list a					
	o not need to submit this form. If the orga you do not need to submit this form. If yo					
	ved safety net provider list, but your orga					
	s available on the DSRIP website.	nzation believes that it sho	uiu quaiiiy as a	i lealtii i loili	e, please complete	
	or Section IV, if you are joining more than	one PPS, use second tab (Section VII) to a	add addition	ial PPSs.	
	or decidents, in you are joining more than	one i i o, use secona tab (.,, .,			
V. Percentage	of Medicaid & Uninsured members that	your facility serves				
1					\neg	1
	Medicaid (FFS & MC)	Uninsured		Data So	urce Year	
	250/	201				†
Percentage	36%	2%		EMI	R 2013-2014	
	·	·				-
	Certify that the information and data pro					
	nd that this information may be subject	o audit and I may be asked	d to provide do	cumentatio	1 in support of this	
appeal.			-			
Nan	ne Daniel Strauch, N	1HA CMPF	Yes	swer No	1	
Tit			<u> </u>	, U		
	Only appeals from the CEO, CFO or		oted		•	
	, appears c are ceo, ci o or	a. a.a.c ac accc				



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

I. Are you a Medicaid Pro	ment 30 days prior to applicatio ovider	on approval. Three allowed re	asons for gra	nting an excepti	on a	e shown in Section IV.
Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal Applicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name:	Olean Medical Group LLP - Christ	a L. Zenoski, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PPS:	Erie County Medical Center Corporation				•	You chose the qualification i, in the space below please include:
^^ The VAP Exception is eva	luated in the context of the PPS y	rou are joining. If you are joining	g more than or	ne PPS, you have	the	
	AP Exception in that PPS as well (/II_Additional	PPSs" tab to sele	ct	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	II and VII of the instructions for fu	rther clarification!			_	include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Other:	Primary Care					 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).
	Operating Certificate/Licen	nse # MMIS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Identifiers:		3158041		1992039861		c. Any supporting documentation to substantiate your narrative (attach as 7 b) in the email when submitting)
Agency Code:						
Billing Entity ID:				T		Character Count: 1427
A delugas	Address	City	State NY		_	Olean Medical Group LLP -A multi-specialty medical group Cuba, NY Location: 14 Center St, Cuba, NY 14727 (Allegany County, NY)
Address	14 Center St	Cuba	NY	14727 * REQUI	RED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Point of Conta	ct					Provider: Christa L. Zenoski, MD; MMIS#: 03158041; NPI: 1992039861; License #: F336081
Contact Person Dani	el Strauch, MHA, CMPE					Needed as Vital Access Provider within the ECMC Performing Provider System
	f Executive Officer					
Contact Phone 716-		Extens	ion			Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
Contact Email dstra IV. Please choose the foll	uch@oleanmedical.com					Counties. The Olean Medical Group – Cuba, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of
capable of serving Any hospital is un community, and/c iii Any state-designa When choosing VAP Except not indicate what PPS you i Information – Section II". If When choosing VAP Except Care Management Agencies CMS approval. If your Healt approval and do not need to another safety net list, you or on another approved saf complete this form. List is a ~ For Section IV, if	not be served without granting the the community. Iquely qualified to serve based on or clear track record of success in ted health home or group of heal tion i & ii – Please indicate what I intend to join, then you will be deryou are part of multiple PPSs, see tion iii— The Department has subnis (CMAs) that have already been a submit this form. If the organization ont need to submit this form. I ety net provider list, but your organization to the DSRIP website. If you are joining more than one F	services provided, financial via reducing avoidable hospital use th homes. ** Performing Provider System (PF inded. Please indicate the name is section VII tab. nitted a draft list of State Desig approved as safety net provider inding approval, you will be grantion operating your Health Hon iff your organization does not apanization believes that it should PPS, use second tab (Section VI	bility, relation 2S) you plan or of the PPS in t mated Health I s as well as the sted a VAP Exc ne/CMA alread spear on the di qualify as a H	ships within the ipining. If you do not make and Networks that are pendeption pending Cly appears on aft Health Home ealth Home, plea	ant ork ing VIS	Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safe Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/10 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue pupins). These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net provito serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA area red) and the VAP locations (blue push pins).
Me	dicaid (FFS & MC)	Uninsured	Data	Source Year		
Percentage	21%	2%	E	MR 2013-20	14	
	he information and data provide and that this information may bo l.		asked to prov		on in	
Name	Daniel Strauch, MHA, O	СМРЕ	Yes O N			
Title	Chief Executive Office					
	eals from the CEO, CFO or com					



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

	iblic comment 30 days prior to applicat	on approval. Three allowed re	easons for	granting a	i exception are s	IOWITHI SECTION IV.
I. Are you a N	Nedicaid Provider					<u> </u>
	Answer Yes					You have chosen the following VAP Exception: i
II. Appeal App	plicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	zation Name: Olean Medical Group LLP -	Gusan E. Dougherty, NP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Corpor	ation				You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evaluated in the context of the R	PS you are joining. If you are joi	ining more	than one PF	S, you have the	
	ying for the VAP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the instructions f	or further clarification!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
P	rovider Type: Other				~	organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other: Primary Care					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
11011461		/License # MMI:	C*	1	NPI*	services for the PPS in this community (ies).
	Operating Certificate					c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ue Identifiers:	12462	262	1	295708774	
	Agency Code:					Character Count: 1429
BII	lling Entity ID: Address	City		State	7in	Olean Medical Group LLP -A multi-specialty medical group
	Address 14 Center St	Cuba	<i>y</i>	NY	Zip 14727	Cuba, NY Location: 14 Center St, Cuba, NY 14727 (Allegany County, NY)
	Address 14 Center St	Cuba		INT	* REQUIRE	
III. Appeal Po	int of Contact				REQUIRE	The Access Toward William the Edward Entonling Toward System
	Person Daniel Strauch, MHA, CMPE					Provider: Susan E. Dougherty, NP; MMIS#: 01246262; NPI: 1295708774; License #: 420192
	Title Chief Executive Officer					1
Contact	t Phone 716-376-2388	E	xtension			Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	ct Email dstrauch@oleanmedical.com					111
IV. Please cho	oose the following VAP Exception:				_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
i A co	ommunity will not be served without grant	ing the exception because no of	her eligible	provider is	willing or capable	Counties. The Olean Medical Group – Cuba, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe'
	erving the community.	ing the exception because no or	c. c.igibic	provider is	willing or capable	Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
	, ,					locations (white stars).
O ii Any l	hospital is uniquely qualified to serve base	d on services provided, financia	l viability, r	elationships	within the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
comi	munity, and/or clear track record of succe	ss in reducing avoidable hospita	l use.			compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any						pins).
Any:	state-designated health home or group of	nealth nomes. **				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers t
When choosing	g VAP Exception i & ii – Please indicate w	nat Performing Provider System	(PPS) you	plan on join	ing. If you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red
	PPS you intend to join, then you will be de		of the PPS i	n the "Appe	al Applicant	and the VAP locations (blue push pins).
Information – S	Section II". <u>If you are part of multiple PPSs</u>	, see section VII tab.				
	g VAP Exception iii— The Department has					
-	nent Agencies (CMAs) that have already be					
	If your Health Home appears on this list a					
	do not need to submit this form. If the orga					
	you do not need to submit this form. If yo ved safety net provider list, but your organ					
	is available on the DSRIP website.	inzation believes that it should q	uaniy as a i	icaltii i ioiii	s, please complete	
	or Section IV, if you are joining more than	one PPS, use second tab (Section	on VII) to a	dd addition	al PPSs.	
			,			
v. Percentage	of Medicaid & Uninsured members that	your facility serves				
	Medicaid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage	25%	2%		EMF	2013-2014	
. Yes I Hereby	Certify that the information and data pro	vided on this form is accurate a	and correct	to the best	of my knowledge	1
understa appeal.	and that this information may be subject	o audit and I may be asked to p	orovide doc Ans		ı in support of this	
Nan	me Daniel Strauch, N	1НА, СМРЕ	Yes		1	
Tit]	
	Only appeals from the CEO, CFO or	comparable will be accepted	•			



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

posted for	r public comme	ent 30 days prior to applicati	on approval. T	hree allowed reasons for	or grai	nting an e	exception are	own in Section IV.
I. Are you	a Medicaid Pr	ovider						, <u> </u>
	Answei	Yes						You have chosen the following VAP Exception:
II. Appeal	Applicant Info	rmation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Org	ganization Name	: Olean Medical Group LLP - A	Andrew J. Berge	r, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS	: Erie County Medical Center Corpora	ation					You chose the qualification i, in the space below please include:
^^ The VAP	Exception is ev	aluated in the context of the P	PS you are joini	ing. If you are joining more	e than	one PPS,	you have the	
option of a	pplying for the	VAP Exception in that PPS as v	vell (if applicable	e). Please see the "VII_Ad	dition	nal PPSs" t	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PP	os's. See Section	II and VII of the instructions for	or further clarifi	cation!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
	Provider Type	Other						organization's involvement given the PPS current configuration of network providers.
Provid	ider Type - Othe	r: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
		Operating Certificate	/License #	MMIS*			NPI*	services for the PPS in this community (ies).
- III	nique Identifiers			722312			5213755	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
- 01	Agency Code			722312		123.	3213733	
	Billing Entity ID							Character Count: 1470
	<u> </u>	Address		City	9	State	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address	6133 Rt. 219, Ste 1006		Ellicottville		NY	14731	Ellicottville, NY Location: 6133 Rt. 219, Ste 1006, Ellicottville, NY 14731 (Cattaraugus County, NY)
					•		* REQUIR	Vital Access Provider within the ECMC Performing Provider System
	l Point of Cont							
Cont		niel Strauch, MHA, CMPE						Provider: Andrew J. Berger, MD; MMIS#: 00722312; NPI: 1255213755; License #: 139847
Con		ef Executive Officer 5-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
		rauch@oleanmedical.com		Extension				Needed as Vital Access Provider Within the Edwic Performing Provider System
-		llowing VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
								Counties.
		II not be served without grant	ing the exception	on because no other eligib	le pro	vider is wi	lling or capabl	The Olean Medical Group – Ellicottville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of
0	of serving the co	mmunity.						Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii o	ما المعاملية	niquely qualified to serve base		and description of the state of	nolosi.	ianahina	ithin tha	locations (white stars).
		or clear track record of succe			relati	ionsnips w	ithin the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,00
	community, and,	yor cicar track record or succe.	33 III reducing a	voidable nospital ase.				compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
O iii A	Any state-design	ated health home or group of	health homes. '	**				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers
When chor	nsing VAP Fxcer	otion i & ii – Please indicate wh	nat Performing	Provider System (PPS) voi	u nlan	on ioining	If you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in re-
		nd to join, then you will be de				, .		and the VAP locations (blue push pins).
		you are part of multiple PPSs						
When choo	osing VAP Excep	tion iii- The Department has	submitted a dra	ft list of State Designated	Health	h Homes a	ind Network	
Care Manag	gement Agencie	es (CMAs) that have already be	en approved as	safety net providers as w	ell as t	those that	are pending	
		th Home appears on this list as						
		to submit this form. If the orga						
		need to submit this form. If you						
		et provider list, but your organ	nization believes	that it should qualify as a	a Healt	th Home, p	olease comple	
		n the DSRIP website. I, if you are joining more than	DDC	d tab (Castian \(II) ta			DDC.	
	For Section IV	, ir you are joining more than	one PP3, use se	econd tab (Section VII) to	auu a	additional	PP3S.	
V. Percenta	age of Medicaio	I & Uninsured members that y	your facility ser	ves				
	N	ledicaid (FFS & MC)	Ur	ninsured		Data Sourc	ce Year	
					-			
Percentag	ge	8%		2%		EMR	2013-201	
								
		the information and data pro						
appea		information may be subject t	o auuit anu i M	ay se askeu to provide do	ocume	entation if	i support or tr	
appe	ui.			Ar	nswer			
	Name	Daniel Strauch, M	1HA, CMPE	⊚ Ye		No		
	Title	Chief Executive	e Officer					
	Only ap	peals from the CEO, CFO or	comparable w	ill be accepted				



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

posted fo	or public comi	ment 30 days prior to applicati	ion approval. T	Three allowed reasons fo	r granti	ing an ex	ception are sh	own in Section IV.
I. Are you	u a Medicaid	Provider						
	Ansv	ver _{Yes}					▼	You have chosen the following VAP Exception:
II. Appea	l Applicant In	formation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Or	ganization Nar	ne: Olean Medical Group LLP - N	Michelle A. Sillik	er, NP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined F	PPS: Erie County Medical Center Corpora	ation				-	You chose the qualification i, in the space below please include:
^^ The VA	AP Exception is	evaluated in the context of the P	PPS you are join	ing. If you are joining more	than o	ne PPS, y	ou have the	
option of	applying for th	e VAP Exception in that PPS as v	vell (if applicabl	e). Please see the "VII_Ado	ditional	PPSs" tal	b to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple P	PPS's. See <u>Secti</u>	on II and VII of the instructions for	or further clarifi	ication!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
	Provider Ty	/pe: Other					~	organization's involvement given the PPS current configuration of network providers.
Prov	vider Type - Ot	her: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
		Operating Certificate	/License #	MMIS*		N	IPI*	services for the PPS in this community (ies).
	Unique Identifi			2077250			070881	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Co			2077250		1720	070001	
	Billing Entity							Character Count: 1476
	<u> </u>	Address		City	Sta	ate	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Addre	ess 6133 Rt. 219, Ste 1006		Ellicottville	N'	Υ	14731	Ellicottville, NY Location: 6133 Rt. 219, Ste 1006, Ellicottville, NY 14731 (Cattaraugus County, NY)
		·		•			* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
	al Point of Co							
Cor		Daniel Strauch, MHA, CMPE						Provider: Michelle A. Silliker, NP; MMIS#: 02077250; NPI: 1720070881; License #: F332827
		Chief Executive Officer 716-376-2388		Extension				Needed as Vital Assas Provides within the FCNAC Perfecting Provides Custom
		Istrauch@oleanmedical.com		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
		following VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
	e choose the	tollowing VAP Exception:						Counties.
i		will not be served without grant	ing the exception	on because no other eligibl	e provid	der is will	ing or capable	The Olean Medical Group – Ellicottville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of
- 1	of serving the	community.						Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii								locations (white stars).
		uniquely qualified to serve base nd/or clear track record of succe			relation	iships wit	thin the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
- 1	community, a	nd/or clear track record of succe	ss in reducing a	voluable flospital use.				compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii	Any state-desi	gnated health home or group of	health homes.	**				pins). These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
14/1	· ! \/ A D F		Df	Donalder Control (DDC)				serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)
	•	ception i & ii – Please indicate whatend to join, then you will be de		, , , ,		, ,		and the VAP locations (blue push pins).
		'. If you are part of multiple PPSs			III tile	Appear	фрисанс	
		eption iii – The Department has			Health F	lomes an	nd Network	
	-	cies (CMAs) that have already be		_				
		ealth Home appears on this list a						
approval a	and do not nee	ed to submit this form. If the orga	anization operat	ting your Health Home/CM	IA alrea	dy appea	rs on another	
safety net	list, you do no	t need to submit this form. If you	ur organization	does not appear on the dra	aft Heal	th Home	list or on	
another a	pproved safety	net provider list, but your orgar	nization believes	s that it should qualify as a	Health	Home, pl	lease complete	
this form.		e on the DSRIP website.						
	~ For Section	IV, if you are joining more than	one PPS, use s	econd tab (Section VII) to	add add	ditional P	PSs.	
V. Percen	tage of Medic	aid & Uninsured members that	your facility ser	ves				
		Medicaid (FFS & MC)	Ur	ninsured	Dat	ta Source	e Year	
B		6%		20/		FNAD	2042 2044	
Percenta	age	6%		2%		EMR	2013-2014	
W		-	added as Abb 6					
		at the information and data pro nis information may be subject t						'
appe		ormation may be subject t	Juur allu i III	a, ac ashea to provide do	-unicill	acion iii	amport or tills	
арр				An	swer			
	Name	Daniel Strauch, M	1HA, CMPE	● Ye	s O	No		
	Title	Chief Executive	e Officer					
	Only	appeals from the CEO, CFO or	comparable w	vill be accepted				



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

	r public comment 30 days prior to appl Medicaid Provider	ication approval. Three allowed	I reasons for gra	nting an exception a	re shown in Section IV.
i. Are you a	Answer Yes			_	You have chosen the following VAP Exception:
II. Anneal A	pplicant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	zation Name: Olean Medical Group LLP - I	Renee L. Hansen, CNM			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
O I gain	Joined PPS: Erie County Medical Center Corpo				You chose the qualification i, in the space below please include:
^^ The VAP E	xception is evaluated in the context of the		ning more than o	ne PPS, you have the	The same and quantities of the same person and the same same and the same same same same same same same sam
	lying for the VAP Exception in that PPS as		-		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's	s. See <u>Section II and VII</u> of the instructions	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
F	Provider Type: Other			▼	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other: Primary Care				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate,	/License # MMIS*		NPI*	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)
- 1	ue Identifiers:	3776890)	1912337718	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)
	Agency Code:				
Bi	lling Entity ID:	ai.			Character Count: 1470
	Address Address 6133 Rt. 219, Ste 1006	City Ellicottville	State NY	Zip 14731	Olean Medical Group LLP - A multi-specialty medical group Ellicottville, NY Location: 6133 Rt. 219, Ste 1006, Ellicottville, NY 14731 (Cattaraugus County, NY)
	Address 6133 Rt. 219, Ste 1006	Ellicottville	INT	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal P	oint of Contact				
Contac	t Person Daniel Strauch, MHA, CMPE				Provider: Renee L. Hansen, CNM; MMIS#: 03776890; NPI: 1912337718; License #: 001580
	Title Chief Executive Officer				
	ct Phone 716-376-2388	EXTE	ension		Needed as Vital Access Provider within the ECMC Performing Provider System
	noose the following VAP Exception:				Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
i Accap	ommunity will not be served without gran able of serving the community.	ting the exception because no oth	er eligible provid	ler is willing or	Counties. The Olean Medical Group – Ellicottville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safet Net locations (white stars).
con	hospital is uniquely qualified to serve bas nmunity, and/or clear track record of succe	ess in reducing avoidable hospital		ships within the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,0 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
	state-designated health home or group of				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net provider
not indicate v	ng VAP Exception i & ii – Please indicate w what PPS you intend to join, then you will b - Section II". If you are part of multiple PPS	e denied. Please indicate the nan			to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (ir red) and the VAP locations (blue push pins).
	ng VAP Exception iii— The Department has ment Agencies (CMAs) that have already b		-		
_	I. If your Health Home appears on this list				
	do not need to submit this form. If the org				
	y net list, you do not need to submit this fo	, ,			
	r approved safety net provider list, but you form. List is available on the DSRIP websit	•	uld quality as a F	lealth Home, please	
	or Section IV, if you are joining more than		VII) to add addi	tional PPSs.	
	e of Medicaid & Uninsured members that		,		
	Medicaid (FFS & MC)	Uninsured	Data	Source Year	
Percentage	42%	2%	E	MR 2013-2014	
knowled	y Certify that the information and data pr dge. I understand that this information n of this appeal.		be asked to pro		n
Na	me Daniel Strauch, N	1НА, СМРЕ	Answer Yes O N	lo	
	Title Chief Executive		J J		
	Only appeals from the CEO, CFO or				



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

posted for put	blic comment 30 days prior to applica	tion approval. Three	anowed reasons to	i granting a	ii exception are si	nown in section iv.
I. Are you a M	ledicaid Provider					
	Answer Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	ation Name: Olean Medical Group LLP -	Donna M. Oehman, M	D			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Corpo	ration				You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evaluated in the context of the	PPS you are joining. If	you are joining more	than one PI	PS, you have the	
	ying for the VAP Exception in that PPS as					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See $\underline{\text{Section II and VII}}$ of the instructions	for further clarification	!			descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	rovider Type: Other				~	organization's involvement given the PPS current configuration of network providers.
Provider ⁻	Type - Other: Primary Care					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating Certificate	/Liconco #	MMIS*		NPI*	services for the PPS in this community (ies).
Links		:/ Licerise #	1175988	1	952327363	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ue Identifiers: Agency Code:		1175988		952327363	4
	ling Entity ID:					Character Count: 1459
- Bill	Address	1	City	State	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 12 Main St	Fran	klinville	NY	14737	Franklinville, NY Location: 12 Main St, Franklinville, NY 14737 (Cattaraugus County, NY)
	12 man st	1.10.1	MIII THE		* REQUIRED	
III. Appeal Poi	int of Contact					· ·
Contact	Person Daniel Strauch, MHA, CMPE					Provider: Donna M. Oehman, MD; MMIS#: 01175988; NPI: 1952327363; License #: 153616
	Title Chief Executive Officer					411
Contact			Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email dstrauch@oleanmedical.com					
IV. Please cho	oose the following VAP Exception:				_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
i A co	mmunity will not be served without gran	ting the exception bec	ause no other eligibl	e provider is	willing or capable	The Olean Medical Group – Franklinville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of
	rving the community.		· ·		•	Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
o ::						locations (white stars).
	hospital is uniquely qualified to serve bas			relationship:	within the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
comr	munity, and/or clear track record of succ	ess in reducing avoidal	ole hospital use.		ļ	compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any s	state-designated health home or group o	f health homes **				pins).
						These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
-	g VAP Exception i & ii – Please indicate w	-				serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)
	PPS you intend to join, then you will be do		the name of the PPS	in the "App	eal Applicant	and the VAP locations (blue push pins).
	Section II". If you are part of multiple PPS		66		144	
	g VAP Exception iii— The Department has nent Agencies (CMAs) that have already b					
_	If your Health Home appears on this list					
	lo not need to submit this form. If the org					
	you do not need to submit this form. If yo				•	
	ved safety net provider list, but your orga					
	s available on the DSRIP website.					
~ Fo	or Section IV, if you are joining more tha	n one PPS, use second	tab (Section VII) to	add additior	ial PPSs.	
V Domontono	of Mandianid C Hainermad arranghage that	fa ailite a a m.a a				
v. Percentage	of Medicaid & Uninsured members that	your racility serves				_
	Medicaid (FFS & MC)	Uninsur	ed	Data So	ource Year	
Percentage	8%	2%		EMI	R 2013-2014	11
		_,-			2015 2011	<u> </u>
Voc I Horch	Certify that the information and data pr	ovided on this forms in	accurate and carre	t to the bas	of my knowledge	,
	nd that this information and data pr					
appeal.	und miormation may be subject	to addit did i may be	asaca to provide do	-camentatio	3444011 01 1113	
uppeal.			An	swer	_	
Nan	ne Daniel Strauch,	МНА, СМРЕ	● Ye	s 🔾 No]	
Tit					_	
	Only appeals from the CEO, CFO o	r comparable will be	accepted			



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

	one comment 30 days prior to applica	tion approvai. Tr	nree allowed reasons for	granting	an excep	ition are sno	wn in Section IV.
I. Are you a M	ledicaid Provider						[
	Answer Yes					▼	You have chosen the following VAP Exception:
II. Appeal App	licant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name: Olean Medical Group LLP -	Richard D. Larsso	n, PA				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Corpo	ration				•	You chose the qualification i, in the space below please include:
	eption is evaluated in the context of the						
	ing for the VAP Exception in that PPS as			itional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the instructions	for further clarific	cation!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	ovider Type: Other					▼	organization's involvement given the PPS current configuration of network providers.
Provider 1	Гуре - Other: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating Certificate	e/License #	MMIS*		NPI*		services for the PPS in this community (ies).
Uniqu	e Identifiers:		2220780		10634129	963	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:						
Billi	ing Entity ID:						Character Count: 1462
	Address		City	State		Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 12 Main St		Franklinville	NY		4737	Franklinville, NY Location: 12 Main St, Franklinville, NY 14737 (Cattaraugus County, NY)
					*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi	Person Daniel Strauch, MHA, CMPE						Davido Dibad Di Jamas DA ANNEN 0222770 ND 4052442052 Usana N 022220
Contact	Title Chief Executive Officer						Provider: Richard D. Larsson, PA; MMIS#: 02220780; NPI: 1063412963; License #: 003239
Contact	Phone 716-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
	t Email dstrauch@oleanmedical.com						The state of the s
-	ose the following VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
i A cor	mmunity will not be served without gran	ting the excention	n hecause no other eligible	nrovider i	is willing c	or canable	Counties. The Olean Medical Group – Franklinville, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources o
	rving the community.	ting the exception	in because no other engine	. provider i	is willing c	от сарабіс	Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
I							locations (white stars).
O ii Any h	nospital is uniquely qualified to serve bas	ed on services pro	ovided, financial viability, r	elationship	os within t	the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
comn	nunity, and/or clear track record of succ	ess in reducing av	oidable hospital use.				compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Anys	tate-designated health home or group o	f health homes *	*				pins).
							These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)
	g VAP Exception i & ii – Please indicate w PS you intend to join, then you will be do						and the VAP locations (blue push pins).
	section II". If you are part of multiple PPS			ii tile App	Jeai Appli	carre	
	VAP Exception iii – The Department has			ealth Hom	es and Ne	etwork	
	ent Agencies (CMAs) that have already b		•				
_	If your Health Home appears on this list					_	
approval and do	o not need to submit this form. If the org	anization operation	ng your Health Home/CM/	A already a	ppears or	n another	
	ou do not need to submit this form. If yo	•					
	red safety net provider list, but your orga	nization believes	that it should qualify as a I	Health Hon	ne, please	e complete	
	s available on the DSRIP website.						
~ Fo	r Section IV, if you are joining more tha	n one PPS, use se	cond tab (Section VII) to a	dd additio	nal PPSs.		
V. Percentage	of Medicaid & Uninsured members that	your facility serv	ves				
	Medicaid (FFS & MC)	Uni	insured	Data S	ource	Year	
Percentage	ntage 25% 2% EMR 2013-2014						
				<u> </u>			
Yes Hereby (Certify that the information and data pr	ovided on this for	rm is accurate and correct	to the bes	st of my k	nowledge.	1
	nd that this information may be subject						
appeal.							
				wer	_		
Nam			© Yes	O No)		
Tit							
	Only appeals from the CEO, CFO o	r comparable wil	II be accepted				



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

		s prior to application approva	al. Three allowed reasons fo	or granting a	an exception are sh	iown in Section IV.
i. Are you a l	Medicaid Provider Answer Yes				-	You have chosen the following VAP Exception:
II. Ammaal Am						To the chock the following the Exceptions
	oplicant Information	edical Group LLP - Angela Adon	aska MD			VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organi		y Medical Center Corporation	iako, ivid		-	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
AA The VAD Ex		the context of the PPS you are j	oining If you are joining mor	re than one E	1.00	You chose the qualification i, in the space below please include:
		tion in that PPS as well (if applic				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
		of the instructions for further cl				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
ı	Provider Type: Other				▼	organization's involvement given the PPS current configuration of network providers.
Provide	r Type - Other: Primary	Care			_	b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	0	perating Certificate/License #	MMIS*		NPI*	services for the PPS in this community (ies).
Unio	que Identifiers:		3446971	+ -	1821399411	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:					1
В	illing Entity ID:					Character Count: 1438
		Address	City	State	Zip	Olean Medical Group LLP -A multi-specialty medical group
1	Address 535 Mai	n St	Olean	NY	14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
III. Appeal Po	oint of Contact				* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
	t Person Daniel Strauc	, MHA, CMPE				Provider: Angela Adomako, MD; MMIS#: 03446971; NPI: 1821399411; License #: 004001
	Title Chief Executiv	e Officer				111
	ct Phone 716-376-2388		Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
Conta	act Email dstrauch@ole	anmedical.com				J
IV. Please ch	noose the following V	AP Exception:				Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
i Ac	community will not be se	erved without granting the exce	ption because no other eligib	ole provider i	s willing or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Saf
of s	serving the community.					Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii Anv	. In a contract to contract of the contract	. II &	and the second state of the second		isla i sla .	locations (white stars).
		alified to serve based on service ack record of success in reducir		, relationship	is within the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,00
_	innumey, una/or cicur a	ack record or success in reducin	ig avoidable nospital asc.			compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push pins).
O iii Any	y state-designated healt	n home or group of health hom	es. **			These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers
When choosis	ng VAP Exception i & ii	- Please indicate what Perform	ing Provider System (PPS) yo	u plan on joi	ning. If you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in re-
indicate what	PPS you intend to join,	then you will be denied. Please	indicate the name of the PP	S in the "App	eal Applicant	and the VAP locations (blue push pins).
		art of multiple PPSs, see section				
		ne Department has submitted a	_			
_		hat have already been approve ppears on this list as pending ap	· · ·			
		his form. If the organization op				
safety net list,	, you do not need to sul	mit this form. If your organizat	ion does not appear on the d	raft Health H	ome list or on	
		list, but your organization belie	eves that it should qualify as	a Health Hom	ne, please complete	
	is available on the DSR					
	For Section IV, if you are	goining more than one PPS, us	se second tab (Section VII) to	add addition	nai PPSS.	
V. Percentage	e of Medicaid & Uninsu	red members that your facility	serves			
	Medicaid (F	FS & MC)	Uninsured	Data So	ource Year	
Percentage	379	ó .	2%	EM	R 2013-2014	†
V. Percentage Percentage Yes I Hereby	For Section IV, if you are e of Medicaid & Uninsu Medicaid (F 379 y Certify that the inform	e joining more than one PPS, us red members that your facility FS & MC)	Uninsured 2% is form is accurate and corre I may be asked to provide d	Data So EM	Property of my knowledge.	
me		Daniel Strauch, MHA, CMPE	A Y	res O No	7	
	Title	Chief Executive Officer				
		n the CEO, CFO or comparabl	e will be accepted			



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

posted for pul	olic comment 30 days prior to	application approval.	Three allowed reasons fo	or granting	g an exc	ception are sh	own in Section IV.
I. Are you a M	ledicaid Provider						
	Answer Yes					▼	You have chosen the following VAP Exception: i
II. Appeal App	licant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: Olean Medical Gro	up LLP - Arkady Peterma	an, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Cer	ter Corporation				•	You chose the qualification i, in the space below please include:
	eption is evaluated in the contex						
	ing for the VAP Exception in tha			ditional Pl	PSs" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the instr	uctions for further clari	fication!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	ovider Type: Other					▼	organization's involvement given the PPS current configuration of network providers.
Provider ⁻	Гуре - Other: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating Co	rtificate/License #	MMIS*		NP	P *	services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	e Identifiers:		2633443		107353	12273	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
-	Agency Code:			•			
Bill	ing Entity ID:						Character Count: 1439
	Į.	ddress	City	State		Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St		Olean	NY		14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
III. Appeal Poi	nt of Contact					* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
	Person Daniel Strauch, MHA, CN	1DF					Provider: Arkady Peterman, MD; MMIS#: 02633443; NPI: 1073512273; License #: 235143
Contact	Title Chief Executive Officer	IF L					Flovider. Alikady Feterinari, Nib, Wilvils#. 02053443, Nri. 1075312273, Literise #. 253143
Contact	Phone 716-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email dstrauch@oleanmedical	com					
IV. Please cho	ose the following VAP Except	on:					Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
				la anadalah			Counties.
	mmunity will not be served with rving the community.	out granting the excepti	on because no other eligib	ie provide	r is willin	ng or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safet
	iving the community.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
O ii Any h	nospital is uniquely qualified to se	rve based on services p	provided, financial viability,	relationsh	ips with	in the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000).
	nunity, and/or clear track record						compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any s							pins).
O iii Any s	tate-designated health home or	group of health homes.	**				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
When choosing	VAP Exception i & ii – Please in	dicate what Performing	g Provider System (PPS) you	ı plan on j	oining. If	f you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)
indicate what P	PS you intend to join, then you v	vill be denied. Please in	dicate the name of the PPS	in the "A	opeal Ap	pplicant	and the VAP locations (blue push pins).
	ection II". If you are part of mult						
-	VAP Exception iii— The Departn		_				
	ent Agencies (CMAs) that have a If your Health Home appears on						
	o not need to submit this form. I					-	
	ou do not need to submit this fo						
	red safety net provider list, but y						
	s available on the DSRIP website.	<u> </u>	, ,			•	
~ Fo	r Section IV, if you are joining m	ore than one PPS, use	second tab (Section VII) to	add addit	ional PP	Ss.	
V. Percentage	of Medicaid & Uninsured memb	ers that your facility se	rves				
	Medicaid (FFS & MC)	U	ninsured	Data	Source	Year	
Percentage	12%		2%	E	MR	2013-2014	
	Certify that the information and that this information may be						
appean.			Ar	nswer			
Nan	ne Daniel S	rauch, MHA, CMPE	⊚ Ye	es 🔾 N	lo		
Tit		Executive Officer					
	Only appeals from the CEO	CFO or comparable v	vill be accepted				



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

	blic comment 30 days prior to app	lication approval. T	hree allowed reasons to	or grantin	ig an ex	xception are sh	own in Section IV.				
I. Are you a M	ledicaid Provider										
	Answer Yes					▼	You have chosen the following VAP Exception:				
II. Appeal App	olicant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	ation Name: Olean Medical Group L	· · · · · · · · · · · · · · · · · · ·	NP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS: Erie County Medical Center C	-19 (80.000 PP)				~	You chose the qualification i, in the space below please include:				
	eption is evaluated in the context of										
	ring for the VAP Exception in that PP: See Section II and VII of the instruction			iditional P	PSS" ta	b to select	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				
	rovider Type: Other	ons for further claim	Cation:			_	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				
Provider I	Type - Other: Primary Care		1 .	-			b. A description of the applicant's organization, the services provided, and now the services will enhance the network of services for the PPS in this community (ies).				
	Operating Certifi	cate/License #	MMIS*			NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	e Identifiers:		3427869		1861	.765331					
	Agency Code: ing Entity ID:						Character Count: 1445				
БШ	Addr	ecc	City	Stat	ρ	Zip	Olean Medical Group LLP -A multi-specialty medical group				
	Address 535 Main St	C33	Olean	NY	_	14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)				
			1	1		* REQUIRED	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Poi											
Contact I	Person Daniel Strauch, MHA, CMPE						Provider: Christine Wild, NP; MMIS#: 03427869; NPI: 1861765331; License #: 305970				
Contact	Title Chief Executive Officer Phone 716-376-2388		Extension				Nacidad as Vital Assass Prevides within the ECMC Parforming Prevides Custom				
	t Email dstrauch@oleanmedical.com	1	EXTENSION				Needed as Vital Access Provider within the ECMC Performing Provider System				
	ose the following VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany				
							Counties.				
	mmunity will not be served without a	ranting the exception	on because no other eligib	le provide	er is will	ling or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe				
of ser	rving the community.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net				
O ii Any h	nospital is uniquely qualified to serve	hased on services n	rovided financial viability	relations	hins wit	thin the	locations (white stars).				
	nunity, and/or clear track record of s			, relations	iiips wit	illii tile	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000 compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push				
		_	•				pins).				
O iii Any s	state-designated health home or grou	p of health homes.	**				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to				
When choosing	y VAP Exception i & ii - Please indica	te what Performing	Provider System (PPS) you	u plan on	joining.	. If you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red				
indicate what P	PPS you intend to join, then you will b	e denied. Please inc	dicate the name of the PPS	S in the "A	Appeal A	Applicant	and the VAP locations (blue push pins).				
	Section II". <u>If you are part of multiple</u>										
_	y VAP Exception iii – The Department		_								
_	ent Agencies (CMAs) that have alread If your Health Home appears on this										
	o not need to submit this form. If the					-					
	ou do not need to submit this form.										
another approv	ved safety net provider list, but your	organization believes	s that it should qualify as a	a Health H	ome, pl	lease complete					
this form. List is	s available on the DSRIP website.										
~ Fo	or Section IV, if you are joining more	than one PPS, use s	econd tab (Section VII) to	add addi	tional P	PSs.					
V. Percentage	of Medicaid & Uninsured members	hat your facility ser	ves								
	Medicaid (FFS & MC)	Uı	ninsured	Data	Source	e Year					
Percentage	18%		2%		EMR	2013-2014					
	ele Chief Exec	ect to audit and I m ch, MHA, CMPE cutive Officer	ay be asked to provide do	ocumenta nswer	ition in						
	Only appeals from the CEO, CF	O or comparable w	ill be accepted								



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

	olic comment 30 days prior to applicat	ion approvai. Thr	ee allowed reasons it	n grantin	ig all e	exception are sn	nown in	Section IV.		
I. Are you a M	ledicaid Provider									
Answer Yes ▼								You have chosen the following VAP Exception:		
II. Appeal Applicant Information								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!		
Organization Name: Olean Medical Group LLP - David S. Shulman, MD								e VAP Exception relies heavily on the statement you provide, so please be concise and thorough~		
Joined PPS: Erie County Medical Center Corporation							•	You chose the qualification i, in the space below please include:		
^^ 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 apply	ring for the VAP Exception in that PPS as v	vell (if applicable).	Please see the "VII_Ad	ditional P	PSs" ta	ab to select		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include		
multiple PPS's.	multiple PPS's. See <u>Section II and VII</u> of the instructions for further clarification!							descriptions of the geographic area, the population, and how the services in this community are insufficient without your		
Provider Type: Other ▼							71	organization's involvement given the PPS current configuration of network providers.		
Provider Type - Other: Primary Care							11	b. A description of the applicant's organization, the services provided, and how the services will enhance the network of		
	Operating Certificate	/Liconco #	MMIS*	NPI*		-11	services for the PPS in this community (ies).			
I to to		Licerise #	1202088	1467451534		-11	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	e Identifiers:		1202088	146/451534		-11				
Agency Code: Billing Entity ID:								Character Count: 1442		
Billi		Address City State Zip				Zin	Olean	n Medical Group LLP -A multi-specialty medical group		
	Address 535 Main St	0	llean	NY		14760		n, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)		
	7.taa.ess 555 Walli St		ricuri	141		* REQUIRED		Access Provider within the ECMC Performing Provider System		
III. Appeal Poi	int of Contact						Ш	· ·		
Contact Person Daniel Strauch, MHA, CMPE							Provi	ider: David S. Shulman, MD; MMIS#: 01202088; NPI: 1467451534; License #: 182401		
Title Chief Executive Officer]			
Contact Phone 716-376-2388 Extension							Need	ded as Vital Access Provider within the ECMC Performing Provider System		
Contact Email dstrauch@oleanmedical.com							اال			
IV. Please choose the following VAP Exception:								ently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany		
A community will not be served without granting the exception because no other eligible provider is willing or capable						lling or capable		Counties. The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safety		
						mile or capable		care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net		
I								tions (white stars).		
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.						ithin the	_	rms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000		
								pared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push		
							pins)			
Any state-designated health home or group of health homes. **							Thes	e locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to		
When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not							serve	e the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)		
indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant								the VAP locations (blue push pins).		
Information – S	Section II". If you are part of multiple PPSs	, see section VII tal	<u>o</u> .							
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										
	you do not need to submit this form. If yo	•								
	ved safety net provider list, but your organ	lization believes th	at it should quality as a	i Heaith H	ome, p	nease complete	!			
	s available on the DSRIP website. or Section IV, if you are joining more than	one DDC use see	and tab (Saction VIII) to	244 244H	tional I	DDCc				
FU	is section iv, if you are joining more than	one FF3, use seco	inu tab (Section VII) to	auu auun	Liuiiai	FF35.				
V. Percentage	V. Percentage of Medicaid & Uninsured members that your facility serves									
Ī	Medicaid (FFS & MC)	Unin	sured	Data	Sourc	ce Year	7			
	, ,					- Teal	41			
Percentage	11%	2'	%	E	EMR	2013-2014	<u> </u>			
W 100 1 1	Voc. I Haroby Cortify that the information and data provided on this form is account and account to the heat of which the									
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.							' [
арреан.			Δι	nswer						
Name Daniel Strauch, MHA, CMPE See No										
Title Chief Executive Officer										
Only appeals from the CEO, CFO or comparable will be accepted										



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

	lic comment 30 days prior to applicat edicaid Provider	on approval. T	hree allowed reasons fo	r granting a	an exception a	shown in Section IV.
i. Are you a ivie	Answer Yes					▼ You have chosen the following VAP Exception: i
II Anneal Annli	icant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	tion Name: Olean Medical Group LLP -Ji	n Hwa Song MI)			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
ŭ	Joined PPS: Erie County Medical Center Corpor					You chose the qualification i, in the space below please include:
	ption is evaluated in the context of the F	2-21-2-1	ng. If you are joining more	than one D	DS you have th	Tou chose the qualification i, in the space below please include.
	ng for the VAP Exception in that PPS as w					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
	ee Section II and VII of the instructions for				s tab to select	descriptions of the geographic area, the population, and how the services in this community are insufficient without your
	ovider Type: Other					organization's involvement given the PPS current configuration of network providers.
Provider Ty	•					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
Provider Ty						services for the PPS in this community (ies).
	Operating Certificate	License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Identifiers:		3498340	1	1760629364	<u> </u>
	gency Code:					Character Count: 1438
BIIIII	ng Entity ID:		City	Chaha	7in	Olean Medical Group LLP -A multi-specialty medical group
-	Address Address 535 Main St		City	State NY	Zip 14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
	Address 535 Maii St		Olean	INT	* REQU	
III. Appeal Poin	nt of Contact					The recess route in the Letter crowning router system
Contact P	erson Daniel Strauch, MHA, CMPE					Provider: Jin Hwa Song, MD; MMIS#: 03498340; NPI: 1760629364; License #: 266332
	Title Chief Executive Officer					□
Contact P			Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
Contact	Email dstrauch@oleanmedical.com					၂
IV. Please choo	se the following VAP Exception:					Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
	nmunity will not be served without grant ving the community.	ing the exceptio	n because no other eligibl	e provider is	s willing or cap	Counties. The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of S Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
	ospital is uniquely qualified to serve base unity, and/or clear track record of succe			relationship	s within the	locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000).
	unity, and/or clear track record of succe	ss in reducing av	roidable nospital use.			compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
	ate-designated health home or group of					jnins). These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net provider serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in r
indicate what PP	VAP Exception i & ii — Please indicate who Syou intend to join, then you will be de ection II". If you are part of multiple PPSs	nied. Please ind	icate the name of the PPS			and the VAP locations (blue push pins).
	VAP Exception iii— The Department has			Health Home	es and Networ	
_	nt Agencies (CMAs) that have already be		_			
CMS approval. If	your Health Home appears on this list a	s pending appro	val, you will be granted a	VAP Exception	on pending CN	
	not need to submit this form. If the orga					r
	ou do not need to submit this form. If yo					
	ed safety net provider list, but your organ	nization believes	that it should qualify as a	Health Hom	ne, please com	te l
	available on the DSRIP website.		1. 1 (0			
	Section IV, if you are joining more than f Medicaid & Uninsured members that	,	, ,	add additioi	nal PPSs.	
v. reiteiltage of	Medicaid (FFS & MC)		insured	Data So	ource Yea	7
Percentage	9%		2%	EM		.
Percentage	970		270	EIVI	K 2013-2	<u>'</u>
	ertify that the information and data pro d that this information may be subject t					
appeal.					••	
Name	e Daniel Strauch, N	1HA, CMPE	An Ye	swer No	7	
Title						
	Only appeals from the CEO, CFO or	comparable wi	ill be accepted			



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

posted for pul	blic comment 30 days prior to appl	cation approval. 1	Three allowed reasons fo	or grantir	ng an ex	ception are sh	wn in Section IV.
I. Are you a M	ledicaid Provider						
	Answer Yes					▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: Olean Medical Group LL	P - Kelly A. Keech, N	NP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Co	rporation				•	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is evaluated in the context of t	<u>he PPS</u> you are join	ing. If you are joining more	e than on	e PPS, yo	ou have the	
	ring for the VAP Exception in that PPS			ditional P	PSs" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the instruction	ns for further clarif	ication!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	rovider Type: Other					▼	organization's involvement given the PPS current configuration of network providers.
Provider ⁻	Type - Other: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating Certific	ate/License #	MMIS*		NF	PI*	services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	ue Identifiers:		3132450		13464	71851	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
-	Agency Code:			•			
Bill	ling Entity ID:						Character Count: 1445
	Addre	SS	City	Stat	e	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St		Olean	NY		14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
III. Appeal Poi	int of Contact					* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
	Person Daniel Strauch, MHA, CMPE						Provider: Kelly A. Keech, NP; MMIS#: 03132450; NPI: 1346471851; License #: F305220
Contact	Title Chief Executive Officer						Frovide: Nelly M. Reech, NF, Wilvish: 05152450, NF: 15404/1651, Licelise #. F503220
Contact	Phone 716-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email dstrauch@oleanmedical.com			•			·
IV. Please cho	ose the following VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
				la anadal			Counties.
	mmunity will not be served without g rving the community.	ranting the exception	on because no other eligib	ile provide	er is willi	ng or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe
	iving the community.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
O ii Any h	hospital is uniquely qualified to serve	pased on services p	rovided, financial viability,	relations	hips with	nin the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
	munity, and/or clear track record of su						compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any s							pins).
O iii Any s	state-designated health home or grou	o of health homes.	**				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
When choosing	g VAP Exception i & ii – Please indicat	e what Performing	Provider System (PPS) you	u plan on	joining. I	If you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red
indicate what P	PPS you intend to join, then you will be	denied. Please ind	dicate the name of the PPS	in the "A	Appeal Ap	pplicant	and the VAP locations (blue push pins).
	Section II". <u>If you are part of multiple F</u>						
-	g VAP Exception iii – The Department		_				
	ent Agencies (CMAs) that have alread If your Health Home appears on this I						
	o not need to submit this form. If the					-	
	you do not need to submit this form. I						
	ved safety net provider list, but your o		* *				
	s available on the DSRIP website.		, ,				
~ Fo	or Section IV, if you are joining more t	han one PPS, use s	econd tab (Section VII) to	add addi	tional PF	PSs.	
V. Percentage	of Medicaid & Uninsured members t	nat your facility ser	rves				
	Medicaid (FFS & MC)	U	ninsured	Data	a Source	Year	
Percentage	7%		2%		EMR	2013-2014	
	Certify that the information and data						
appeal.							
				nswer			
Nan		h, MHA, CMPE	(es 🔾	No		
Tit		utive Officer	90.000000000000000000000000000000000000				
	Only appeals from the CEO, CFO	or comparable w	viii be accepted				



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

posted for pu	iblic comment 30 days prior to applicat	on approval. Three allowe	u reasons for	granting a	ii exception are si	IOWITH SECTION IV.
I. Are you a N	Nedicaid Provider					
	Answer Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	plicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	zation Name: Olean Medical Group LLP - I	Marianna Worczak, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Corpor	ation				You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evaluated in the context of the R	PPS you are joining. If you are	joining more	than one PF	S, you have the	
	ying for the VAP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the instructions f	or further clarification!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
P	rovider Type: Other				~	organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other: Primary Care					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating Certificate	/Liconco # N	1MIS*		NPI*	services for the PPS in this community (ies).
Unio			43249	1	609190560	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ue Identifiers: Agency Code:	30	43249	1 1	209190560	4
	lling Entity ID:					Character Count: 1445
Bii	Address		City	State	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St	Olean	City	NY	14760	Olean, NY Location: 535 Main St., Olean, NY 14760 (Cattaraugus County, NY)
	7 Idan ess 555 Wall St	Olculi		1 141	* REQUIRED	111 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
III. Appeal Po	int of Contact					
Contact	Person Daniel Strauch, MHA, CMPE					Provider: Marianna Worczak, MD; MMIS#: 03643249; NPI: 1609190560; License #: 270703
	Title Chief Executive Officer]
Contact			Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	ct Email dstrauch@oleanmedical.com					· · · · · · · · · · · · · · · · · · ·
IV. Please cho	oose the following VAP Exception:				_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
i A co	ommunity will not be served without grant	ing the exception because no	o other eligible	provider is	willing or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe
of se	erving the community.				ļ	Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii Any l						locations (white stars).
	hospital is uniquely qualified to serve base			elationships	within the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
comi	munity, and/or clear track record of succe	ss in reducing avoidable nos	pital use.		ļ	compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any	state-designated health home or group of	health homes. **				pins). These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
M/han abaasin	g VAP Exception i & ii – Please indicate w	nat Daufaumina Dunidau Cuat	iom (DDC)	nlan an iain	ing If you do not	serve the 11,355 resident Medicai dand uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)
	PPS you intend to join, then you will be de					and the VAP locations (blue push pins).
	Section II". If you are part of multiple PPSs		ne or are rr 5	iii tiic Appt	al Applicant	
	g VAP Exception iii— The Department has		Designated H	lealth Home	s and Network	
	nent Agencies (CMAs) that have already be					
CMS approval.	If your Health Home appears on this list a	s pending approval, you will	be granted a V	AP Exception	n pending CMS	
approval and d	do not need to submit this form. If the orga	nization operating your Hea	Ith Home/CM	A already ap	pears on another	
	you do not need to submit this form. If yo					
	ved safety net provider list, but your orga	nization believes that it shoul	d qualify as a I	Health Hom	e, please complete	
	is available on the DSRIP website.					
~ Fc	or Section IV, if you are joining more than	one PPS, use second tab (Se	ection VII) to a	idd addition	al PPSs.	
V. Percentage	of Medicaid & Uninsured members that	your facility serves				
	Medicaid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage	28%	2%		EMI	R 2013-2014	
	Certify that the information and data pro					
appeal.						
Nan	me Daniel Strauch, N	1HA, CMPE	Ans	wer No	1	
Tit]	
	Only appeals from the CEO, CFO or	comparable will be accept	ed			



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

posted for public community I. Are you a Medicaid	ment 30 days prior to applicati	ion approval. Th	ree allowed reasons	s for grant	ting an e	exception are sh	own in Section IV.
Answ						-	You have chosen the following VAP Exception: i
II. Appeal Applicant In							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	ne: Olean Medical Group LLP - N	Marti I Brotka N	D				"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"
Joined F						-	You chose the qualification i, in the space below please include:
	evaluated in the context of the P	3-21-7-5	g. If you are joining n	ore than	one PPS	5.53	Tou chose the qualification i, in the space below please include.
	e VAP Exception in that PPS as w						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
	on II and VII of the instructions fo						descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Provider Ty	/pe: Other					▼	organization's involvement given the PPS current configuration of network providers.
Provider Type - Otl							b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
Trovider Type Oti		/Lineman #	MMIS*			NPI*	services for the PPS in this community (ies).
	Operating Certificate/	/License #				7053037	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique Identifi Agency Co			3465230		149	/053037	
Billing Entity							Character Count: 1445
Billing Entity	Address		City	St	tate	Zip	Olean Medical Group LLP -A multi-specialty medical group
Addre	ess 535 Main St		Olean		NY	14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
	555 Man 50		J.Ca.i.		•••	* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Point of Co	ntact						-
	Daniel Strauch, MHA, CMPE						Provider: Marti L. Brotka, NP; MMIS#: 03465230; NPI: 1497053037; License #: 337213
	Chief Executive Officer						
	716-376-2388		Extension	on			Needed as Vital Access Provider within the ECMC Performing Provider System
	dstrauch@oleanmedical.com						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
IV. Please choose the	following VAP Exception:						Counties.
i A community	will not be served without granti	ing the exception	because no other eli	gible provi	ider is w	lling or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Sa
of serving the	community.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii Any hospital is							locations (white stars).
Any nospitar is	uniquely qualified to serve base			ity, relatio	nships w	ithin the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,00
community, ar	nd/or clear track record of succes	ss in reducing avo	idable nospital use.				compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any state-desi	gnated health home or group of	health homes. **	1				pins). These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers
Mhan shaasina VAR Fu	eption i & ii – Please indicate wh	nat Daufaumina D	anuidas Custom (DDC)			. If way do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in re
•	tend to join, then you will be der		, , ,		, ,		and the VAP locations (blue push pins).
•	'. If you are part of multiple PPSs,				, ippedi	, ipplicant	
	ception iii— The Department has s		_	ed Health	Homes a	ind Network	
Care Management Agen	cies (CMAs) that have already be	en approved as s	afety net providers as	well as th	nose that	are pending	
	ealth Home appears on this list as						
	ed to submit this form. If the orga						
	ot need to submit this form. If you						
	net provider list, but your organ	nization believes t	nat it should qualify a	as a Health	n Home,	please complete	
this form. List is available	E ON THE DSKIP WEDSITE. IV, if you are joining more than	one DDC use see	and tab (Saction VIII)	to add ad	lditional	DDCc	
roi section	iv, ii you are joiling more than	one FF3, use sec	ond tab (Section VII)	to auu au	iuitioliai	rr33.	
V. Percentage of Medic	aid & Uninsured members that y	your facility serve	!S				
	Medicaid (FFS & MC)	Uni	nsured	Da	ata Sour	ce Year	
Percentage	44%		2%		EMR	2013-2014	
			m is accurate and co	rect to the	e best of	my knowledge	-
understand that that the appeal.	at the information and data pro is information may be subject t	o audit and I ma	be asked to provide	documer Answer	_		
understand that the		o audit and I man	be asked to provide	documen	_		



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

posted for pul	blic comment 30 days pri	or to application approval.	Three allowed reasons fo	r granting	an exce	eption are sho	wn in Section IV.
I. Are you a M	1edicaid Provider						
	Answer Yes					~	You have chosen the following VAP Exception:
II. Appeal App	olicant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: Olean Medica	al Group LLP - Matthew R. Cox	, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Med	lical Center Corporation				~	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evaluated in the c	ontext of the PPS you are join	ing. If you are joining more	than one	PPS, you	have the	
	-	in that PPS as well (if applicab		ditional PP	Ss" tab to	o select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the	instructions for further clarif	ication!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	rovider Type: Other					▼	organization's involvement given the PPS current configuration of network providers.
Provider ⁻	Type - Other: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operat	ing Certificate/License #	MMIS*		NPI*	*	services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	ue Identifiers:		3076762		1407017	7940	C. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
-	Agency Code:						
Bill	ling Entity ID:						Character Count: 1436
		Address	City	State		Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St		Olean	NY		14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
III. Appeal Poi	int of Contact					* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
	Person Daniel Strauch, MF	1A CMPF				1	Provider: Matthew R. Cox, MD; MMIS#: 03076762; NPI: 1407017940; License #: 248625
Contact	Title Chief Executive Off						Frovide: Matthew N. Cox, Mib, Millish. 030/0/02, Nri. 140/01/940, License #. 246023
Contact	Phone 716-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email dstrauch@oleanm	edical.com		1			ll '
IV. Please cho	oose the following VAP Ex	xception:					Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
	_	•					Counties.
	rving the community.	without granting the exception	on because no other eligibi	e provider	is willing	g or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safet
	rving the community.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
O ii Any h	hospital is uniquely qualified	d to serve based on services p	rovided, financial viability,	relationshi	ips withir	n the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000).
		ecord of success in reducing a					compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any s							pins).
O iii Any s	state-designated health hor	me or group of health homes.	**				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
When choosing	g VAP Exception i & ii – Ple	ase indicate what Performing	Provider System (PPS) you	plan on jo	ining. If	you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)
indicate what P	PPS you intend to join, then	you will be denied. Please in	dicate the name of the PPS	in the "Ap	peal App	olicant	and the VAP locations (blue push pins).
		f multiple PPSs, see section VI					
-		partment has submitted a dra	-				
	. ,	ave already been approved as	, ,				
		rs on this list as pending appro orm. If the organization opera				-	
		this form. If your organization		-			
		but your organization believe					
this form. List is	s available on the DSRIP we	bsite.					
~ Fo	or Section IV, if you are join	ing more than one PPS, use s	econd tab (Section VII) to	add additi	onal PPS	s.	
V. Percentage	of Medicaid & Uninsured n	nembers that your facility se	rves				
	Medicaid (FFS &	MC) U	ninsured	Data :	Source	Year	
Percentage	5%		2%	En	MR	2013-2014	
		n and data provided on this fo ay be subject to audit and I m	nay be asked to provide do				
Nan	ne Da	niel Strauch, MHA, CMPE	⊗ Ye		0		
Tit		Chief Executive Officer		_			
		CEO, CFO or comparable w	vill be accepted				



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

posted for put	blic comment 30 days prior to applicat	ion approvai. Three allow	eu reasons for	granting a	ii exception are s	IOWITH SECTION IV.
I. Are you a M	ledicaid Provider					
	Answer Yes					You have chosen the following VAP Exception: i
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	ation Name: Olean Medical Group LLP - I	Nichole T. Green, PA				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Corpor	ation			,	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evaluated in the context of the F	PPS you are joining. If you ar	e joining more	than one PF	S, you have the	
	ying for the VAP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the instructions for	or further clarification!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	rovider Type: Other				▼	organization's involvement given the PPS current configuration of network providers.
Provider ⁻	Type - Other: Primary Care					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
1101146	·· · · · · · · · · · · · · · · · · · ·	/1:00000#	MMIS*		NPI*	services for the PPS in this community (ies).
	Operating Certificate,			1		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ue Identifiers:		563546	1	376535393	<u> </u>
	Agency Code: ling Entity ID:					Character Count: 1446
BIII	Address		City	State	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St	Olean	City	NY	14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
	Address 333 Wall St	Olean		INI	* REQUIRE	
III. Appeal Poi	int of Contact					
Contact	Person Daniel Strauch, MHA, CMPE					Provider: Nichole T. Green, PA; MMIS#: 02563546; NPI: 1376535393; License #: 008480
	Title Chief Executive Officer]
Contact	Phone 716-376-2388		Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email dstrauch@oleanmedical.com]
IV. Please cho	oose the following VAP Exception:				_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
i A co	mmunity will not be served without grant	ing the exception because r	o other eligible	e provider is	willing or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe
	rving the community.					Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii Any h						locations (white stars).
	hospital is uniquely qualified to serve base			relationships	within the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
comr	munity, and/or clear track record of succe	ss in reducing avoidable hos	spital use.			compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any s	state-designated health home or group of	health homes **				pins).
						These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers t
-	g VAP Exception i & ii – Please indicate wi	- :				serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red and the VAP locations (blue push pins).
	PPS you intend to join, then you will be de		me of the PPS	in the "Appe	eal Applicant	and the VAP locations (blue push pins).
	Section II". If you are part of multiple PPSs		- Decimands		a and Makesade	
	g VAP Exception iii— The Department has nent Agencies (CMAs) that have already be					
_	If your Health Home appears on this list a					
	lo not need to submit this form. If the orga					
	you do not need to submit this form. If yo					
another approv	ved safety net provider list, but your organ	nization believes that it shou	ld qualify as a	Health Hom	e, please complete	
this form. List is	s available on the DSRIP website.					
~ Fo	or Section IV, if you are joining more than	one PPS, use second tab (S	ection VII) to a	add addition	al PPSs.	
V. Percentage	of Medicaid & Uninsured members that	your facility serves				
	Medicaid (FFS & MC)	Uninsured		Data So	urce Year	1
Γ	470/	201				
Percentage	47%	2%		EMI	2013-2014	
Voc I Hereby	Certify that the information and data pro	wided on this form is accur-	ate and correct	t to the heet	of my knowledge	
	nd that this information may be subject t					
appeal.		una i maj we usheu			support of tills	
			Ans	swer	_	
Nan	ne Daniel Strauch, N	ИНА, СМРЕ	● Yes	s 🔾 No	1	
Tit	tle Chief Executive	e Officer]	
	Only appeals from the CEO, CFO or	comparable will be accep	ted			



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

posted for pul	blic comment 30 days prior to	application approval.	Three allowed reasons fo	r granting	an exc	eption are sh	wn in Section IV.
I. Are you a M	ledicaid Provider						
	Answer Yes					▼	You have chosen the following VAP Exception:
II. Appeal App	olicant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: Olean Medical Gr	oup LLP - Pamela T. Salzm	iann, DO				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical C	enter Corporation				•	You chose the qualification i, in the space below please include:
	ception is evaluated in the conte						
	ring for the VAP Exception in th			ditional PF	Ss" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
multiple PPS's.	See Section II and VII of the inst	ructions for further clarif	ication!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Pr	rovider Type: Other					▼	organization's involvement given the PPS current configuration of network providers.
Provider ⁻	Type - Other: Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
	Operating (Certificate/License #	MMIS*		NP	1*	services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	ie Identifiers:		2521906		193210	08149	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	Agency Code:						
Bill	ling Entity ID:						Character Count: 1443
		Address	City	State		Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St		Olean	NY		14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
III. Appeal Poi	int of Contact					* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
	Person Daniel Strauch, MHA, C	MPF					Provider: Pamela T. Salzmann, DO; MMIS#: 02521906; NPI: 1932108149; License #: 231077
Contact	Title Chief Executive Officer						Torrice: 1 difficil 1: Sultinami, 50, Ministr. 02521300, Min. 1352130145, Electric #: 25207
Contact	Phone 716-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email dstrauch@oleanmedic	al.com					
IV. Please cho	ose the following VAP Excep	tion:					Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
△ : ∧	mmunity will not be served with		an hassuss no other sligibl	المسمد الأطام	مثالتينيين	a or conchic	Counties.
	rving the community.	nout granting the exception	on because no other eligibl	ie providei	15 WIIIII	ig or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safet
	rving the community.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net locations (white stars).
O ii Any h	hospital is uniquely qualified to	serve based on services p	rovided, financial viability,	relationsh	ips with	in the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000)
comr	munity, and/or clear track recor	d of success in reducing a	voidable hospital use.				compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any s		61 111 1	**				pins).
O iii Any s	state-designated health home o	r group of nealth nomes.	**				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to
	g VAP Exception i & ii – Please i						serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red)
	PPS you intend to join, then you			in the "Ap	peal Ap	plicant	and the VAP locations (blue push pins).
	Section II". If you are part of mu						
-	g VAP Exception iii— The Depart ent Agencies (CMAs) that have		-				
	If your Health Home appears or						
	o not need to submit this form.					-	
	you do not need to submit this f						
another approv	ved safety net provider list, but	your organization believe	s that it should qualify as a	Health Ho	me, ple	ase complete	
	s available on the DSRIP website						
~ Fo	or Section IV, if you are joining i	more than one PPS, use s	econd tab (Section VII) to	add additi	onal PP	Ss.	
V. Percentage	of Medicaid & Uninsured mem	bers that your facility se	rves				
	Medicaid (FFS & MC)	U	ninsured	Data	Source	Year	
Percentage	41%		2%	Е	MR	2013-2014	
	Certify that the information an		nay be asked to provide do				
Nan	ne Daniel	Strauch, MHA, CMPE	③ Ye		lo		
Tit	tle Chie	f Executive Officer		_			
	Only appeals from the CE	O, CFO or comparable w	vill be accepted				



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

	olic comment 30 days prior to appli	cation approval. T	hree allowed reasons to	or granting	g an ex	ception are sh	own in Section IV.
I. Are you a M	ledicaid Provider						
Ļ	Answer Yes					▼	You have chosen the following VAP Exception:
II. Appeal App	licant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: Olean Medical Group LL						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Co	#10.1000pp.com				•	You chose the qualification i, in the space below please include:
	eption is evaluated in the context of t						
	ing for the VAP Exception in that PPS See Section II and VII of the instructio			ditional Pl	PSs" tai	o to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
		is for further clariff	Lation:			_	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.
-	ovider Type: Other						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
Provider 1	Type - Other: Primary Care		,				services for the PPS in this community (ies).
	Operating Certific	ate/License #	MMIS*			IPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:		3499061		11849	956310	, , , ,
	Agency Code:						
Bill	ing Entity ID:		City	C1-1-	-	71	Character Count: 1437 Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St	SS	City	State NY	!	Zip 14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
	Address 555 Wall St		Olean	INI		* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi	nt of Contact					-	,
Contact	Person Daniel Strauch, MHA, CMPE						Provider: Prerna Sood, MD; MMIS#: 03499061; NPI: 1184956310; License #: 266409
	Title Chief Executive Officer						Needed as Vital Access Provider within the ECMC Performing Provider System
	Phone 716-376-2388		Extension				
	t Email dstrauch@oleanmedical.com						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
IV. Please cho	ose the following VAP Exception:						The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe
i A cor	mmunity will not be served without g	anting the exception	n because no other eligib	le provide	r is will	ing or capable	Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
of sei	rving the community.						locations (white stars).
O ii Any h							In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
	nospital is uniquely qualified to serve l			relationsh	ips wit	hin the	compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
	munity, and/or clear track record of su	ccess in reducing a	roidable nospital use.				pins).
O iii Any s	tate-designated health home or grou	of health homes.	**				These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers t serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red
When choosing	VAP Exception i & ii – Please indicat	what Performing	Provider System (DDS) you	ı nlan on i	oining	If you do not	and the VAP locations (blue push pins).
	PS you intend to join, then you will be						
	ection II". If you are part of multiple F						
When choosing	VAP Exception iii- The Department	as submitted a dra	ft list of State Designated	Health Ho	mes an	ıd Network	
-	ent Agencies (CMAs) that have alread						
	If your Health Home appears on this li					-	
	o not need to submit this form. If the						
	ou do not need to submit this form. I red safety net provider list, but your o		* *				
	s available on the DSRIP website.	garnzation beneves	that it should qualify as a		эс, р.	case complete	
	r Section IV, if you are joining more t	nan one PPS, use se	econd tab (Section VII) to	add addit	ional P	PSs.	
V. Percentage	of Medicaid & Uninsured members th	at your facility ser	ves				
	Medicaid (FFS & MC)	Medicaid (FFS & MC) Uninsured Data Source Year					
Percentage	14%		2%	Е	MR	2013-2014	
Yes Hereby (Certify that the information and data nd that this information may be subje		rm is accurate and correc ay be asked to provide do			my knowledge.	
Nam	ne Daniel Strauc	n, MHA, CMPE	(A)		No		
Tit		tive Officer		-			
	Only appeals from the CEO, CFO	or comparable w	ill be accepted				



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

An year An y	posted for pur	blic comment 30 days prior to applicati	on approval. Three allowed reason	ns for grantil	ng an e	exception are sn	own in Section iv.
If Appeal applicant information Organization and Delaw Medical Group LIP - Standard P. Bosine MD District FTS. Secretory in the common process of the PSP you are group if you are groupe more than one PSP, you have been provided to the content of the PSP with the common process of the PSP you are groupe if you are groupe more than one PSP, you have been provided to the content of the PSP you are groupe if you do not you groupe if you are g	I. Are you a M	ledicaid Provider					
Disputition Name Clean Medical Graph Life - Records of the control constants **The VAX Decayon to evaluate data to control constant **The VAX Decayon to evaluate data to control co		Answer Yes				▼	You have chosen the following VAP Exception: i
Doord PTS, for County Modulations Companies Test and PTS pages and pages Test and page plants Test and pag	II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
**The War Decigibins or evaluated in the context of the ESP you were prime any one prime group of prime to produce of applying of the VM Parception in the VM Parception in the VM Parception of the Parception of Parce and the VM Parception in the VM Parception of the Parception of P	Organiz	ation Name: Olean Medical Group LLP - F	Ricardo P. Ilustre, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
**No New Supposits an evaluate pit the review of the any supposite flow of applying to the VP Decaption in	_	Joined PPS: Erie County Medical Center Corpora	ation			-	You chose the qualification i. in the space below please include:
Appeal Point of Exposition of the Community (see). See the continuity (see) is a special point of the Community (see). See the continuity (see). See the see that	^^ The VAP Exc	ception is evaluated in the context of the F	PPS you are joining. If you are joining	more than or	ne PPS, v	you have the	
Provider Type Other Provider Type Other Accessing Control (Fig. 2) and Accessing Control (Fig							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
Provider Type - Other Depositing Certificate License # MMS" MS" MS"	multiple PPS's.	See Section II and VII of the instructions for	or further clarification!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
### Secretary of the position for product your first providers (response to the position for product your first providers) Contact Proto During Standing Conflict and Proton 1457-1555-1555-1555-1555-1555-1555-1555-	Pr	rovider Type: Other				~	organization's involvement given the PPS current configuration of network providers.
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Linguise Identifiers: Agency Code: Billing Entity ID Address SA Junius S City State Zp Address SA Junius S City State Zp Billing Entity ID Address SA Junius S City State Zp Billing Entity ID Address SA Junius S City Ci		·· · · · · · · · · · · · · · · · · · ·	/Liconco # NANAIC*			NIDI*	services for the PPS in this community (ies).
Agency Code Billing Entity D Address Gray Sistate Zig Address Gray Sistate Zig Address Gray Address Gray Address Gray Address Gray Address Gray Address The Country Address Gray Address The Country Address The Country Address The Country The	Union						c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Billing Firthly ID			1753084		1467	/451658	
Address Oran 1 State 2 Job Address Oran 1 W 1 4760 III. Appeal Point of Contact Contact Prom Sunis Susual, MHA, CMPE Table Contact Prom Sunis Susual, MHA, CMPE **Counted Prom Sunis Susual Promise Provider System **Counted Prom Sunis Susual Provider System **Counted Prom Sunis Susual Prom Sunis Susual Prom Sunis Susual Provider System **Counted Prom Sunis Susual Prom Sunis Susual Prom Sunis Susual Promise Provider System **Counted Prom Sunis Susual Prom Sunis Susual Prom Sunis Susual Prom Sunis Susual Promise Provider System **Counted Prom Sunis Susual Prom Sunis Sunis Susual Prom Sunis							Character Count: 1443
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III. Appeal Point of Contact Person Daniel Strauch, MHA, CMPF Control Person Daniel Strauch, MHA, CMPF Data Source Data Source Data Data	-					·	
Contact Prison Dated Strack, MHA, CMPE Title Executive Officer Contact Phone 715-372-2388 Extension Contact Phone 715-372-2388 Contact Phone 715-372-238		7 dairess 333 Wall St	Oleun	141	<u>' </u>		
This Chief Searchive Officer Contact Final Idstrauch goleanmedical.com	III. Appeal Poi	int of Contact					
Extract Primore 716.57-2888 Extension Moderan delication Moderan	Contact	Person Daniel Strauch, MHA, CMPE					Provider: Ricardo P. Ilustre, MD; MMIS#: 01753084; NPI: 1467451658; License #: 200930
Contact Email distrauch@eleanmedical.com W. Please choose the following VAP Exception: Any state designated without granting the exception because no other eligible provider is willing or capable of serving the community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use. Community, and/or clear track record of success in reducing avoidable hospital use in the SMR of the SMR o							
W. 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. A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community. A community will not be served without granting the exception planting the exception is provided by the community. A community will not be served without granting the exception planting the exception is provided by the community. A community will not be served without granting the exception in the clean of the PPS in the "Appeal Applicant Indicate what PPS you intend to planting the exception in the Clean of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus of Safety Net Clean Cuba Primary Care Safety Net Clean Cuba Primary Car			Extens	sion			Needed as Vital Access Provider within the ECMC Performing Provider System
Counties. To 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 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 tatae-designated health home or group of health homes. ** When choosing VAP Exception ii ii — Please Indicate what Performing Provider System (PSS) you plan on joining, if you do not indicate what PSV you intend to join, knep you will be defined. He name of the PSS in the "Appeal applicant information – Section II". If you are part of multiple PSs, see section VII tab. When choosing VAP Exception ii ii — In Please Indicate what PSV you will not granting the exception of the part and the variety of the vari	Contac	t Email dstrauch@oleanmedical.com					
A community will not be served without granting the exception because no other eligible provider is willing or capable of service the community, and or clear to support the clear to support the community, and or clear to support the clear to support the community, and or clear to support the c	IV. Please cho	oose the following VAP Exception:					
of serving the community. 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 PSY you intend to join, then you will be derired. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple IPSs, see section VIII to add additional PPSs and the ready are a for intended in the subject of the service of the supprised and on the cet to submit this form. If your regardation of or head to submit this form. If your organization operating your health Home list or on another approved as selly not need to submit this form. If your organization believes that should qualify as a Health Home please complete this form. List is available on the DSRP website. *For Section IV, if you are joining more than one PPS, use section VIII to add additional PPSs. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured **Medicaid (FFS & MC) Uninsured **Left Percentage of Medicaid & Uninsured members that your facility serves **Medicaid (FFS & MC) Uninsured **Left Percentage of Medicaid & Uninsured members that your facility serves **Medicaid (FFS & MC) Uninsured **Left Percentage of Medicaid & Uninsured members that your facility serves **Medicaid (FFS & MC) Uninsured **Left Percentage of Medicaid & Uninsured members that your facility serves **Medicaid (FFS & MC) Uninsured **Left Percentage of Medicaid & Uninsured members that your facility serves **Medicaid (FFS & MC) Uninsured **Left Percentage of Medicaid & Uninsured members that your facility serves	i A co	mmunity will not be served without grant	ing the exception because no other e	ligible provid	er is wil	lling or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe
Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the command of the provided	of se	rving the community.					
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 is ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what Provider is the plant of the post of the goal rate of 1,219). See the red are an in the "Avoidable Medical displayinations" map showing the VAP locations (blue push plins). These locations are also in the rural Cattaraugus County HPSA area and there are not adequate safety net providers as well as those that are pending for the post of the goal rate of 1,219). See the red area in the "Avoidable Medical displayinations" map showing the VAP locations (blue push plins). These locations are also in the rural Cattaraugus County HPSA area and there are not adequate safety net providers as well as those that are pending for the post of the goal rate of 1,219). See the red area in the "Avoidable Medical displayinations" map showing the VAP locations (blue push plins). These locations are also in the rural Cattaraugus County HPSA area in the "Avoidable Medical Heapital County in the post of the post	Oil					l.	
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	Tit						



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

	olic comment 30 days prior to applic	ation approval. Ti	nree allowed reasons fo	or granti	ng an e	xception are sh	wn in Section IV.
I. Are you a M	ledicaid Provider						
	Answer Yes					•	You have chosen the following VAP Exception:
II. Appeal App	licant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: Olean Medical Group LLP		n, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼
	Joined PPS: Erie County Medical Center Corp	0.07-91-710				•	You chose the qualification i, in the space below please include:
	eption is evaluated in the context of the						
	ing for the VAP Exception in that PPS a See Section II and VII of the instruction			Iditional	PPSs" ta	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
		ioi iuitilei ciailiic	.ation:			~	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.
-	ovider Type: Other					•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
Provider 1	Type - Other: Primary Care		T				services for the PPS in this community (ies).
	Operating Certifica	te/License #	MMIS*			NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:		2633443		1073	3512273	, , , ,
	Agency Code:						
Bill	ing Entity ID:		City	Cho	ha	7in	Character Count: 1439 Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St	'	City Olean	Sta		Zip 14760	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY)
	Address 555 Wall St		Olean	14		* REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi	nt of Contact						
Contact	Person Daniel Strauch, MHA, CMPE						Provider: Arkady Peterman, MD; MMIS#: 02633443; NPI: 1073512273; License #: 235143
	Title Chief Executive Officer						
	Phone 716-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
	t Email dstrauch@oleanmedical.com						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany
IV. Please cho	ose the following VAP Exception:						Counties.
i A cor	mmunity will not be served without gra	nting the exception	n because no other eligib	le provid	er is wil	lling or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe
of ser	rving the community.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii Any h							locations (white stars).
	nospital is uniquely qualified to serve be			, relation	ships wi	thin the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
	nunity, and/or clear track record of suc	less in reducing av	oldable flospital use.				compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Anys	tate-designated health home or group	of health homes. *	*				pins). These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers t
When sheesing	VAP Exception i & ii – Please indicate	what Dorforming [Provider System (DDS) yes	u nlan on	ioining	If you do not	serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red
	PS you intend to join, then you will be						and the VAP locations (blue push pins).
	ection II". If you are part of multiple PP						
When choosing	VAP Exception iii- The Department ha	s submitted a draf	t list of State Designated	Health H	omes a	nd Network	
-	ent Agencies (CMAs) that have already						
	If your Health Home appears on this lis					-	
	o not need to submit this form. If the o						
	ou do not need to submit this form. If yed safety net provider list, but your org	-					
	s available on the DSRIP website.	amzadon believes	that it should quality as t	a i i cuitii i	ioine, p	neuse complete	
	r Section IV, if you are joining more th	an one PPS, use se	cond tab (Section VII) to	add add	itional F	PPSs.	
V. Percentage	of Medicaid & Uninsured members that	t your facility serv	/es				
	Medicaid (FFS & MC)	Un	insured	Dat	a Sourc	e Year	
Percentage	12%		2%		EMR	2013-2014	
understar	Certify that the information and data paid that this information may be subject					my knowledge.	
appeal.			Λ.	nswer			
Nam	ne Daniel Strauch	MHA, CMPE	A Y		No		
Tit				5			
	Only appeals from the CEO, CFO		II be accepted				



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

Secretarian and visit of the instructions for further clarification Provider Type: Other Image: Care Provider Type: Other Image: Care Provider Type: Other Image: Care Provider Type: Care T	posted for pul	blic comment 30 days prior to applicat	ion approvai. Three allowe	a reasons for	granting a	n exception are s	nown in Section IV.
## Applicant Information Coppositions (and Dear Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (NP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Test T Busters) (UP - Medical Group (UP - Medical Gro	I. Are you a N	ledicaid Provider					<u> </u>
Department Name James Medical Group Life - Team Fuzzard, DIPP James May Secretary and the control of the pilot control of position for the control of the PSP, you have been control of the pilot of Control of position for the control of the PSP, you have been control of position for the control of the PSP, you have been control of position for the control of the pilot of Control of position for the control of position for the control of the pilot of the control of position for the position of the general position of the		Answer Yes				-	You have chosen the following VAP Exception: i
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The Victorian in the Waterspiton in the Contract of the PS's owner joining. How are priming more than one PS's, such as vertical production of playing for the Waterspiton in the Waterspiton in the Waterspiton in the Waterspiton in the Contract of the PS's selected pS's. Be sure to include description of the geographic rank, the popular can describe the Contract of the PS's selected pS's. Be sure to include description of the geographic rank, the popular can describe the Contract of the PS's selected pS's. Be sure to include description of the geographic rank, the popular can describe the PS's current configuration of network provides. In Advanced the PS's selected pS's. Be sure to include description of the geographic rank, the popular can describe the popular can be provided. The popular can be provided to the popular of the popular can be provided. The popular can be provided to the p	Organiz	ation Name: Olean Medical Group LLP -	Гаті Т. Buzzard, DNP				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
The Value plane in evaluated puts contract of the ring value plane grower than one PPs, quelibrate from the Value of the Value of the Contract of the Value of th	_	Joined PPS: Erie County Medical Center Corpor	ation				You chose the qualification i. in the space below please include:
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Provider Type : the Provider Type : the Provider							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
Provider Type - Other Provid	multiple PPS's.	See Section II and VII of the instructions f	or further clarification!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
Formation synthetic transferred to the PS in this community (set). Governing Certificates) Leaves a MARIS' 1532807667 Agency Code String Entity (8) Address Description The Control The Cont	Pi	rovider Type: Other				_	organization's involvement given the PPS current configuration of network providers.
Operating Certificate/License # MMMS* NNY	Provider [*]	Type - Other: Primary Care					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of
Linear elementers Agency Code Billing Entity ID. Address S SS Jain S Queen NY 12700 III. Appeal Point of Contact Contact Prison Disard Standy, MAR. CMPE Disard Standy, MAR. CMPE Contact Prison Disard Standy, MAR. CMPE Disa		·· · · · · · · · · · · · · · · · · · ·	/Liconco # N	IN AIC*	1	NDI*	services for the PPS in this community (ies).
Agency Code: Billing Eithy ID Address S55 Mans St Glean Nr 14780 III. Agency Point of Contact Title One Executive Officer Contact Train 261-76-2388 Extension Value Value	Union				1		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
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III. Appeal Point of Contact Contact Person Daniel Strauch, Mink, CMPE Contact Person Daniel Strauch, Mink, CMPE Contact Person Daniel Strauch, Mink, CMPE Contact Provided The Third Strauch of Contact Contact Provided Third Strauch of Contact Contact Provided Third Strauch of Contact Contact Provided Third Strauch of Contact Contact Third Third Strauch of Contact Contact Third Third Strauch of Contact Contact Third Third Strauch Contact Third Third Contact Third Contact Third Third Contact Contact Third Third Contact Third Contact Third Thir				City			
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Title Chief Executive Officer Contact Final distractive Differer Contact Final Difference Final Difference Differer Contact Final Difference Final Difference Positive Differer Contact Final D	III. Appeal Poi	int of Contact					
Contact Phone 716-776-788 Extension Contact Phone 2716-776-788 Extension Contact Phone distractive Glean-endedical Com V. 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, and/or clear track record of success in reducing avoidable hospital use. I 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. I 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. I 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. I I Any state designated primary care providers in the ECMC PPS located in Cattaragus and Allegany County. New choosing VAP Exception is it – Please indicate what Performing Provider System (PPS) you plan on joining, if you do not indicate what Performing Provider System (PPS) you plan on joining, if you do not indicate what Performing Provider System (PPS) you plan on joining, if you do not indicate what Performing Provider System (PPS) you plan on joining, if you do not indicate what Performing Provider System (PPS) you plan on joining, if you do not indicate what Performing Provider System (PPS) you plan on joining, if you do not indicate what Performing Provider System (PPS) you plan on joining, if you do not indicate what Performing Provider System (PPS) you plan on joining, if you do not not not be without homes a provider with the man of the PSI in the "Appeal Applicant in The "Papeal Applicant in The "Appeal Applicant in The "Papeal Applicant in The "Appeal Applicant in The System Papeal Applicant in Th	Contact						Provider: Tami T. Buzzard, DNP; MMIS#: 02079165; NPI: 1528067667; License #: F302973
Contact Email distract-Bolleammedical.com N/ Please choose the following VAP Exception: Community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.							4
N. 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 the community, and/or clear track record of success in reducing avoidable hospital use. 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 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 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 ii. II. Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PePs, you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section III. III. When choosing VAP Exception II. Please indicate what PePs will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section III. III.)				Extension			Needed as Vital Access Provider within the ECMC Performing Provider System
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Name Daniel Strauch, MHA, CMPE Title Chief Executive Officer No	. Yes Hereby understa	Certify that the information and data pro	vided on this form is accura		t to the best	t of my knowledge	
Title Chief Executive Officer		Doniel Character &	ALIA CAADE			7	
				Ye:	No No		
Only appeals from the CEO, CFO or comparable will be accepted	III					-	



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

posted for pul	blic comment 30 days prior to ap	plication approval.	Three allowed reasons fo	or granting	g an exc	ception are sh	wn in Section IV.
I. Are you a M	ledicaid Provider						
	Answer Yes					▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: Olean Medical Group	LLP - Thaddeus S. Wo	ojcik, MD				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Cente	Corporation				•	You chose the qualification i, in the space below please include:
	ception is evaluated in the context of						
	ring for the VAP Exception in that P			ditional Pl	PSs" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include
	See Section II and VII of the instruc	tions for further clarif	ication!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your
-	rovider Type: Other					▼	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
Provider ⁻	Type - Other: Primary Care						services for the PPS in this community (ies).
	Operating Cert	ificate/License#	MMIS*		NP	P[*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	ie Identifiers:		839478		15088	65601	
	Agency Code:						
Bill	ling Entity ID:						Character Count: 1446
		dress	City	State	4	Zip	Olean Medical Group LLP -A multi-specialty medical group
	Address 535 Main St		Olean	NY		14760 * REQUIRED	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY) Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi	int of Contact					REQUIRED	The recess to water water the center crossing to state system
Contact	Person Daniel Strauch, MHA, CMP	E					Provider: Thaddeus S. Wojcik, MD; MMIS#: 00839478; NPI: 1508865601; License #: 155651
	Title Chief Executive Officer						
	Phone 716-376-2388		Extension				Needed as Vital Access Provider within the ECMC Performing Provider System
	t Email dstrauch@oleanmedical.co						Described to the control of the second of th
IV. Please cho	ose the following VAP Exceptio	n:					Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany Counties.
i A co	mmunity will not be served withou	t granting the excepti	on because no other eligib	le provide	r is willir	ng or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe
	rving the community.		_	•		- '	Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net
O ii Any h							locations (white stars).
	nospital is uniquely qualified to serv			relationsh	ips with	in the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000
comr	munity, and/or clear track record of	success in reducing a	avoidable hospital use.				compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push
O iii Any s	state-designated health home or gr	oup of health homes.	**				pins). The classical area also in the surel Cotton uses County UDSA and Allegany County UDSA areas and the course of advente sefety and associated as a series of a surel control area.
Marin all a salar	- MAR Francisco I G II - Blassa in di		. D: d Ct (DDC)		-1-1 0		These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers to serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red
	g VAP Exception i & ii – Please indic PPS you intend to join, then you wil						and the VAP locations (blue push pins).
	Section II". If you are part of multiple			on the A	opeui Ap	phicane	
	g VAP Exception iii— The Departme			Health Ho	mes and	l Network	
Care Managem	ent Agencies (CMAs) that have alre	ady been approved a	s safety net providers as w	ell as those	e that ar	e pending	
	If your Health Home appears on th					-	
	o not need to submit this form. If the						
	you do not need to submit this forn ved safety net provider list, but you						
	s available on the DSRIP website.	organization believe	is triat it siloulu quality as a	і пеаші по	Jille, pie	ase complete	
	or Section IV, if you are joining mor	e than one PPS. use s	second tab (Section VII) to	add addit	ional PP	Ss.	
		•	, ,				
v. Percentage	of Medicaid & Uninsured member	s that your facility se	rves				
	Medicaid (FFS & MC)	U	ninsured	Data	Source	Year	
Percentage	13%		2%	E	MR	2013-2014	
Van Illaunhuu	Certify that the information and d			-4 4 - 4b - b			-
	nd that this information may be su						
appeal.		.,	.,				
• •				nswer	_		
Nan		uch, MHA, CMPE	S Ye	es 🔾 N	10		
Tit		ecutive Officer					
	Only appeals from the CEO, O	.⊦∪ or comparable v	viii be accepted				



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

		30 days prior to application	on approval. Thr	ee allowed reasons	tor grantin	ng an	exception are sl	own in Section IV.						
ı. Are you a	Medicaid Provi	der					-	You have chosen the following VAP Exception:						
U. Ammani A		res												
	pplicant Inform	Dlean Medical Group LLP - V	tilliam C Cibal N	ID.				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
Organ		Frie County Medical Center Corpora		ID .				~ 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:						
ΛΛ The V/ΔΡ F		ated in the context of the P	911111	If you are joining me	ore than on	o DDS	100	Tou chose the qualification i, in the space below please include:						
		P Exception in that PPS as w						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include						
multiple PPS	's. See <u>Section II</u>	and VII of the instructions fo	r further clarificat	ion!				descriptions of the geographic area, the population, and how the services in this community are insufficient without your						
	Provider Type: (Other					▼	organization's involvement given the PPS current configuration of network providers.						
Provide	er Type - Other: F	Primary Care						b. A description of the applicant's organization, the services provided, and how the services will enhance the network of						
		Operating Certificate/	License #	MMIS*			NPI*	services for the PPS in this community (ies).						
Uni	ique Identifiers:			2022622	_	138	36643781	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	Agency Code:													
E	Billing Entity ID:							Character Count: 1439						
	Address	Address		City	State		Zip	Olean Medical Group LLP -A multi-specialty medical group						
	Address	35 Main St	ĮC	lean	NY		14760 * REQUIRED	Olean, NY Location: 535 Main St, Olean, NY 14760 (Cattaraugus County, NY) Vital Access Provider within the ECMC Performing Provider System						
III. Appeal F	Point of Contact	:					REQUIREE	Vital Access Floward William the Center Chorling Floward System						
Conta		Strauch, MHA, CMPE						Provider: William G. Cihak, MD; MMIS#: 02022622; NPI: 1386643781; License #: 216007						
		Executive Officer												
		76-2388 ch@oleanmedical.com		Extensio	'n			Needed as Vital Access Provider within the ECMC Performing Provider System						
	•	wing VAP Exception:						Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Cattaraugus and Allegany						
								Counties.						
		ot be served without granti	ng the exception l	pecause no other elig	jible provide	er is w	illing or capable	The Olean Medical Group – Olean, NY primary care location serves the Olean-Cuba Primary Care Service Area (PCSA). The nearest sources of Safe						
- 1	serving the comr	nunity.						Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net						
O ii An	y hospital is uniq	uely qualified to serve base	d on services prov	ided, financial viabilit	ty, relations	hips w	vithin the	locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Olean-Cuba PCSA is 58% above the DSRIP 5-year goal (1,928/100,000).						
		clear track record of succes			,,			compared to the goal rate of 1,219). See the red area in the "Avoidable Medicaid Hospitalizations" map showing the VAP locations (blue push						
O iii An								pins).						
V III An	iy state-designate	ed health home or group of I	nearth nomes.					These locations are also in the rural Cattaraugus County HPSA and Allegany County HPSA areas and there are not adequate safety net providers t						
		n i & ii – Please indicate wh						serve the 11,355 resident Medicaid and uninsured population in the Olean-Cuba Primary Care Service Area. See map showing HPSA areas (in red and the VAP locations (blue push pins).						
		to join, then you will be der ou are part of multiple PPSs,			PS in the "A	Appeal	l Applicant	and the VAP locations (blue push pins).						
	-	on iii– The Department has s			ad Health Ho	omes :	and Network							
		CMAs) that have already be		-										
		Home appears on this list as												
		submit this form. If the orga												
		d to submit this form. If you provider list, but your organ	-											
		he DSRIP website.	ization believes ti	at it should quality u.	, a mealarm	ioine,	picase complete							
~	For Section IV, if	you are joining more than	one PPS, use seco	ond tab (Section VII)	to add addi [.]	tional	I PPSs.							
V. Percentag	ge of Medicaid &	Uninsured members that y	our facility serve	5										
	Med	Medicaid (FFS & MC) Uninsured Data Source Year												
Percentage	2	5%	2	%	ı	EMR	2013-2014							
Yes I Hereb unders appeal	by Certify that the tand that this info.	e information and data prov formation may be subject to Daniel Strauch, M	vided on this form o audit and I may HA, CMPE	n is accurate and corr be asked to provide	rect to the b documenta Answer	oest o	of my knowledge.							
	Only appo			ho acconted										
	Only appe	als from the CEO, CFO or	comparable will	be accepted										



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

	•		o application a	approval. Three allo	wed r	easons fo	or granti	ing an exce	eption are shown in Section IV.
I. Are you a N		1							
	Answer							▼	You have chosen the following VAP Exception:
II. Appeal Ap									VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	General Physicians PC- Pam	Reamer NP						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		Erie County Medical Center Corpo	****					•	You chose the qualification i, in the space below please include:
		aluated in the context of the							
	-	/AP Exception in that PPS as			II_Add	litional PP	'Ss" tab t	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		II and VII of the instructions f	for further clarifi	ication!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the
		Operating Certificate/	/License #	MMIS*			NPI*		network of services for the PPS in this community (ies).
Uniqu	e Identifiers:			02564872		18	8313828	78	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
А	gency Code:								
Billi	ing Entity ID:								Character Count: 1871
		Address		City		State		Zip	General Physicians PC - A multi-specialty medical group
	Address	100 Ohio St		Medina		NY		1103	Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)
III. Appeal Po	int of Cont	a.e.					•	REQUIRED	Vital Access Provider within the ECMC Performing Provider System
		antha J. Sessamen, M.S.							Provider: Pam Reamer NP; MMIS#: 02564872; NPI: 1831382878; License #: F333993
Contact		ntive Coordinator							Flovider. Fall healitet NF, Wilvils#. 02304672, NFI. 1631362676, Literise #. F333333
Contact		698-3469		Extensi	ion				Needed as Vital Access Provider within the ECMC Performing Provider System
Contac	t Email ssess	samen@gppconline.com							g
IV Please cho	nose the fol	llowing VAP Excention:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties.
i 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									The General Physicians PC – Medina, NY primary care location serves the Medina Middleport Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and neares Safety Net locations (white stars). This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin). This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin). This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).
or on another a complete this f	approved saf form. List is a Section IV, i	do not need to submit this for ety net provider list, but you vailable on the DSRIP websit f you are joining more than & Uninsured members that	r organization be e. one PPS, use se	elieves that it should	qualify	/ as a Heal	lth Home	e, please	
	Me	edicaid (FFS & MC)	Uni	insured		Data So	urce	Year	
Percentage		24%		2%		EMF	R 20	013-2014	
	and that this al. ne	the information and data price information may be subjected by the subject	t to audit and I	may be asked to prov	vide do	ocumenta			2.

10/30/2014 Pediatric Associates of Watertown

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 p	ublic comr	nent 30 days prior to appl	ication approval.									
I. Are you a Me							0					
	Answer	Yes						-	You have chosen the following VAP Exception: i			
II. Appeal Appl	icant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organizat	tion Name:	Pediatric Associates of Wate	ertown						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:	Samaritan Medical Center						-	You chose the qualification i, in the space below please include:			
^^ The VAP Exce	ption is eval	uated in the context of the F	PPS you are joining.	. If you are j	oining more	than one Pl	PS, you have th	he				
		AP Exception in that PPS as v			the "VII_Add	litional PPSs	" tab to select	t	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
· · · · · · · · · · · · · · · · · · ·		and VII of the instructions f	or further clarificati	ion!				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.			
	vider Type:							▼	b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
Provider Ty	pe - Other:	Pediatrician				1		_	of services for the PPS in this community (ies).			
		Operating Certificate	/License #	MM	-		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	Identifiers: gency Code:			`0058	3890	14	97855670					
	gency code.								Character Count: 1762			
	ig Entity ioi	Address		Cit	ty	State	Zip	- 11	Pediatric Associatges is a group of 3 pediatricians and 3 mid-levels. Their office is located in Watertown. Watertown is the county seat for			
	Address	18969 US Route 11	Wa	atertown	,	NY	13601		Jefferson County and currently has 27,161 residents but is frequently visited and sought out by the surrounding areas. Jefferson County has a			
							* REQU	IRED	population of 116,299, with the majority of these patients recieving care within Watertown. Watertown is an underserved population in regards			
III. Appeal Poin	erson Brian							—	to Healthcare. Watertown continues to face the challenge of lack of primary care services, and pediatrics continues to be an area that is			
Contact Pe	Title Direc								significantly impacted. Currently in the DSRIP application there is only two other providers of pediatric services one being a FQHC and another independant pediatric group that covers Jefferson County. With the importance being put on behavioral health, preventitive care, obersity,			
Contact P	hone 315-7				Extension		31	-11	asthma, and diabetes we feel that pediatricians play a crucial role in being able to transform the pediatric healthcare system not only for			
Contact I	Email bmar	colini@fdrhpo.org		•					medicaid but for all. If we positively impact them as youth chances are good behaviors continue into adulthood. If the two independant pediatri			
IV. Please choo	se the follo	owing VAP Exception:						ا —	offices are not considered as vital access providers there is a very large propability of the network, not being able to meet any of the criteria tha involves the pediatric population. Currently Pediatric Associates takes care of 39% Medicaid and Uninsured patients, if you were to add Child			
O ii Any ho commi	ving the compospital is unity, and/coate-designat	quely qualified to serve base or clear track record of succe ed health home or group of	ed on services provious in reducing avoid health homes. **	ided, financ dable hospi	ial viability, i tal use.	relationship	s within the	Health Plus into that date the office would be at 46%. Child Health plus is all to often left out of the calculations when looking into the Managed care breakdown. When looking at this tough to treat population and the popualtion that DSRIP is targeting you should consider the amount of Child Health Plus a Vital Access Provider treats.				
indicate what PP Information – Se When choosing N Care Managemer CMS approval. If approval and do safety net list, yo another approve complete this for	es you intendention II". If y VAP Exception II Agencies your Health not need to but do not need safety net rm. List is av	on i & ii – Please indicate what it opin, then you will be de you are part of multiple PPSs on iii – The Department has (CMAs) that have already be it Home appears on this list a submit this form. If the org. et do submit this form. If you provider list, but your organiallable on the DSRIP website if you are joining more than	nied. Please indicat s, see section VII tab submitted a draft lis seen approved as saft so pending approval, anization operating sur organization doe nization believes that e.	ate the name of the second sec	e of the PPS Designated H viders as wel e granted a \ h Home/CM ar on the dra qualify as a	lealth Home lealth Home Il as those tl /AP Exceptic A already ar aft Health H Health Hom	eal Applicant as and Networl nat are pendin on pending CN opears on anot ome list or on ue, please	rk ng VIS other				
V. Percentage of	f Medicaid 8	& Uninsured members that y	your facility serves									
	Me	dicaid (FFS & MC)	Uninsu	ured		Data Sou	ırce Yea	r				
Percentage		34%	2%	6		EMR		2013				
-	d that this in	ne information and data pro information may be subject t Brian Marc Directo eals from the CEO, CFO or	o audit and I may b olini or	be asked to	Anso Yes	umentation wer	-	-				

10/30/2014 Peter Sadowitz vap_exception_appeal_form

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	l consider exceptions t	o the safety net	definition o	n 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 comi	ment 30 days prior to appl	lication approval. Thre	e allowed reasor	ns for grant	ing an exception	are shown in Section IV.
I. Are you a M	ledicaid Pro	vider					
	Answer	Yes				~	You have chosen the following VAP Exception:
II. Appeal App	olicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	Peter Sadowitz, MD					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Upstate University Hospital				-	You chose the qualification i, in the space below please include:
		luated in the context of the F					
	-	'AP Exception in that PPS as value of the instructions for the instruction in the instruction		e see the "VII_Ado	ditional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
			or further clarifications			_	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.
	ovider Type:					•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider T	Type - Other:	Physician	1		1		of services for the PPS in this community (ies).
		Operating Certificate/	/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:	145193		00821027	19	22065150	
	gency Code: ing Entity ID:						Character Count: 595
Billi	ing chary ib.	Address	T	City	State	Zip	This VAP exception is requested for an emergency medicine physician affiliated with Upstate University Health System. Upstate University
	Address	750 East Adams Street	Syracus		NY	13210	Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine
						* REQUIRED	physician engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care
III. Appeal Poi							management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (195 Medicaid/541
Contact F	Person Rick Title Coor		Ouglity Incontinue				total encounters = 36.04% Medicaid).
Contact	Phone 315-	dinator, Meaningful Use and 464-5181	i Quality incentives	Extension	1	n/a	
		sr@upstate.edu		Extension		.,, a	11
IV. Please cho	ose the foll	owing VAP Exception:					·
of ser Any h comn iii Any s When choosing indicate what P Information – s When choosing Care Managem CMS approval. I	nospital is un nunity, and/o state-designa g VAP Except PPS you inten section II". If g VAP Except ent Agencies If your Healti	iquely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate who to join, then you will be de you are part of multiple PPSs ion iii – The Department has a (CMAs) that have already be home appears on this list a	ed on services provided, sess in reducing avoidable health homes. ** hat Performing Provider nied. Please indicate th 6, see section VII tab. submitted a draft list of seen approved as safety not as pending approval, you	financial viability, hospital use. System (PPS) you e name of the PPS State Designated Is et providers as we will be granted a	relationship plan on join in the "Appo Health Home til as those til VAP Exceptio	ing. If you do not eal Applicant s and Network hat are pending on pending CMS	
safety net list, y another approv complete this fo ~ For	you do not no yed safety ne orm. List is a r Section IV,	o submit this form. If the orga- sed to submit this form. If yo t provider list, but your orgar vailable on the DSRIP website if you are joining more than	our organization does no nization believes that it s e. one PPS, use second tal	t appear on the dr hould qualify as a	aft Health H Health Hom	ome list or on e, please	
V. Percentage		& Uninsured members that y	-	1			
	Me	edicaid (FFS & MC)	Uninsured		Data Sou		
Percentage		36%	n/a		EHR	CY 2013	
	-	he information and data pro nformation may be subject t		ed to provide do			
Nam	ne	Lorraine Ma	nzella	(Yes			
Titl		Administrative			- 1		
	Only app	eals from the CEO, CFO or	r comparable will be a	ccepted			

10/30/2014 Pierce vap_exception_appeal_form-1 (2)

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

be posted f	for public comi	ment 30 days prior to appli	ication approval. T	hree allowed re	easons	for grant	ing an exc	ception	re shown in Section IV.							
I. Are you a	a Medicaid Pro	vider				-										
	Answer	Yes						•	You have chosen the following VAP Exception: i							
II. Appeal A	Applicant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!							
Orgai	nization Name:	Westfield Family Physicians,	PC						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~							
		Catholic Medical Partners-Accounta	57/70					•	You chose the qualification i, in the space below please include:							
^^ The VAP I	Exception is eva	luated in the context of the P	PPS you are joining. I	f you are joining	more t	than one Pf	PS, you hav	ve the								
option of ap	plying for the V	'AP Exception in that PPS as v	vell (if applicable). P	lease see the "VII	I_Addi	tional PPSs	s" tab to se	elect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to							
multiple PPS	S's. See <u>Section I</u>	I and VII of the instructions for	or further clarification	on!					include descriptions of the geographic area, the population, and how the services in this community are insufficient							
	Provider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.							
Provide	er Type - Other:	Primary Care Provider- Physi	ician Assistant						b. A description of the applicant's organization, the services provided, and how the services will enhance the network							
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).							
Uni	ique Identifiers:	006851		02153579		10	93780025		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)							
	Agency Code:															
	Billing Entity ID:								Character Count: 3143							
		Address		City		State	Zip		<u> </u>							
	Address	138 East Main Street, PO Box	x 10 Wes	stfield		NY	1478	QUIRED	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the							
III. Appeal	Point of Conta	ct					· KE	QUIKED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000							
	act Person Nane								Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),							
	Title RN, 0	Office manager							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services							
	act Phone 716-			Extensi	ion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.							
Cont	tact Email nanb	@wfpweb.net							Westfield Comily Devisions a practice of Cheard cartified Comily Devision Allows Devisions Allows Devisions and 2 Cl. 11							
IV. Please o	choose the foll	owing VAP Exception:							Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located							
⊚ i A	community will	not be served without grant	ing the exception be	ecause no other e	ligible	provider is	willing or	capable	approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation							
	serving the con	_				•	Ü		between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a							
O ii An								L	ride.							
		iquely qualified to serve base				elationship	s within th	e								
	mmunity, and/o	or clear track record of succes	ss in reducing avoida	able hospital use.					The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article							
O iii An	ny state-designa	ted health home or group of	health homes. **						28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local							
	ing VAR Event	ion i & ii – Please indicate wh	at Porforming Provi	idar Sustam (DDS)) vou n	lan on ioin	ing Ifyou	do not	communities.							
		d to join, then you will be de	_			-										
		you are part of multiple PPSs		e the hame of the		тине търч	саглерно		Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed							
When choos	sing VAP Except	ion iii– The Department has s	submitted a draft list	t of State Designa	ited He	ealth Home	s and Net	work	recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting,							
Care Manage	ement Agencies	(CMAs) that have already be	en approved as safe	ty net providers	as well	as those th	hat are per	nding	and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self							
	•	h Home appears on this list a						-	management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align							
		submit this form. If the orga	,				•		with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.							
		eed to submit this form. If yo t provider list, but your organ	-					OII	We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid							
	•	vailable on the DSRIP website		t it snould quality	, as a 1	icaitii i ioiii	ie, piease		population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the							
. ~	For Section IV,	if you are joining more than	one PPS, use second	d tab (Section VII) to ad	d addition	al PPSs.		Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services							
									and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient							
V. Percenta	ge of Medicaid	& Uninsured members that y	our facility serves		-				outcomes.							
	Me	edicaid (FFS & MC)	Uninsu	red		Data Sou	urce	Year	Sincerely,							
Percentage		24%	4%				ar d Di	2044	Donald F Brautigam, MD, FAAFP							
Percentage	e	24%	470			an rosters a	anu Pr	2014	CEO Westfield Family Physicians, PC							
									1							
		he information and data pro					-	_	'							
appeal		nformation may be subject to	o audit and i may be	askeu to bionio	e aocu	mentation	i iii suppor	נטו נוווג								
арреа	•				Answ	ver										
N	lame	Donald F Brautig	, ,		Yes	O No										
	Title	CEO Westfield Family														
	Only app	eals from the CEO, CFO or	comparable will b	e accepted												

10/30/2014 Priscilla Dale, MD vap_exception_appeal_form

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 com	ment 30 days prior to appl		al. Three allowed re					, , , , , , , , , , , , , , , , , , , ,				
I. Are you a M		vider											
	Answer	Yes						▼	You have chosen the following VAP Exception: i				
II. Appeal App	olicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	ation Name:	General Physicians PC- Prisc	illa Dale, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
		Erie County Medical Center Corpora						-	You chose the qualification i, in the space below please include:				
		luated <u>in the context of the F</u>											
		AP Exception in that PPS as value of the Instructions for the Instruction in the			_Add	itional PPSs	" tab to	select	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				
	ovider Type:							▼	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				
		Primary Care											
Flovider i	ype - Other.		/i:#	MMIS*		I	NPI*		of services for the PPS in this community (ies).				
Halann	e Identifiers:	Operating Certificate/	rLicense #	01443250		11	.947252	75	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	gency Code:			01443250		111	.947252	/5					
	ing Entity ID:								Character Count: 1411				
		Address		City		State	Z	Zip	General Physicians PC - A multi-specialty medical group				
	Address	210 E Main Street		Springville		NY	14	141	Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)				
							*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System				
III. Appeal Poi								1					
Contact i		antha J. Sessamen, M.S. ntive Coordinator							Provider: Priscilla Dale, MD; MMIS#: 01443250; NPI: 1194725275; License #: 194016 Needed as Vital Access Provider within the ECMC Performing Provider System				
Contact	Phone 716-			Extens	on				needed as vital Access Frovider within the Edwic Performing Frovider System				
		amen@gppconline.com				1			Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern				
IV. Please cho	ose the foll	owing VAP Exception:							Cattaraugus and Chautauqua Counties.				
i A cor	mmunity will	not be served without grant	ing the exception	n because no other e	ligible	provider is	willing	or capable	The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety Net				
	rving the com	imunity.							locations (white stars).				
O ii Any h	nospital is uni	iquely qualified to serve base	ed on services pro	ovided. financial viab	ilitv. ı	elationships	s within	the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).				
		or clear track record of succe							This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are not				
O iii Anys	state-designa	ted health home or group of	health homes. *	*					adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).				
When choosing	VAP Excepti	i on i & ii – Please indicate wh	nat Performing P	Provider System (PPS	you	olan on joini	ing. If yo	ou do not					
_		d to join, then you will be de	_										
Information – S	Section II". <u>If </u>	you are part of multiple PPSs	, see section VII t	tab.									
_		ion iii– The Department has s		_									
		(CMAs) that have already be						-					
	-	n Home appears on this list a o submit this form. If the orga						-					
		eed to submit this form. If yo											
		t provider list, but your organ	_										
complete this fo	orm. List is a	vailable on the DSRIP website	e.										
~ For	r Section IV,	if you are joining more than	one PPS, use sec	cond tab (Section VII) to a	dd additiona	al PPSs.						
V. Percentage	of Medicaid	& Uninsured members that y	your facility serve	es									
	Me	dicaid (FFS & MC)	Unii	nsured		Data Sou	ırce	Year					
Percentage		10%		2%		EMR	20	013-2014					
W 111 1	C	h = 1 = f = =	and and a second by the second			4-4b-b- 1	-4 !		1				
	-	he information and data pro nformation may be subject t					-	_					
appeal.	iu triat triis ii	normation may be subject t	o audit and i ma	y ne askeu to provid	e uoc	umentation	ııı supp	OI COI CIIIS					
					Ans	wer							
Nam		Don Boy	rd .	©	Yes	O No							
Titl		CEO											
	Only app	eals from the CEO, CFO or	comparable wi	ill be accepted									

10/30/2014 Przybelinski vap_exception_appeal_form-1

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

		nent 30 days prior to appl	ication approv	al. Three allowed r	easons	s for gran	ting an ex	xception a	re shown in Section IV.							
I. Are you a l	Medicaid Pro															
	Answer	Yes						▼	You have chosen the following VAP Exception:							
	plicant Infor								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!							
Organi		Westfield Family Physicians,							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~							
AA The WAD Ev		Catholic Medical Partners-Accounts	1182-001-002-002-002-002-002-002-002-002-00	ing If you are injuing		than and P	nne waw h	200	You chose the qualification i, in the space below please include:							
		uated <u>in the context of the F</u> AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to							
		and VII of the instructions for			Auu	itional 113	33 (ab to .	Jeicet	include descriptions of the geographic area, the population, and how the services in this community are insufficient							
F	Provider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.							
		Primary Care Provider-Adult	Nurse Practition	ner					b. A description of the applicant's organization, the services provided, and how the services will enhance the network							
TTOVIGET	Type Other.	Operating Certificate/		MMIS*			NPI*		of services for the PPS in this community (ies).							
Uniqu	ue Identifiers:	306490	Licerise #	00988129		1	.04364768	20	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)							
	Agency Code:	300430		00388123			.04304700	56								
	lling Entity ID:								Character Count: 3143							
		Address		City		State	Zi	ip								
	Address	138 East Main Street, PO Bo	x 10	Westfield		NY	147		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the							
III Anneal D	oint of Conta	rt					* F	REQUIRED	state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),							
- ' '		tte Bartkowiak, RN														
Contact	Title Offic								Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services							
Contac	t Phone 716-3	326-4678		Extens	sion		236		Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.							
Conta	ct Email nanb	@wfpweb.net														
i A co of so	ommunity will erving the community, and/community,	not be served without grant munity. quely qualified to serve base or clear track record of succes and health home or group of on i & ii – Please indicate where the property of the property	health homes. * health homes. * health homes. * health Performing I nied. Please ind , see section VII submitted a draf sen approved as s pending appro anization operat ur organization nization believes . one PPS, use se	rovided, financial vial voidable hospital use ** Provider System (PPS licate the name of th tab. ft list of State Design safety net providers ayal, you will be granting your Health Hom does not appear on the that it should qualification to the condition of t	bility, researched	elationship olan on join n the "App ealth Hom l as those t AP Excepti A already a ft Health Hon	ps within t ning. If you peal Applic es and Ne that are pe ion pendir appears on Home list of me, please	u do not cant etwork ending ng CMS a another or on	Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride. The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management. We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full pa							
Darcentage	Me	dicaid (FFS & MC)	Uni	insured		Data So		Year 2014	Sincerely, Donald F Brautigam, MD, FAAFP							
Percentage		24%		470		iii rosters	ailū Pl	2014	CEO Westfield Family Physicians, PC							
understa appeal.	me	Donald F Brauti CEO Westfield Family	o audit and I ma igam,PC Physicians,PC	ay be asked to provid		umentatio	•	-								
		eals from the CEO, CFO or		vill be accepted												

10/30/2014 Rajiv Parikh, MD vap_exception_appeal_form

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 p	ublic com	ment 30 days prior to appl	ication approval. T						, ,					
I. Are you a Me	edicaid Pro	vider												
	Answer	Yes						•	You have chosen the following VAP Exception: i					
II. Appeal Appl	icant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organizat	tion Name:	General Physicians PC- Rajiv	/ Parikh, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	Erie County Medical Center Corpora	ation					-	You chose the qualification i, in the space below please include:					
^^ The VAP Exce	ption is eva	luated in the context of the F	PPS you are joining. I	If you are joi	ning more	than one PPS	S, you have th	e						
		'AP Exception in that PPS as v			"VII_Add	itional PPSs"	tab to select		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's. S	ee <u>Section I</u>	I and VII of the instructions for	or further clarification	on!				[include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Pro	vider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.					
Provider Ty	pe - Other:	Primary Care						Ш	b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/	License #	MMIS	*		NPI*		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)					
Unique	Identifiers:			006008	26	139	6854055		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	gency Code:													
Billin	g Entity ID:					,			Character Count: 1522					
		Address		City		State	Zip		General Physicians PC - A multi-specialty medical group					
	Address	1134 Central Ave	Dur	nkirk		NY	14048 * REQUII	DED	Dunkirk, NY Location: 1134 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY) Vital Access Provider within the ECMC Performing Provider System					
III. Appeal Poin	nt of Conta	ct					KEQUII	KED	vital Access Frovider within the Ecivic Performing Frovider System					
Contact Pe		antha J. Sessamen, M.S.							Provider: Rajiv Parikh, MD; MMIS#: 00600826; NPI: 1396854055; License #: 121978					
	Title Incer	ntive Coordinator												
	hone 716-			Ex	tension				Needed as Vital Access Provider within the ECMC Performing Provider System					
Contact	Email ssess	amen@gppconline.com						_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.					
i A com of serv Any ho comm Any str When choosing I indicate what PP Information – Se When choosing I Care Manageme (CMS approval and do safety net list, yo another approve complete this for	munity will ing the composition of the composition	owing VAP Exception: not be served without grant nounity. iquely qualified to serve base or clear track record of succe- ted health home or group of ion i & ii – Please indicate wif d to join, then you will be de- you are part of multiple PPSs ion iii—The Department has s (CMAs) that have already be in Home appears on this list a is submit this form. If the org- eded to submit this form. If yo it provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that y	ed on services provides in reducing avoids health homes. ** nat Performing Provinied. Please indicate, see section VII tab. submitted a draft listen approved as safes pending approval, anization operating your organization does it is a provinization believes that it.	ded, financial able hospital vider System te the name of the state Deserty net provid you will be gyour Health his not appear at it should quite able to the state of the stat	viability, r use. (PPS) you p if the PPS i signated H lers as wel ranted a V Home/CM/ on the dra ualify as a l	relationships plan on joinir in the "Appea ealth Homes I as those the 'AP Exception A already app iff Health Home Health Home	within the ang. If you do n al Applicant and Network at are pending n pending CM. pears on anoth me list or on t, please	ot S	The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest source of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicai and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).					
		dicaid (FFS & MC)	Uninsu	ıred		Data Sour	ce Year							
Percentage		15%	2%		\dashv	EMR	2013-20							
-	d that this in	he information and data pro information may be subject to Don Boy CEO eals from the CEO, CFO or	o audit and I may be	e asked to pr		umentation i	-	_						

Richard Milazzo, MD vap_exception_appeal_form

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

	•		o application	approval. Three allov	wed re	easons fo	or granti	ng an exce	eption are shown in Section IV.
I. Are you a N									
L	Answer							▼	You have chosen the following VAP Exception:
II. Appeal Ap	•								VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz		General Physicians PC- Rich	·	D					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		Erie County Medical Center Corpo	****					•	You chose the qualification i, in the space below please include:
		aluated in the context of the							
		/AP Exception in that PPS as			_Addi	tional PP	Ss" tab to	o select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
· ·		II and VII of the instructions	for further clarif	ication!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pi	rovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the
		Operating Certificate	License #	MMIS*			NPI*		network of services for the PPS in this community (ies).
Uniqu	ue Identifiers:			00605147		14	4876051	50	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Į.	Agency Code:								
Bill	ling Entity ID:								Character Count: 1521
		Address		City		State		ip.	General Physicians PC - A multi-specialty medical group
	Address	515 Swan St		Dunkirk		NY		048	Dunkirk, NY Location: 515 Swan St, Dunkirk, NY 14048 (Chautauqua County, NY)
III. Annool De	aint of Cont	act					*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Po		antha J. Sessamen, M.S.							Descridos Diobard Milavas AAD MANGE 00005147, NDI 1497007450, License # 407473
Contact		ntive Coordinator							Provider: Richard Milazzo, MD; MMIS#: 00605147; NPI: 1487605150; License #: 107173
Contact		·698-3469		Extensio	on				Needed as Vital Access Provider within the ECMC Performing Provider System
		samen@gppconline.com							The control of the co
		llowing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.
i A co	ommunity wil	I not be served without grant g the community.	ting the excepti	on because no other el	ligible	provider	is willing	or	The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and neares Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of
com	•	iquely qualified to serve base or clear track record of succe		,	ility, re	elationship	ps within	the	avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins).
O iii Any	state-design	ated health home or group of	f health homes.	**					This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident
	• .	tion i & ii – Please indicate w	-			•			Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP
		ntend to join, then you will b you are part of multiple PPS:			f the P	PS in the	"Appeal	Applicant	location (blue push pins).
When choosin	ng VAP Excep	tion iii- The Department has	submitted a dr	aft list of State Designa	ated H	ealth Hor	nes and I	Network	
Care Managen	nent Agencie	s (CMAs) that have already b	een approved a	s safety net providers	as wel	ll as those	e that are	pending	
CMS approval.	. If your Healt	th Home appears on this list a	as pending appr	oval, you will be grante	ed a V	AP Except	tion pend	ling CMS	
		o submit this form. If the org	•	0,	•				
		do not need to submit this fo							
		ety net provider list, but you	-	elieves that it should q	qualify	as a Heal	lth Home	, please	
		vailable on the DSRIP websit							
		if you are joining more than			to ad	d additio	nal PPSs.	•	
V. Percentage	of Medicaid	& Uninsured members that	your facility se	rves	Г				
	Me	edicaid (FFS & MC)	Un	insured		Data So	urce	Year	
Percentage		17%		2%	L	EMR	20)13-2014	
	tand that this	the information and data prosing the subjection of the subjection	t to audit and I	may be asked to provi	ide do	cumenta			
		peals from the CEO, CFO o	r comparable v	will be accepted					



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

		ment 30 days prior to appli	ication approval.	Three allowed r	easons 1	or granti	ing an ex	ception a	re shown in Section IV.								
I. Are you a N	Answer							▼	You have chosen the following VAP Exception:								
		Yes						•									
II. Appeal App									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!								
Organiz		Rome Medical Group						-	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~								
۸۸ The VAD Eve		St. Joseph's Hospital Health Center luated in the context of the P	PDC you are joining	If you are joining	more th	an one DD	os vou ha	7.77	You chose the qualification i, in the space below please include:								
option of apply	ing for the V	'AP Exception in that PPS as v I and VII of the instructions for	vell (if applicable).	Please see the "V					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								
Pr	rovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.								
Provider 7	Type - Other:	Group Physican Practice							b. A description of the applicant's organization, the services provided, and how the services will enhance the network								
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).								
Uniqu	e Identifiers:	.,,		1511013		14	07892342	2	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)								
	Agency Code:																
Bill	ing Entity ID:								Character Count: 3399								
		Address		City		State	Zip		A multi-physician primary care practice, Rome Medical Group is a captive-PC affiliated with Rome Memorial Hospital that serves approximately								
	Address	1801 Black River Blvd.	Ro	me		NY	134		20,000 adult and pediatric patients in Rome and the surrounding rural communities in Oneida County, 36% of whom are Medicaid and uninsured.								
III. Appeal Po	int of Conta	ct					* KI	EQUIRED	In addition to providing preventative and treatment services and managing chronic conditions, Rome Medical Group also provides walk-in convenient care for sick call, which helps prevent many unnecessary visits to the hospital's emergency department. Rome Medical Group's								
		mel Atkinson							current providers include:								
		tice Administrator							Kathleen Garbooshian, MD, Family Practice, NPI 1689646549, MMIS 02136134 Reo Peniston, MD, Family Practice, NPI 1093974511, MMIS 03019069								
Contact	Phone 315-3	337-3365		Extens	ion												
Contac	t Email ratkii	nson@romehospital.org							• Gibran Tallim, MD, Family Practice, NPI 1730151507, MMIS 01075850								
IV. Please cho	ose the foll	owing VAP Exception:							Vivienne Taylor, MD, Internal Medicine/Pediatrics, NPI 1861464372, MMIS 01890702 Decread Francis MD, Internal Medicine/Ordinates NPI 4550556444, NAMIS 03636334								
◉ i A co	mmunity will	not be served without grant	ing the exception b	ecause no other	ligible p	rovider is	willing or	capable	Desmond Francis, MD, Internal Medicine/Pediatrics, NPI 1659506111, MMIS 03625321 Antonio Braga, MD, Pediatrics, NPI 1922040138, MMIS 02728687								
	rving the com	_							- Antionio Briggs, Mb, Petulatius, Nr 1 3220-0136, Minist 02120-007 - Andrew Halpern, MD, Pediatrics, NP1 1487640397, MMIS 0241289								
O ii Any i									Bruce Slagle, MD, Family Pracitce/Allergy, NPI 1003888967, MMIS 00968772								
	•	iquely qualified to serve base			• • •	ationships	s within th	ne	• Timothy Mihm, Physician Assistant, NPI 1659301729								
com	munity, and/o	or clear track record of succes	ss in reducing avoid	dable hospital use					Shane Angleton, Physician Assistant, NPI 1447280508 Dance Frencher, Physician Assistant, NPI 1508775558								
O iii Any s	state-designat	ted health home or group of	health homes. **						Renee Frawley, Physician Assistant, NPI 1508175258								
When choosing	z VΔP Evcenti	ion i & ii – Please indicate wh	at Performing Pro	vider System (PPS) vou nla	n on ioini	ing If you	do not	The population served by Rome Medical Group would not otherwise be served by primary care physicians in the community because a majority								
	-	d to join, then you will be de	_			-			of existing physicians are not accepting new Medicaid patients. According to a 2013 survey of the 23 independent Rome providers, only two were accepting new Medicaid patients. In addition, the Rome area is experiencing a significant shortage of physicians. Since 2012, more than 10								
		you are part of multiple PPSs															
When choosing	g VAP Excepti	ion iii– The Department has s	submitted a draft li	st of State Designa	ited Hea	Ith Home	s and Net	work	primary care providers have left the community due to retirement, death or relocation. In addition, three additional independent physicians with								
	-	(CMAs) that have already be						_	large practices are nearly retirement age.								
		h Home appears on this list as						-	Physician recruitment continues to be the system's most significant challenge. Because of national physician shortages, it's not easy for smaller								
		o submit this form. If the orga eed to submit this form. If yo		•					cities in the northeast to compete against communities that promise warmer weather, a better call schedule, higher reimbursements and lower								
	-	t provider list, but your organ	-					1 011	malpractice insurance. At a community health forum, held as part of the Community Health Needs Assessment process, provider shortages								
		vailable on the DSRIP website		ac ic silouiu qualii	45 4 110		e, preuse		dominated the discussion in terms of health system issues and was identified as a major barrier to managing population health in the community.								
~ Fo	r Section IV, i	if you are joining more than	one PPS, use secor	nd tab (Section VI) to add	additiona	al PPSs.										
V. Percentage	of Medicaid 8	& Uninsured members that y	our facility serves						Rome Medical Group would be a necessary component of the St. Joseph's Hospital Health Center-led PPS to achieve many of its overarching goals including:								
	Me	edicaid (FFS & MC)	C) Uninsured Data Source			ırce	Year	 Expand existing or build out new primary care capacity and increase level of care through PCMH certification, technical assistance and EHR support and integration Integrate mental and behavioral health into primary care through telemedicine programs, new staffing models and integration with health 									
Percentage		32%	4%	á		Medent E	EMR	homes Increase primary care effectiveness and utilization with programs such as health homes, nurse navigators and ED navigator									
-	nd that this in	Rosemel Atkinson & G Practice Admin Rome Me	o audit and I may b Basil J. Arilgio morial Hospital Pre	es/CEO	e docun	nentation	-	_	Expand access to mental and behavioral health services through telemedicine and mobile crisis outreach programs Develop continuums of care planning and collaboration between acute and ambulatory/community based care systems to better care for vulnerable patients and support them in the community.								
110		eals from the CEO, CFO or															

10/30/2014 Ross Sullivan vap_exception_appeal_form

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 com	ment 30 days prior to appli	ication approval. Thre	ee allowed reasor	ns for granting	an exception	are shown in Section IV.
I. Are you a M	1edicaid Pro	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Info	rmation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Ross Sullivan, MD					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Upstate University Hospital				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	luated in the context of the P	PPS you are joining. If yo	ou are joining more	than one PPS,	you have the	
	•	/AP Exception in that PPS as v		se see the "VII_Add	ditional PPSs" t	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section</u>	II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Гуре - Other:	Physician					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*	N	PI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	258893		03302994	1366	699498	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:						
Billi	ing Entity ID:						Character Count: 592
		Address		City	State	Zip	This VAP exception is requested for an emergency medicine physician affiliated with Upstate University Health System. Upstate University
	Address	750 East Adams Street	Syracu	se	NY	13210	Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine
						* REQUIRED	physician engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care
III. Appeal Poi		Platis					management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (5 Medicaid/14 total
Contact F		rdinator, Meaningful Use and	Quality Incentives				encounters = 35.71% Medicaid).
Contact		464-5181	Quality incentives	Extension	1	n/a	
		sr@upstate.edu		EXCENSION	'	i, u	
B		lowing VAP Exception:					'
Mhen choosing indicate what P Information – S When choosing Care Managem: CMS approval. I approval and de safety net list, y another approv complete this fo	state-designa g VAP Except PPS you inten- Section II". If g VAP Except ient Agencies If your Healt if your Healt you do not no yed safety ne orm. List is a r Section IV,	iquely qualified to serve base or clear track record of successor clear track record of successited health home or group of ion i & ii – Please indicate who do to join, then you will be deimou are part of multiple PPSs ion iii—The Department has so (CMAs) that have already be h Home appears on this list are so submit this form. If the orgated to submit this form. If yot t provider list, but your organ vailable on the DSRIP website if you are joining more than & Uninsured members that y	health homes. ** nat Performing Provide nied. Please indicate th , see section VII tab. submitted a draft list of ten approved as safety is spending approval, you anization operating you ur organization does no nization believes that it e. one PPS, use second ta	r System (PPS) you he name of the PPS State Designated H net providers as we u will be granted a' r Health Home/CM bt appear on the dr should qualify as a	plan on joining in the "Appeal Health Homes a Il as those that VAP Exception IA already appe aft Health Home,	If you do not Applicant and Network are pending bending CMS ars on another e list or on olease	
	Me	edicaid (FFS & MC)	Uninsured		Data Source	e Year	
Percentage		36%	n/a		EHR	CY 2013	
-	nd that this i	the information and data pro information may be subject to Lorraine Mar Administrative beals from the CEO, CFO or	o audit and I may be as nzella Director	Ans Yes	cumentation in		

10/30/2014 SOUTHERN TIER PEDIATRICS PRACTICE PC for Katie Bell 10142014

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

		ment 30 days prior to appli	ication approval. Th	ree allowed rea	sons	for grantii	ng an ex	ception a	re shown in Section IV.				
I. Are you a M	Answer								You have chosen the following VAP Exception:				
II. Appeal App								*	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
		Southern Tier Pediatrics Prac	rtica P.C						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Catholic Medical Partners-Accounta						-	You chose the qualification i, in the space below please include:				
		luated in the context of the F	110000000000000000000000000000000000000	ou are joining m	ore t	han one PP	S you ha	17.00	Tou chose the quantication i, in the space below please include.				
		'AP Exception in that PPS as v							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions for	or further clarification	!					include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pro	ovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.				
Provider T	ype - Other:	Physician Assistant							b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).				
Unique	e Identifiers:	11983		3109428		188	8188452	6	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	gency Code:												
Billi	ng Entity ID:								Character Count: 3467				
		Address		City		State	Zi		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the				
	Address	1684 Foote Avenue Extensio	on James	stown		NY	147 * D	O1 EQUIRED	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000				
III. Appeal Poi	nt of Conta	ct					K	LQUINED	Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),				
Contact F		cia D'Angelo							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services				
		tice Manager							Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.				
Contact		661-9730		Extensio	n								
B			am.net						As a group, Southern Tier Pediatrics Practice, P.C. (STPP) serves approximately 2,089 Medicaid patients and 116 uninsured patients as a pediatric practice in Chautauqua County. Two out of five of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Those				
A coro of ser of	An act Email Southerntierpediatrics@windstream.net Anose the following VAP Exception: Community will not be served without granting the exception because no other eligible provider is willing or capable serving the community. An obspital is uniquely qualified to serve based on services provided, financial viability, relationships within the mmunity, and/or clear track record of success in reducing avoidable hospital use. Any state-designated health home or group of health homes. ** In g VAP Exception i & ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you do not the PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant - Section II". If you are part of multiple PPSs, see section VIII tab. In g VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network ment Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending ii. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS do not need to submit this form. If the organization operating your Health Home/CMA already appears on another to you do not need to submit this form. If your organization does not appear on the draft Health Home list or on oved safety net provider list, but your organization believes that it should qualify as a Health Home, please is 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.								providers are Safety-Net providers by group volume. We want to be sure that all of our providers are included. All of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. STPP serves Medicaid patients from birth through college age by providing access to quality primary care services. We are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing include Meaningful Use, Immunization Registry, local and regional Health Information Exchange working with specialists, HEALTHELINK, and our local hospital, WCA Hospital. We also have internal programs in place to monitor specific patient conditions and healthcare goals, including asthma care and management, newborn, care, well child care, mental health issues, and immunizations. Many of these activities align with the proposed DSRIP projects and promote population health and care management. Through our EMR program, GE Centricity, our practice also has access to robust technology for data collection, aggregation, reporting, and quality improvement activities. To tr				
Ī	Me	edicaid (FFS & MC)	Uninsure	d	ſ	Data Sou	irce	Year					
Percentage		50%	3%		ŀ	EMR		2013					
-	ee	he information and data pro information may be subject to Tariq M. Khai Owner	o audit and I may be a	sked to provide		mentation	-	-					



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

			•					eption are shown in Section IV.										
I. Are you a N			o application app	provan rince c			granting arrent											
,	Answer						▼	You have chosen the following VAP Exception: i										
II. Appeal Ap	plicant Info	rmation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!										
	•	Southern Tier Pediatrics Pra	ictice, P.C.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~										
		Catholic Medical Partners-Accoun					v	You chose the qualification i, in the space below please include:										
^^ The VAP Exc	ception is eva	luated in the context of the	PPS you are joining	g. If you are join	ing more	e than one P	PS, you have the											
option of apply	ing for the V	AP Exception in that PPS as	well (if applicable).	. Please see the	"VII_Ad	ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to										
multiple PPS's.	See <u>Section</u>	II and VII of the instructions	for further clarifica	ition!			_	include descriptions of the geographic area, the population, and how the services in this community are insufficient										
Pr	ovider Type:	Other					▼	without your organization's involvement given the PPS current configuration of network providers.										
Provider 1	Гуре - Other:	Nurse Practitioner						b. A description of the applicant's organization, the services provided, and how the services will enhance the										
		Operating Certificate,	/License #	MMIS*			NPI*	network of services for the PPS in this community (ies).										
Uniqu	e Identifiers:	330896		1568501		16	29045026	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)										
	gency Code:																	
Bill	ing Entity ID:			0:1		I I		Character Count: 3467										
	Addross	Address 1684 Foote Avenue Extension	an la	City		State NY	Zip 14701	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of										
	Address	1684 Foote Avenue Extension	on Ja	imestown		NY	* REQUIRED	the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves										
III. Appeal Po	int of Cont	act					negomes	approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) an										
Contact	Person Patri	cia D'Angelo						south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and										
		tice Manager						Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.										
	Phone 716-			Exte	nsion			And the Table of the Control of the										
-	•	herntierpediatrics@windstre	eam.net					As a group, Southern Tier Pediatrics Practice, P.C. (STPP) serves approximately 2,089 Medicaid patients and 116 uninsured patients as a pediatric practice in Chautauqua County. Two out of five of our providers are currently on the Safety-Net Physician list located on the DSRIP										
		lowing VAP Exception: not be served without grant	ting the exception	because no oth	er eligibl	e provider is	willing or	website. Those providers are Safety-Net providers by group volume. We want to be sure that all of our providers are included. All of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of										
		the community. iquely qualified to serve base	ed on services prov	vided, financial v	viability,	relationship	s within the	primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation										
		or clear track record of succe	_	•	ise.			by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage										
	_	ited health home or group of tion i & ii – Please indicate w			PPS) voi	ı plan on ioiı	ning. If you do	their care on a regular basis.										
		ntend to join, then you will b	_					STPP serves Medicaid patients from birth through college age by providing access to quality primary care services. We are involved with										
		you are part of multiple PPS: tion iii– The Department has			ianatad	Health Hear	as and Naturals	successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing include Meaningful Use, Immunization Registry, local										
		s (CMAs) that have already b			-			and regional Health Information Exchange working with specialists, HEALTHELINK, and our local hospital, WCA Hospital. We also have internal										
		h Home appears on this list a						programs in place to monitor specific patient conditions and healthcare goals, including asthma care and management, newborn, care, well chil										
		submit this form. If the org					•	care, mental health issues, and immunizations. Many of these activities align with the proposed DSRIP projects and promote population health and care management. Through our EMR program, GE Centricity, our practice also has access to robust technology for data collection,										
		do not need to submit this fo ety net provider list, but you						aggregation, reporting, and quality improvement activities.										
		vailable on the DSRIP websit	_	eves that it sho	iiu quaii	iy as a rieait	i nome, please											
		f you are joining more than		nd tab (Section	VII) to a	dd addition	al PPSs.	To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating member										
		& Uninsured members that		-	,			of a PPS. The services and infrastructure that are already in place at STPP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.										
	Me	edicaid (FFS & MC)	Unins	sured		Data Sou	rce Year											
Percentage		50%	3%	%		EMR	2013											
I underst this appe Nan	and that this al.	he information and data pr information may be subjec Tariq M. Kha	t to audit and I ma		Ans	documentat		re.										
Tit		Owner		L														
	Only app	eals from the CEO, CFO o	r comparable wil	I be accepted														



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		ment 30 days prior to appl	ication approva	al. Three allowed r	eason	s for granti	ing an ex	ception a	re shown in Section IV.
i. Are you a iv	Answer	Yes						~	You have chosen the following VAP Exception:
II. Appeal App									VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	<u> </u>	Southern Tier Pediatrics Prac	ctice P.C						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Olganiz								-	You chose the qualification i, in the space below please include:
option of apply	ception is eva	luated in the context of the F 'AP Exception in that PPS as v I and VII of the instructions for	PPS you are joinir well (if applicable	e). Please see the "V				ve the	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
Pr	rovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
		Physician Assistant							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	,,,	Operating Certificate/	License #	MMIS*			NPI*		of services for the PPS in this community (ies).
Uniqu	e Identifiers:	15498		3518816		13	336414796	5	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:					•			
Bill	ing Entity ID:								Character Count: 3467
	A -l -l	Address		City		State	Zip		Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the
	Address	1684 Foote Avenue Extension	on [Jamestown		NY	147	U1 EQUIRED	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000
III. Appeal Po	int of Conta	ct						EQUINED	Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and south (Jamestown),
Contact	Person Patri	cia D'Angelo							surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services
		tice Manager		1 -					Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.
	Phone 716-	661-9730 herntierpediatrics@windstre	am not	Exten	sion				As a group, Southern Tier Pediatrics Practice, P.C. (STPP) serves approximately 2,089 Medicaid patients and 116 uninsured patients as a pediatric
	-	owing VAP Exception:	ann.net						practice in Chautauqua County. Two out of five of our providers are currently on the Safety-Net Physician list located on the DSRIP website. Those
i A co of se ii Any I comi ii Any I when choosing indicate what I Information – S when choosing CAre Managem CMS approval and d safety net list, another approvi	mmunity will rving the community, and/o state-designar g VAP Exception II". If the g VAP Exception II you have a safety need to not need to you do not need to you do not need to you do afety need safety need sa	in not be served without grant inmunity. iquely qualified to serve base or clear track record of succested health home or group of the sum of	d on services pross in reducing average in reducing average in reducing average in reducing a reduc	ovided, financial via oidable hospital use * Provider System (PP: icate the name of the tab. List of State Design safety net providers val, you will be gran ng your Health Hon does not appear on	bility, re. S) you page PPS in ated Halas well ted a Vane/CMA	elationships olan on joini n the "Appe ealth Home I as those th AP Exceptic A already ap fit Health Ho	is within the sing. If you eal Applicates and Net hat are peon pending opears on ome list o	do not ant work nding g CMS another	providers are Safety-Net providers by group volume. We want to be sure that all of our providers are included. All of our providers share patient loads and take care of each other's patients when necessary. The rural nature of our community and the shortage of primary care providers also plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medicail Partners Performing Provider System to receive the services they need to manage their care on a regular basis. STPP serves Medicaid patients from birth through college age by providing access to quality primary care services. We are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers. Some of the projects that we are implementing include Meaningful Use, Immunization Registry, local and regional Health Information Exchange working with specialists, HEALTHELINK, and our local hospital, WCA Hospital. We also have internal programs in place to monitor specific patient conditions and healthcare goals, including asthma care and management, newborn, care, well child care, mental health issues, and immunizations. Many of these activities align with the proposed DSRIP projects and promote population health and care management. Through our EMR program, GE Centricity, our practice also has access to robust technology for data collection, aggregation, reporting, and quality improvement activities. To t
~ Fo	r Section IV,	vailable on the DSRIP website if you are joining more than & Uninsured members that y	one PPS, use sec		II) to ac	dd additiona	al PPSs.		of a PPS. The services and infrastructure that are already in place at STPP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.
	Me	edicaid (FFS & MC)	Uni	nsured		Data Sou	urce	Year	
Percentage		50%		3%		EMR		2013	
	nd that this in	he information and data pro nformation may be subject to Tariq M. Khai Owner	o audit and I ma	y be asked to provi		umentation ver	•	•	
110		eals from the CEO, CFO or	comparable w	ill be accepted			•		

10/30/2014 Suchritra Koneru, MD vap_exception_appeal_form

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

be posted for	public com	ment 30 days prior to appl	lication approval.	Three allowed	d reason:	s for grant	ting an e	xception a	re shown in Section IV.
I. Are you a N									
	Answer	Yes						▼	You have chosen the following VAP Exception:
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	General Physicians PC- Such	nritra Koneru, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corpor	ation					•	You chose the qualification i, in the space below please include:
		luated in the context of the I							
		AP Exception in that PPS as			"VII_Add	itional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions f	or further clarificati	ion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate,	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).
Uniqu	e Identifiers:			0264908	15	13	33617072	19	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Α	Agency Code:								
Billi	ing Entity ID:								Character Count: 1354
		Address		City		State		ip	General Physicians PC - A multi-specialty medical group
	Address	6333 Main Street	Wi	lliamsville		NY		211	Williamsville, NY Location: 6333 Main Street, Williamsville, NY 14211 (Erie County, NY)
III. Ammaal Dai	int of Couto						* F	REQUIRED	Vital Access Provider within the ECMC Performing Provider System
III. Appeal Poi		antha J. Sessamen, M.S.							Provider: Suchritra Koneru, MD; MMIS#: 02649085; NPI: 1336170729; License #: 234104
Contact		ntive Coordinator							Frovide: . Suchitia Kolleta, MiD, MiMis#. 02043063, NFI. 1530170723, Licelise #. 234104
Contact		698-3469		Exte	ension				Needed as Vital Access Provider within the ECMC Performing Provider System
Contact	t Email ssess	samen@gppconline.com		•					<u> </u>
IV. Please cho	ose the foll	owing VAP Exception:							Presently the number of Safety Net designated primary care providers in the ECMC PPS located in the East Amherst Clarence Primary Care Servic
of ser	rving the con	I not be served without grant mmunity. iquely qualified to serve base or clear track record of succe	ed on services provi	ded, financial v	viability, r				Area (PCSA) north of the high poverty Buffalo Medically Underserved Area is inadequate. The General Physicians PC – Williamsville, NY primary care location serves the East Amherst Clarence PCSA. The nearest sources of Safety Net car are limited considering that the Medicaid resident population is 8,844. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the East Amherst Clarence PCSA is rate is 1,086/100,000. See the
		ted health home or group of	, ,	idale nospitar e					Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin). This location also secondarily serves the extremely high need Buffalo HPSA. See map showing HPSA areas (in red) and the VAP location (blue push).
indicate what P Information – S When choosing Care Managem CMS approval. approval and disafety net list, y another approv	PPS you inten Section II". If If g VAP Except ient Agencies If your Healt io not need to you do not no ved safety ne form. List is a	ion i & ii – Please indicate wid to join, then you will be de you are part of multiple PPSs ion iii – The Department has (CMAs) that have already be h Home appears on this list a posubmit this form. If the orgeed to submit this form. If yot t provider list, but your orgal wailable on the DSRIP website if you are joining more than	enied. Please indicates, see section VII tab submitted a draft listen approved as saf- is pending approval anization operating bur organization doe nization believes the e.	te the name of 2. St of State Desi ety net provide , you will be gr your Health He es not appear of at it should qua	gnated Hers as well anted a Vome/CM/on the dra	n the "App ealth Home I as those t 'AP Exception A already aposit Health Home	es and Ne hat are po on pendii ppears or lome list one, please	etwork ending ng CMS n another or on	pins).
V. Percentage	of Medicaid	& Uninsured members that	your facility serves		_			-	
	Me	edicaid (FFS & MC)	Uninsu	ured		Data So	urce	Year	
Percentage		5%	2%	5		EMR	20	13-2014	
-	nd that this i	he information and data pro nformation may be subject t Don Boy CEO	o audit and I may b	e asked to pro		umentation ver	-	_	
		eals from the CEO, CFO or	r comparable will	be accepted					



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

Vital Access Provider Expension: The ctate will consider excentions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any excentions that are considered must be approved by CMS and must

		·				basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CMS and must										
	mment 30 days prior to appli	cation approval. Three	allowed reaso	ns for grantin	ig an exception	are snown in Section IV.										
I. Are you a Medicaid F																
Answe					•	You have chosen the following VAP Exception:										
II. Appeal Applicant In	Ī					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!										
Organization Nam		· · · · · · · · · · · · · · · · · · ·				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~										
Joined Pl						You chose the qualification i, in the space below please include:										
	valuated in the context of the Pl					A series of the series of the service of the series of the										
	 VAP Exception in that PPS as w n II and VII of the instructions fo 		see the "VII_AC	iditional PPSS	tab to select	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										
Provider Typ	_	Tarther claimeation.			▼											
· · · · · · · · · · · · · · · · · · ·					•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network										
Provider Type - Oth	_			1		of services for the PPS in this community (ies).										
	Operating Certificate/L		MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)										
Unique Identifie			1394412	135	6318992	<u> </u>										
Agency Coo Billing Entity						Character Count: 1539										
Billing Entity	Address		City	State	Zip	General Physicians PC - A multi-specialty medical group										
Addres		Medina	City	NY	14103	Medina, NY Location: 100 Ohio St, Medina, NY 14103 (Orleans County, NY)										
/ ladics	3 100 01110 30	Wicama		1111	* REQUIRED											
III. Appeal Point of Cor	tact					_[]										
	mantha J. Sessamen, M.S.					Provider: Thomas Madjewski, MD; MMIS#: 01394412; NPI: 1356318992; License #: 171989										
	centive Coordinator					 										
	.6-698-3469 essamen@gppconline.com		Extension			Needed as Vital Access Provider within the ECMC Performing Provider System										
•	ollowing VAP Exception:					Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in Orleans Counties.										
of serving the community, an Any hospital is community, an Any state-desig When choosing VAP Exceindicate what PPS you interpreted in Information – Section II". When choosing VAP Exceindicate what PPS you interpreted in It is the choosing VAP Exceindicate what PPS you interpreted in It is the choosing VAP Exceindicate what PPS your Heapproval and do not need safety net list, you do not another approved safety complete this form. List is a proved to the complete this form. List is a province of the community of	will not be served without grantion ommunity. uniquely qualified to serve based dor clear track record of succes nated health home or group of I ption i & ii – Please indicate whend to join, then you will be den If you are part of multiple PPSs, ption iii – The Department has sies (CMAs) that have already bealth Home appears on this list as I to submit this form. If the organeed to submit this form. If you net provider list, but your organ is available on the DSRIP website. V, if you are joining more than old & Uninsured members that yellow the provider is to the provider list.	d on services provided, fi is in reducing avoidable he health homes. ** at Performing Provider S hied. Please indicate the see section VII tab. ubmitted a draft list of St en approved as safety net pending approval, you w nization operating your har organization does not a ization believes that it sh	panancial viability pospital use. ystem (PPS) you name of the PP: ate Designated providers as w ill be granted a ealth Home/CN ppear on the d buld qualify as a	u plan on joinin 5 in the "Appea Health Homes ell as those tha VAP Exceptior MA already app raft Health Home a Health Home	within the ag. If you do not al Applicant and Network at are pending pending CMS pears on another me list or on please	sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). This provider office is located in the rural Medina Middleport Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Medina Middleport PCSA is 65% above the 5 year goal (2,001/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (black push pin). This location also serves the rural Orleans County HPSA and the Eastern Niagara County HPSA areas and there are not adequate safety net providers to serve the 3,033 resident Medicaid and uninsured population in the Medina Middleport Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pin).										
	Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year	1										
Percentage	18%	2%		EMR	2013-2014											
Yes I Hereby Certify that understand that this appeal. Name Title	t the information and data provs information may be subject to Don Boyc CEO ppeals from the CEO, CFO or	vided on this form is accu o audit and I may be aske	d to provide do	et to the best of cumentation is	of my knowledge											



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 p	oublic com	ment 30 days prior to appli	ication approval.						, , , , , , , , , , , , , , , , , , , ,											
I. Are you a Me	edicaid Pro	vider																		
	Answer	Yes						▼	You have chosen the following VAP Exception: i											
II. Appeal Appl	icant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!											
Organizat	tion Name:	General Physicians PC- Thor	mas McTernian, MD)					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~											
	Joined PPS:	Erie County Medical Center Corpora	ation				-	-	You chose the qualification i, in the space below please include:											
^^ The VAP Exce	ption is eva	luated in the context of the F	PPS you are joining.	If you are join	ning more	than one PPS	S, you have the	e												
		AP Exception in that PPS as v			"VII_Add	itional PPSs"	tab to select		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to											
		I and VII of the instructions for	or further clarificati	ion!				— ۲	include descriptions of the geographic area, the population, and how the services in this community are insufficient											
Pro	vider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.											
Provider Ty	pe - Other:	Primary Care							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).											
		Operating Certificate/	License #	MMIS	*		NPI*	Ш	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)											
	Identifiers:			022029	77	133	86242387		a may supporting assumentation to season that a year national contract (attention 12) in the citizen attention (attention 12)											
	gency Code:																			
Billin	g Entity ID:	Address		City		State	Zip		Character Count: 1525											
	Address	609 Central Ave	Du	ınkirk		NY	14048	$-\parallel$	General Physicians PC - A multi-specialty medical group Dunkirk, NY Location: 609 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY)											
	71441 633	oos central Ave	Dui	III KII K			* REQUIP	RED	Vital Access Provider within the ECMC Performing Provider System											
III. Appeal Poir																				
Contact Po		antha J. Sessamen, M.S.						41	Provider: Thomas McTernian, MD; MMIS#: 02202977; NPI: 1336242387; License #: 222824											
Contact D	Title Incer hone 716-	ntive Coordinator		Ev	tension				Needed as Vital Access Provider within the ECMC Performing Provider System											
		amen@gppconline.com		LA	terision				Needed as Vital Access Floride Within the Edwic Performing Floride System											
		owing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.											
of serv. Any hc comm Any st When choosing indicate what PP Information – Se When choosing Care Manageme CMS approval. If approval and do safety net list, yc another approve complete this fo ~ For	wing the con- pospital is un unity, and/o ate-designa VAP Except PS you inten- ection II". If VAP Except not need to out one of the out on the designa Section IV,	not be served without grant inmunity. Iquely qualified to serve base or clear track record of succested health home or group of ton i & ii – Please indicate who to join, then you will be deivou are part of multiple PPSs ion iii—The Department has second this list a second this list a second to submit this form. If you provider list, but your organialiable on the DSRIP website if you are joining more than & Uninsured members that y	ed on services provious sin reducing avoid health homes. ** nat Performing Provinied. Please indicate, see section VII tab submitted a draft lisen approved as safe is pending approval, anization operating ur organization doen ization believes that.	vider System of the Name of 2. st of State Designer provice of the Name of 2. st of State Designer provice of the Name of 2. you will be governed the sea of the Name of 2. the state of the Name of 2. t	viability, r use. (PPS) you p if the PPS i signated H lers as wel ranted a V Home/CM/ on the dra ualify as a l	relationships plan on joinir in the "Appea ealth Homes I as those the 'AP Exception A already app iff Health Home Health Home	within the ng. If you do no al Applicant and Network at are pending n pending CMS nears on anoth metist or on e, please	ot	The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).											
	Me	dicaid (FFS & MC)	Uninsu	ured		Data Sour	rce Year													
Percentage		19%	2%	6		EMR	2013-201	14												
-	d that this i	he information and data pro information may be subject to Don Boy CEO eals from the CEO, CFO or	o audit and I may b	e asked to pr		umentation i	-	-												

10/30/2014 Tri County - Anderson vap_exception_appeal_form

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

		ment 30 days prior to appl	ication approval. Th	ree allowed r	easons	for grantin	ng an excepti	on ar	e shown in Section IV.											
I. Are you a Me																				
	Answer	Yes						▼	You have chosen the following VAP Exception:											
II. Appeal Appli								_	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!											
		Tri-County Family Medicine	· · · · · · · · · · · · · · · · · · ·					1	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~											
		Erie County Medical Center Corpora	12/19/02/1			1 000		•	This field is populated when you select a VAP Exception in Section IV											
option of applyin	g for the \	luated in the context of the F 'AP Exception in that PPS as v I and VII of the instructions for	well (if applicable). Ple	ease see the "V				e	→											
Prov	ider Type:	Other						▼												
Provider Ty	pe - Other:	Family Practice																		
		Operating Certificate/	License #	MMIS*			NPI*													
Unique	Identifiers:	167740		01028468		162	29069349	-11												
	ency Code:																			
Billin	g Entity ID:								Character Count: 3356											
		Address		City		State	Zip	4	While our practice is technically located in Cattaraugus County, we serve a significant amount of patients from Chautauqua and there are many											
	Address	1 School Street, Suite 107	Gowa	anda		NY	14070 * REQUIF	similarities between the rural areas of both counties. Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and												
III. Appeal Poin	t of Conta	ct					REQUIR	KED	difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data,											
Contact Pe		Jones							Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided											
	Title Prac	tice Manager							with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua											
Contact Pl		241-7067		Extens	ion		204	_	County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA)											
		dog98@hotmail.com owing VAP Exception:						ᆈ	designations in Primary Care, Dental Care, and Mental Health.											
A com of serv Any ho community Men choosing V indicate what PP Information – See When choosing V Care Managemen CMS approval. If approval and do safety net list, yo another approve complete this for Service Servi	munity will ing the con spital is ununity, and/oute-designal /AP Except S you intenction II". If /AP Except at Agencies your Healt into the did a fety nem. List is a Section IV,	not be served without grant	ed on services provide ss in reducing avoidable health homes. ** nat Performing Provionied. Please indicate of the provided in	ed, financial vial ble hospital use der System (PPS the name of th of State Design, y net providers you will be grant our Health Hom not appear on t it should qualif	oility, re i) you p e PPS in ated He as well ted a Vale/CMA the draft y as a H	elationships lan on joinir n the "Appe: ealth Homes as those th AP Exception already apf ft Health Ho dealth Home	within the ng. If you do not all Applicant and Network at are pending CMS pears on anoth me list or on a please	ot S	The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in our region. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be server locally in their own community as they cannot easily travel to other providers in the Millennial Collaborative Care PPS to receive the services then need to manage their care on a regular basis. As a family practice serving a very rural population, Medicaid patients of all ages have access to our quality primary care services. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access t quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua C											
	Me	edicaid (FFS & MC)	Uninsure	ed		Data Sour	rce Year													
Percentage		10%	5%			Medent E	HR 20	013												
-	that this i	he information and data pro information may be subject to James Wild, Partner teals from the CEO, CFO or	o audit and I may be : , MD	asked to provid		imentation i	-	-												

10/30/2014 Tri County - Burroughs vap_exception_appeal_form

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

lication approval. Three allowed rea	asons for granting an ex	ception ar	re shown in Section IV.							
		-	You have chosen the following VAP Exception:							
			VI. Restricted to 3500 Characters only! - Please read instructions for clarification!							
Assocates PC			~ 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							
	nore than one DDC you b	250	This field is populated when you select a var Exception in Section iv							
	Additional PP3s (ab to s	elect								
or rancher clarification:		-								
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/License # MMIS*	NPI*	l II								
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			Character Count: 3358							
City	State Zi	,	While our practice is technically located in Cattaraugus County, we serve a significant amount of patients from Chautauqua and there are many							
			similarities between the rural areas of both counties. Chautauqua County is one of the largest rural and most impoverished counties in New York							
			State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and							
		·	difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data,							
			Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided							
			with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua							
Extension	on 204		County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA)							
			designations in Primary Care, Dental Care, and Mental Health.							
ed on services provided, financial viabiless in reducing avoidable hospital use. The lath homes. ** that Performing Provider System (PPS) enied. Please indicate the name of the 5, see section VII tab. submitted a draft list of State Designate en approved as safety net providers as pending approval, you will be grante anization operating your Health Home, our organization does not appear on the nization believes that it should qualify e. one PPS, use second tab (Section VII)	lity, relationships within t you plan on joining. If you PPS in the "Appeal Applice ed Health Homes and Ne s well as those that are pe d a VAP Exception pendir /CMA already appears on e draft Health Home list of as a Health Home, please	do not ant work nding g CMS another	The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in our region. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Millennial Collaborative Care PPS to receive the services they need to manage their care on a regular basis. As a family practice serving a very rural population, Medicaid patients of all ages have access to our quality primary care services. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua							
Uninsured	Data Source	Year								
5%	Medent EHR	2013								
o audit and I may be asked to provide	documentation in suppo	_								
t ee f te e e e e e e e e e e e e e e e	well (if applicable). Please see the "VII for further clarification! /License # MMIS*	PPS you are joining. If you are joining more than one PPS, you havell (if applicable). Please see the "VII_Additional PPSs" tab to s for further clarification! Juicense # MMIS* NPI*	Assocates, PC ration PPS you are joining. If you are joining more than one PPS, you have the well (if applicable). Please see the "VII_Additional PPSs" tab to select for further clarification! License # MMIS* NPI*							

10/30/2014 Tri County - Keicher vap_exception_appeal_form

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Vital Access Provider Expension: The ctate will consider excentions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any excentions that are considered must be approved by CMS and must

		•	•			basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CMS and must										
	c comment 30 days prior to appli	ication approval. Three	allowed reasor	ns for granting	gan exception a	re shown in Section IV.										
I. Are you a Medic																
	nswer Yes				▼	You have chosen the following VAP Exception:										
II. Appeal Applicar						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>										
Organization		· · · · · · · · · · · · · · · · · · ·				The VAP Exception relies heavily on the statement you provide, so please be concise and thorough										
	ed PPS: Erie County Medical Center Corpora				~	This field is populated when you select a VAP Exception in Section IV										
	n is evaluated in the context of the P															
	or the VAP Exception in that PPS as we ection II and VII of the instructions for		see the "VII_Add	ditional PPSs" t	ab to select											
· ·	r Type: Other	or rurtiler clarification:			▼											
					•											
Provider Type -	Other: Family Practice			1												
	Operating Certificate/		MMIS*		IPI*											
Unique Ider		(3418013	1538	445069											
Agence Billing Er						Character Count: 3358										
Billing Er	Address		City	State	Zip	While our practice is technically located in Cattaraugus County, we serve a significant amount of patients from Chautauqua and there are many										
Ac	Idress 1 School Street, Suite 107	Gowanda		NY	14070	similarities between the rural areas of both counties. Chautauqua County is one of the largest rural and most impoverished counties in Nev										
		155		1 1	* REQUIRED	State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and										
III. Appeal Point of						difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data,										
Contact Perso						Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided										
	e Practice Manager e 716-241-7067		Extension	1 -	204	with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua										
	il flashdog98@hotmail.com		Extension		204	County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.										
	he following VAP Exception:					acing actions in the party series action and include include										
of serving Any hospit communit iii Any state- When choosing VAP indicate what PPS yo information – Sectio When choosing VAP Care Management A CMS approval. If you approval and do not safety net list, you de another approved sa complete this form. For Secti	nity will not be served without grantithe community. al is uniquely qualified to serve base y, and/or clear track record of success designated health home or group of Exception i & ii – Please indicate wh u intend to join, then you will be dern II". If you are part of multiple PPSs, Exception iii— The Department has segencies (CMAs) that have already be r Health Home appears on this list as need to submit this form. If you fety net provider list, but your organist is available on the DSRIP website ion IV, if you are joining more than indicaid & Uninsured members that y	ed on services provided, fi ss in reducing avoidable he health homes. ** hat Performing Provider S nied. Please indicate the , see section VII tab. submitted a draft list of SI en approved as safety ne sen approved, you ver spending approval, you ver ur organization does not nization believes that it she. one PPS, use second tab	nancial viability, ospital use. ystem (PPS) you name of the PPS ate Designated It providers as we will be granted a lealth Home/CN appear on the drould qualify as a	plan on joining in the "Appeal Health Homes a Ill as those that VAP Exception A already appeaft Health Home,	ithin the If you do not Applicant are pending CMS ares on another tellist or on please	The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in our region. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Millennial Collaborative Care PPS to receive the services they need to manage their care on a regular basis. As a family practice serving a very rural population, Medicaid patients of all ages have access to our quality primary care services. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua										
	Medicaid (FFS & MC)	Uninsured		Data Source	e Year											
Percentage	10%	5%		Medent EHI	R 2013											
understand that appeal. Name Title	y that the information and data pro it this information may be subject to James Wild, Partner nly appeals from the CEO, CFO or	o audit and I may be aske	d to provide doo	cumentation in												

10/30/2014 Tri County - Wild vap_exception_appeal_form

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 Expension: The ctate will consider excentions to the safety not definition on a case by case basis if it is decembed in the best interest of Medicaid members. Any excentions that are considered must be approved by CMS and must

			•				•		asis if it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CMS and must											
		ment 30 days prior to appl	ication approval.	Three all	owed reason	is for granti	ng an excepti	ion a	e shown in Section IV.											
I. Are you a M	edicaid Pro	vider																		
	Answer	Yes						•	You have chosen the following VAP Exception:											
II. Appeal App	licant Info	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!											
Organiza	tion Name:	Tri-County Family Medicine	Assocates, PC						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~											
	Joined PPS:	Erie County Medical Center Corpora	ation					•	This field is populated when you select a VAP Exception in Section IV											
^^ The VAP Exce	eption is eva	luated in the context of the F	PPS you are joining.	. If you are	joining more	than one PP	S, you have th	e												
option of applyi	ng for the \	/AP Exception in that PPS as v	vell (if applicable).	Please see	the "VII_Add	litional PPSs	" tab to select													
multiple PPS's. S	See <u>Section</u>	I and VII of the instructions for	or further clarificat	tion!					→											
Pro	ovider Type:	Other						•												
Provider T	ype - Other:	Family Practice																		
		Operating Certificate/	License #	MI	VIS*		NPI*													
Unique	Identifiers:	160937			28606	14	37140985													
	gency Code:																			
	ng Entity ID:								Character Count: 3358											
		Address		(ity	State	Zip		While our practice is technically located in Cattaraugus County, we serve a significant amount of patients from Chautauqua and there are many											
	Address	1 School Street, Suite 107	Go	owanda		NY	14070		similarities between the rural areas of both counties. Chautauqua County is one of the largest rural and most impoverished counties in New Y											
			•				* REQUI	RED	State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and											
III. Appeal Poi									difficulty accessing health care. Of the approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data,											
Contact P		Jones							Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided											
_		tice Manager							with population centers in the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua											
	Phone 716-				Extension		204		County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA)											
-		dog98@hotmail.com							designations in Primary Care, Dental Care, and Mental Health.											
IV. Please cho	ose the fol	owing VAP Exception:					-		The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are											
Any h comm ii Any st When choosing indicate what PI Information – St When choosing commended to the choosing of the choosing of the choosing indicate what PI Information – St When choosing indicate what PI information in the control of the contro	varity, and/ounity, and/ounity, and/ounity, and/ounity except PS you intendection II". If VAP Except Ent Agencies of your Healt on not need to	iquely qualified to serve base or clear track record of succe- ted health home or group of ion i & ii – Please indicate who do join, then you will be de- you are part of multiple PPSs ion iii — The Department has so (CMAs) that have already be h Home appears on this list a so submit this form. If the orga- eed to submit this form. If you	health homes. ** nat Performing Pro- nied. Please indicasee section VII tal submitted a draft li sen approved as saf s pending approval anization operating	ovider Systate the narbounder State the narbounder State of State fety net programmer of the syour Hea	em (PPS) you ne of the PPS Designated H oviders as we be granted a V th Home/CM	plan on joini in the "Appe lealth Home: Il as those th VAP Exceptic A already ap	ng. If you do n hal Applicant s and Network hat are pending on pending CM pears on anoti	g S	served in our region. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Millennial Collaborative Care PPS to receive the services they need to manage their care on a regular basis. As a family practice serving a very rural population, Medicaid patients of all ages have access to our quality primary care services. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities.											
complete this fo	orm. List is a Section IV,	t provider list, but your orgar vailable on the DSRIP website if you are joining more than & Uninsured members that y	e. one PPS, use seco	nd tab (Se					To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating members of a PPS. The services and infrastructure that we already have in place at will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.											
	Me	edicaid (FFS & MC)	Unins	ured		Data Sou	rce Year													
Percentage		10%	59	%		Medent I	EHR 2	013												
	d that this i	he information and data pro nformation may be subject to James Wild, Partner reals from the CEO, CFO or	o audit and I may I	be asked t	Ans Yes	umentation wer	•	•												



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

•	public comment 30 days prior to a	pplication approval. T	Three allowed rea	sons for	granting an	exception a	re shown in Section IV.								
I. Are you a M	ledicaid Provider						You have above the fallowing VAD Everytion.								
	Answer Yes					▼.	You have chosen the following VAP Exception:								
	licant Information					1	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!								
Organiza	ation Name: Umamaheswara Vejendl						"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"								
	Joined PPS: Catholic Medical Partners-Acco					•	You chose the qualification i, in the space below please include:								
	eption is evaluated in the context of the context of the transfer in that PPS ing for the VAP Exception in that PPS						A specific definition of the community (i.e.) that would attenuing not be covered by the selected DDC Resume to								
	See Section II and VII of the instruction			Additiona	al PP35 (ab t	o select	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								
	ovider Type: Other	is for further claimed.				_	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								
Provider I	71						of services for the PPS in this community (ies).								
	Operating Certification		MMIS*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)								
	e Identifiers: 014284 gency Code:	-1	2050080		1437467	487									
	ng Entity ID:						Character Count: 3478								
Dilli	Addres	is .	City	Sta	ate	Zip	Chautaugua County is one of the largest rural and most impoverished counties in New York State. Chautaugua is consistently ranked as one of the								
	Address 152 Foote Ave		nestown			L4701	State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately								
	•	•			*	* REQUIRED	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000								
III. Appeal Poi							Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north								
Contact I	Person Gena Pearson						[Dunkirk/Fredonia] and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the								
Contact	Title Billing Manager Phone 716-664-5290		Extensio	ın.	3		Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.								
	: Email vejendlaoffice@hotmail.com		Exterisio	""			and iviental neards.								
	ose the following VAP Exception:						Umamaheswara R Vejendla MD PC serves approximately 11% Medicaid patients and # uninsured patients as a Primary Care Practice in								
i A con of ser o	mmunity will not be served without griving the community. It is uniquely qualified to serve be unity, and/or clear track record of su tate-designated health home or group. If VAP Exception i & ii – Please indicate PS you intend to join, then you will be ection II". If you are part of multiple P. VAP Exception iii— The Department heart Agencies (CMAS) that have already if your Health Home appears on this lip on the need to submit this form. If the you do not need to submit this form. If the you do not need to submit this form. If you are partially in the youngent of the provider list, but your or your. List is available on the DSRIP web rection IV, if you are joining more the of Medicaid & Uninsured members the	pased on services provice ccess in reducing avoids of health homes. ** what Performing Providenied. Please indicate PSs, see section VII table has submitted a draft listy been approved as safest as pending approval, organization operating of your organization believes that site.	ded, financial viabil able hospital use. vider System (PPS) y e the name of the l t of State Designate ety net providers as you will be granted your Health Home/ s not appear on the it it should qualify a	you plan o PPS in the ed Health s well as th d a VAP Ex /CMA alrea e draft Hea as a Health	on joining. If y "Appeal App Homes and N hose that are exception penerally appears or eath appears when the seath Home lis h Home, plea	n the you do not oblicant Network pending ding CMS on another st or on isse	Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FCHCS', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000-6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a large internal medicine practice in the southern part of the County, adult Medicaid patients have access to quality primary care services including evaluation and management, bone density scans, nerve conduction tests, and in-house diabetic blood testing. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHELINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technolo								
	Medicaid (FFS & MC)	Uninsu	ired	Da	ata Source	Year									
Percentage	14%	0%		Me	edent EMR	2013									
-		ct to audit and I may be I R Vejendla MD ner	e asked to provide	document	ntation in sup	_									



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

be posted f	for public com	ment 30 days prior to appli	ication approval. T	hree allowed re	asons	for grant	ing an exception	on ar	e show	wn in S	Section I	IV.													
I. Are you a	a Medicaid Pro	vider						_																	
	Answer	Yes						▼	Υ	You ha	have chose	sen the fol	ollowing V	VAP Excep	tion:	i									
II. Appeal A	Applicant Info	mation						_	VI. Res	estricte	ted to 35	500 Char	aracters o	nly! - <u>Ple</u>	ease read i	nstructio	ons f	or clarif	ication!						
Orga	nization Name:	Umamaheswara Vejendla M	D PC						~ The	e VAP E	Exception	ion relies	s heavily	on the s	tatement	you prov	vide,	so plea	se be coi	ncise an	d thorou	igh~			
	Joined PPS:	Catholic Medical Partners-Accounta	ble Care IPA INC					•		You	ı chose th	the qualif	lification i	i, in the s	pace belo	w please	e incl	ude:							
		luated in the context of the P																							
		'AP Exception in that PPS as w			_Addit	tional PPSs	" tab to select				•				ınity (ies) t						-				
multiple PPS		I and VII of the instructions for	or further clarification	on!				٦[\rightarrow			•	_		ic area, th								are insuf	ficient	
	Provider Type:							▼			-	-			nent given ganization				-		-				
Provid	er Type - Other:	Internal Medicine						_			•				ganization inity (ies).	•	rvices	s provid	ea, and	now the	: services	, will enn	ance the	networ	K
		Operating Certificate/	License #	MMIS*			NPI*	Ш							substantia		narr	ative (a	ttach as	PDF in t	the emai	l when si	hmitting	١	
Uni	ique Identifiers:	006401-1		2050080		18	81786598				, ошрро	, o. tg wo			542514.11.1	ate you.		uc (u					J	,	
	Agency Code:																								
	Billing Entity ID:			Chauta		- 6		f +l l	-+					NI Vl		Na a colo a constant		cter Cour							
	Address	Address 152 Foote Ave	lam	City		State NY	Zip 14701	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the approximately																	
	Address	132 FOOLE AVE	135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000																						
III. Appeal	Point of Conta	ct			135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in the north																				
Conta	ct Person Gen					(Dunkir	kirk/Fre	redonia) ar	and south	h (Jamesto	own), surr	ounded by	smaller vi	/illage	s and fa	mland. A	All of Cha	utauqua	County is a	officially re	cognize	d by the			
		g Manager		4				nd Services	es Adminis	stration (F	HRSA) with I	health pro	ofessi	ional sho	rtage are	a (HPSA)	, designat	ions in Prir	mary Care,	Dental	Care,				
	act Phone 716-			Extension	ion		3	-11	and Me	Mental I	l Health.														
-		ndlaoffice@hotmail.com						-1	l Imam:	mahacu	wara P Vo	/aiandla M	MD DC con	vec annro	ximately 11	1% Madic	aid n	ationts a	nd # unin	sured na	ationts as	a Drimary	Care Pract	ice in	
Mhen choosindicate what Information When choose Care Manag CMS approval and safety net list another appromplete the	serving the con- ny hospital is un ny munity, and/ ny state-designa sing VAP Except at PPS you inten — Section III'. If sing VAP Except ement Agencies al. If your Healt d do not need to st, you do not n roved safety ne is form. List is a	ne following VAP Exception: ity will not be served without granting the exception because no other eligible provider is willing or capable he community. il is uniquely qualified to serve based on services provided, financial viability, relationships within the and/or clear track record of success in reducing avoidable hospital use. esignated health home or group of health homes. ** Exception i & ii — Please indicate what Performing Provider System (PPS) you plan on joining. If you do not a intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant III". If you are part of multiple PPSs, see section VII tab. Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network encies (CMAs) that have already been approved as safety net providers as well as those that are pending Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS need to submit this form. If the organization operating your Health Home/CMA already appears on another not need to submit this form. If your organization does not appear on the draft Health Home list or on ety net provider list, but your organization believes that it should qualify as a Health Home, please ist is available on the DSRIP website. on IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.								and hove Cs', but in O of the ints need orming F large int ding eva- cipating nization ty service ementing with soure, NY P domai structur uly make	ow they art rather the Medicality of the Medical	are served they are scaled lives. The served lock of System to respect to the served lock of System to the served lock of System to the served lock of System to the support of the system to the system t	ed in Chauta scattered a The lack of ocally in this to receive practice in nagement, e Shared Sa ed with succe he needs of oort of AMP Million He. I Self-Mana promote pction, aggre- the Medica	tauqua. Ur across the freliable, neir own ce the servi- n the sout: t, bone de avings Pro- cof consum P include earts, Pati- agement I opulation, r aid popula- re that are	inmunity annilike urban is provider in a ffordable ommunity acces they ned hern part of sixty scans, ogram with ollaboration ers as well a Meaningful ent Centere Programs, a health and eporting, ar ation in Chae already in omes.	areas, the etwork. T transport as they ca ed to mar f the Cour nerve co the Chaul is a as provide Use, chrod Medica and Care T care marnd quality untauqua	ne maj There tation annot nage innty, a onduct itauqu at cre ders th onic c ransi nagen y impi	ority of are curry by low- easily treation test and their car adult Me tion test and Region acting a co arough of disease r me and A itions Infi nent. Th rovemer ty, provi	Medicaid ently three income ir avel to ot e on a reg dicaid pat s, and in-In Associal linically ir inical trainegistries, divanced deeventior rough AM it activitied ders like ently three incomes are sent to the ently income the ently incomes are sent to the ently incomes are	patients ee, small ndividual ther prov gular bas tients ha house di ted Med ntegratee nsformat local and Primary n. Many IP, our p ess. us need	are not si article 28 Is living in viders in tlisis. ve access abetic blo ical Partne d system of tion. Some d regional Care desig of these a ractice als	erved by a clinics ser Chautauqi he Catholic to quality you testing ers (AMP) of health care of the prohealth infignations, Fictivities aliso has acceduded as a fi	primary ca , As a prov Accountat are that projects that for praction of Patient Act ign with the	f clinics timated means f Partners are service le Care rovides at we are exchange ivation the proposition of	and 5,000- Medicaids ices access to e osed hnology
	Me	edicaid (FFS & MC)	ırce Year																						
Percentag	е	28%	1%			Medent E	EMR 20	13																	
unders	Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge understand that this information may be subject to audit and I may be asked to provide documentation in support of the appeal. Answer																								
	Title Only app	Umamaheswara R V Owner leals from the CEO, CFO or	•		Yes																				



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 poste	ed for public	comment 30 days prior t	o application appro	val. Three	e allowed	reasons fo	r granting	g an exce	eption are shown in Section IV.									
I. Are you a N																		
	Answer	Yes						▼	You have chosen the following VAP Exception:									
II. Appeal App	plicant Info	rmation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>									
Organiza		Umamaheswara Vejendla M							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~									
		Catholic Medical Partners-Accoun						•	You chose the qualification i, in the space below please include:									
		luated in the context of the			_													
	•	AP Exception in that PPS as I I and VII of the instructions f			ne "VII_Ad	ditional PPS	s" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to									
· ·			ioi iurtilei ciariiicatioi					▼	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.									
-	ovider Type:							•	b. A description of the applicant's organization, the services provided, and how the services will enhance the									
Provider I	ype - Otner:	Internal Medicine				1			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)									
		Operating Certificate/	License #	MMIS			NPI*											
	e Identifiers:	214279-1		20500	80	14	40707057											
	gency Code: ing Entity ID:								Character Count: 3478									
Dilli	ing Littity ID.	Address		City		State	Zip)	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of									
	Address	152 Foote Ave	Jame	stown		NY	1470		the State's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the									
-			•				* RE	QUIRED	approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves									
III. Appeal Po									approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles and historically has been divided with population centers in									
Contact	Person Gena Title Billin	g Manager							the north (Dunkirk/Fredonia) and south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration (HRSA) with health professional shortage area (HPSA) designations in Primary									
Contact	Phone 716-	0		E	xtension		3		Care, Dental Care, and Mental Health.									
		ndlaoffice@hotmail.com				1												
i A co capal ii Any ii Any s iii Any s When choosing not indicate who sing Care Managem	mmunity will ble of serving nospital is unimunity, and/ostate-designa g VAP Except nat PPS you in section II". If- g VAP Except nent Agencies	not be served without grant the community. quely qualified to serve base or clear track record of succe ted health home or group of ion i & ii – Please indicate w thend to join, then you will b you are part of multiple PPS: ion iii—The Department has c (CMAs) that have already b	ed on services provide ss in reducing avoidal f health homes. ** that Performing Provi e denied. Please indi s, see section VII tab. submitted a draft list een approved as safe	ed, financia ble hospita ider Syster cate the na c of State E ty net pro	al viability, al use. m (PPS) you ame of the Designated viders as w	relationship J plan on join PPS in the " Health Home of the sell as those	ning. If yo 'Appeal Ap nes and Ne	he u do pplicant etwork pending	Chautauqua County. The rural nature of our community and the shortage of primary care providers plays a role in the distribution of Medicaid lives and how they are served in Chautauqua. Unlike urban areas, the majority of Medicaid patients are not served by a handful of clinics and FQHCs', but rather they are scattered across the provider network. There are currently three, small article 28 clinics serving an estimated 5,000 6,000 of the Medicaid lives. The lack of reliable, affordable transportation by low-income individuals living in Chautauqua County means Medicaid patients need to be served locally in their own community as they cannot easily travel to other providers in the Catholic Medical Partners Performing Provider System to receive the services they need to manage their care on a regular basis. As a large internal medicine practice in the southern part of the County, adult Medicaid patients have access to quality primary care services including evaluation and management, bone density scans, nerve conduction tests, and in-house diabetic blood testing. As a provider participating in the Medicare Shared Savings Program with the Chautauqua Region Associated Medical Partners (AMP) Accountable Care Organization, we are involved with successful collaborations aimed at creating a clinically integrated system of health care that provides access to quality services and meets the needs of consumers as well as providers through clinical transformation. Some of the projects that we are implementing with the support of AMP include Meaningful Use, chronic disease registries, local and regional health Information exchange working with HEALTHeLINK, Million Hearts, Patient Centered Medical Home and Advanced Primary Care designations, Patient Activation									
approval and d another safety or on another a complete this f ~ For	o not need to net list, you o approved safe orm. List is a Section IV, if	n Home appears on this list a submit this form. If the org do not need to submit this fo ety net provider list, but you vailable on the DSRIP websit you are joining more than & Uninsured members that	anization operating yo orm. If your organizati r organization believe e. one PPS, use second	our Health ion does n s that it sh	Home/CN ot appear o nould quali	IA already a on the draft fy as a Healt	ppears on Health Ho th Home, p	ome list	Measure, NYSDOH endorsed Self-Management Programs, and Care Transitions Intervention. Many of these activities align with the proposed DSRIP domain projects and promote population health and care management. Through AMP, our practice also has access to a robust technology infrastructure for data collection, aggregation, reporting, and quality improvement activities. To truly make an impact on the Medicaid population in Chautauqua County, providers like us need to be included as a full participating member of a PPS. The services and infrastructure that are already in place at Umamaheswara R Vejendla MD PC will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.									
		dicaid (FFS & MC)	Uninsure	ed		Data Sou	ırce	Year										
Percentage		11%	0%			Medent E	EMR	2013										
	and that this al. ne	he information and data pri information may be subjec Umamaheswara R \ Owner	t to audit and I may b	e asked to	Ans Yes	documentat	-	_	2.									

10/30/2014 Virkam Sodhi, MD vap_exception_appeal_form

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 p	public com	ment 30 days prior to appl	ication approval.						, , , , , , , , , , , , , , , , , , , ,						
I. Are you a Me	edicaid Pro	vider				-									
	Answer	Yes						•	You have chosen the following VAP Exception:						
II. Appeal App	licant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!						
Organiza	tion Name:	General Physicians PC- Virka	am Sodhi, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
	Joined PPS:	Erie County Medical Center Corpora	ation				-	-	You chose the qualification i, in the space below please include:						
^^ The VAP Exce	eption is eva	luated in the context of the F	PPS you are joining.	. If you are jo	ning more	than one PP:	S, you have the	9							
		'AP Exception in that PPS as v			e "VII_Add	litional PPSs'	tab to select		a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to						
		I and VII of the instructions for	or further clarificat	tion!				— Г	include descriptions of the geographic area, the population, and how the services in this community are insufficient						
Pro	ovider Type:	Other						▼	without your organization's involvement given the PPS current configuration of network providers.						
Provider Ty	ype - Other:	Primary Care						_	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).						
		Operating Certificate/	License #	MMIS	*		NPI*	Ш	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	ldentifiers:			033746	514	111	4157112		a many supporting determination to substitution (attention of 12) in the cities many supporting (attention of 12) in the citie						
	gency Code:														
Billir	ng Entity ID:	Address	1	City		State	Zip	٠.	Character Count: 1520 General Physicians PC - A multi-specialty medical group						
	Address	609 Central Ave	Du	unkirk		NY	14048	_	Dunkirk, NY Location: 609 Central Ave, Dunkirk, NY 14048 (Chautauqua County, NY)						
	71447 655	oos central Ave	Į Do	UTIKITK		141	* REQUIF	_	Vital Access Provider within the ECMC Performing Provider System						
III. Appeal Poir															
Contact P		antha J. Sessamen, M.S.						411	Provider: Virkam Sodhi, MD; MMIS#: 03374614; NPI: 1114157112; License #: 269088						
Contact F	Title Incer Phone 716-	ntive Coordinator		F	ctension				Needed as Vital Access Provider within the ECMC Performing Provider System						
		samen@gppconline.com			KLETISIOTI				Needed as vital Access Flovider within the Edvic Ferforming Flovider System						
								_	Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in northern Chautauqua County.						
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. **							within the ang. If you do no al Applicant and Network at are pending n pending CMS nears on anoth metits or on to please	ble ot	The General Physicians PC – Dunkirk, NY primary care locations serve the Dunkirk Fredonia Primary Care Service Area (PCSA). The nearest sources of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pin) and nearest Safety Net locations (white stars). These provider offices are located in the rural Dunkirk Fredonia Primary Care Service Area (PCSA) of the Western New York region. In terms of avoidable Medicaid hospitalizations (overall PQI Composite), the Dunkirk Fredonia PCSA is 17% above the 5 year goal (1,423/100,000 compared to goal rate of 1,219). See the Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins). This location also serves the rural Chautauqua County HPSA and there are not adequate safety net providers to serve the 7,239 resident Medicaid and uninsured population in the Dunkirk Fredonia Primary Care Service Area. See map showing HPSA areas (in red) and the VAP location (blue push pins).						
	Me	edicaid (FFS & MC)	Unins	sured		Data Sou	ce Year								
Percentage		18%	2%	%		EMR	2013-201	L4							
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Don Boyd Yes No															

10/30/2014 Wehr vap_exception_appeal_form-1

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

-	•		to application ap	proval. T	nree allowed	d reaso	ns for gra	anting an	exce	otion are shown in Section IV.						
I. Are you a N									_							
	Answ								•	You have chosen the following VAP Exception:						
II. Appeal Ap	•								_	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>						
Organiz		e: Westfield Family Physicians							T-sec	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~						
Joined PPS: Catholic Medical Partners-Accountable Care IPA INC										You chose the qualification i, in the space below please include:						
^^ 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!										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						
Pr	rovider Typ	e: Other							without your organization's involvement given the PPS current configuration of network providers.							
Provider	Type - Oth	r: Primary Care Provider-MD								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).						
		Operating Certificate	/License #		MIS*		NP			c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)						
	e Identifie	_		029	76387		108360	08418		e. Any supporting documentation to substantiate your narrative (attach as 1 Dr. in the email when substantiate)						
	Agency Coo								_	Character Count: 3143						
Bill	ing Entity	Address			City	Sta	to	Zip		Character Count: 3143						
	Addres	_	ox 10 W	Vestfield	City	N'		14787	-11	Chautauqua County is one of the largest rural and most impoverished counties in New York State. Chautauqua is consistently ranked as one of						
	/ laures	3 130 East Main Street, 1 0 B	OX 10	vestnera			' '	* REQUII	RED	the state's poorest communities characterized by shrinking population, aging, poverty, and difficulty accessing health care. Of the						
III. Appeal Po										approximately 135,000 residents, 17.6% live below the poverty line (US 2010 Census). Per Salient data, Chautauqua County serves						
Contact		nette Bartkowiak,RN							_	approximately 32,000 Medicaid beneficiaries. The county covers 1,065 square miles with population centers in the north (Dunkirk/Fredonia) and						
Contact		fice manager .6-326-4678			Extension		23	06		south (Jamestown), surrounded by smaller villages and farmland. All of Chautauqua County is officially recognized by the Health Resources and Services Administration with health professional shortage area (HPSA) designations in Primary Care, Dental Care, and Mental Health.						
		nb@wfpweb.net			EXTENSION		23	50	-11	Services Autilinistration with health professional shortage area (nr.3A) designations in Filmary Care, bentar Care, and wientar health.						
										Westfield Family Physicians, a practice of 6 board certified Family Practice Physicians, 4 Nurse Practitioners and 2 Physician Assistants provides						
i A co	capable of serving the community.									care for 2200 Medicaid patients (FFS, group home, managed care, and dual eligible patients), as well as 375 uninsured. We are located approximately 65 miles from the PPS-Catholic Medical Partners Accountable Care IPA INC in Buffalo, NY. There is no public transportation between Chautauqua County and Buffalo. Our Medicaid patients often walk to appointments or depend on a family member or neighbor for a ride.						
comi	munity, an	d/or clear track record of succe nated health home or group o	ess in reducing avo	oidable ho		, relatio	onsinps wit	_		The combination of a large rural county and a shortage of primary care providers defines Medicaid care in Chautauqua County. The three Article 28 clinics available in this county serve 5-6,000 Medicaid patients. The vast majority of the other 26,000 Medicaid beneficiaries are served by the remaining provider networks. The lack of reliable, affordable transportation and the distance involved necessitate medical care in the local						
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										communities. Westfield Family Physicians is a local leader in quality care; the first NCQA recognized level III PCMH in Chautauqua County (now renewed recognition level III). WFP also has NCQA recognition for diabetes care, achievement of Stage 1 Meaningful Use, IPRO quality measure reporting, and is an original member of the Chautauqua Region Associated Medical Partners (AMP) ACO. We have a certified Guided Care Nurse, self management programs including Stepping On and Living Healthy, and we use registries to improve quality metrics. Our focus and mission align with the stated goals of DSRIP and proposed projects to aggressively promote population health and care management.						
complete this f	form. List i	afety net provider list, but you savailable on the DSRIP websit f, if you are joining more than id & Uninsured members that	one PPS, use seco	ond tab (S	•	-			e	We at Westfield Family Physicians welcome the challenge of continuing to make a positive impact on the Chautauqua County Medicaid population. We look forward to working with a PPS to achieve project goals and improve patient outcomes. To truly make an impact on the Medicaid population in Chautauqua County, Westfield Family Physicians needs to be included as full participating members of a PPS. The services and infrastructure that are already in place at WFP will only enhance the ability of the PPS to achieve project goals and improve patient outcomes.						
						П		T	\neg							
	-	Medicaid (FFS & MC)	Unin	sured		Dat	ta Source	Year		Sincerely,						
Percentage		24%	4	%		ance	rosters an	ic 2	014	Donald F Brautigam, MD, FAAFP CEO Westfield Family Physicians, PC						
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledg I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Donald F Brautigam, MD Yes No Title CEO Westfield Family Physicians, PC										1						



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

<u>Vital Access Provider Exception</u>: 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.

be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are												
I. Are you a Medicaid Provider Answer Yes												
II. Appeal Applicant Information												
Organization		William M. Linsky, NP										
Joined PPS: Upstate University Hospital												
^^ The VAP Exception	n is eva	luated in the context of the F	PPS you are joini	ng. If you a	re joining more tl	han one PPS, you	have the					
		AP Exception in that PPS as v			ee the "VII_Addit	ional PPSs" tab	to select					
multiple PPS's. See Section II and VII of the instructions for further clarification! Provider Type: Other												
	Provider Type: Other Provider Type - Other: Nurse Practitioner											
Provider Type	- Other:			1								
		Operating Certificate,	License #		MMIS*	NPI						
Unique Ide		F301558		0:	2613069	176044	5969					
Agend Billing E	y Code:											
Dilling E	itity ib.	Address			City	State	Zip					
A	ddress	750 East Adams Street		Syracuse	•	NY	13210					
III. Ammaal Daint a		-					* REQUIRED					
Contact Person												
	_	dinator, Meaningful Use and	Quality Incentiv	res								
Contact Phor	ne 315-	464-5181			Extension	n/a	1					
Contact Ema	ail plati	sr@upstate.edu										
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 III". 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 Me	edicaid	& Uninsured members that y	our facility serv	res								
	Me	edicaid (FFS & MC)	Un	insured		Data Source	Year					
Percentage		41%		n/a		EHR	CY 2013					
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. understand that this information may be subject to audit and I may be asked to provide documentation in support of this												

Administrative Director

appeal.

Name

Title

You have chosen the following VAP Exception:	i

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

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

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

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

Character Count: 591

This VAP exception is requested for an emergency medicine provider affiliated with Upstate University Health System. Upstate University Hospital's emergency medicine department is the most specialized and within the busiest safety net hospital in the region. Emergency medicine provider engagement is essential to the DSRIP program with new protocols, ED-related primary care and behavioral health initiatives, and care management strategies. Using data from calendar year 2014, this provider demonstrates greater than 35% Medicaid volume (11 Medicaid/27 total encounters = 40.74% Medicaid).

Yes O No

Only appeals from the CEO, CFO or comparable will be accepted

William Wnuk, MD vap_exception_appeal_form

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

	•		o application	approval. Three allow	ed rea	asons fo	or granti	ng an exce	eption are shown in Section IV.					
I. Are you a N														
	Answer	Yes						▼	You have chosen the following VAP Exception:					
II. Appeal Ap	plicant Info	ormation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiz	ation Name:	General Physicians PC- Willi	am Wnuk, MD						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS	Erie County Medical Center Corpo	eration					•	You chose the qualification i, in the space below please include:					
		aluated in the context of the												
		VAP Exception in that PPS as			Additi	ional PPS	Ss" tab to	o select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's.	. See <u>Section</u>	II and VII of the instructions f	for further clari	ification!					include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Provider Type: Other ▼									without your organization's involvement given the PPS current configuration of network providers.					
Provider [*]	Type - Other	Primary Care							b. A description of the applicant's organization, the services provided, and how the services will enhance the					
		Operating Certificate/	License #	MMIS*			NPI*		network of services for the PPS in this community (ies).					
Uniqu	ie Identifiers	:		02049365		15	52906908	35	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code													
Bill	ling Entity ID								Character Count: 1409					
		Address		City		State	Z	ip	General Physicians PC - A multi-specialty medical group					
	Address	210 E Main Street		Springville		NY	14	141	Springville, NY location: 210 E Main Street, Springville, NY 14141 (Erie County, NY)					
				•			*	REQUIRED	Vital Access Provider within the ECMC Performing Provider System					
III. Appeal Po														
Contact		antha J. Sessamen, M.S.							Provider: William Wnuk, MD; MMIS#: 02049365; NPI: 1529069085; License #: 210056					
		ntive Coordinator		1										
Contact		-698-3469		Extension	n				Needed as Vital Access Provider within the ECMC Performing Provider System					
Contac	t Email sses	samen@gppconline.com							Described the second limited country of fifth New desirable desirable and second country of the SOC Least discuss the second country of the second country					
IV. Please ch	oose the fo	llowing VAP Exception:							Presently there are a limited number of Safety Net designated primary care providers in the ECMC PPS located in southern Erie and northern Cattaraugus and Chautauqua Counties.					
③ i Aco	mmunity wi	II not be served without grant	ting the evcent	ion hecause no other elic	gihle n	rovider i	is willing	or	The General Physicians PC – Springville, NY primary care location serves the Highway 39 Primary Care Service Area (PCSA). The nearest sources					
		g the community.	ing the except	ion because no other en	Біріс р	noviaci i	13 WIIII116	01	of Safety Net care are limited. See the "Avoidable Medicaid Hospitalizations" map showing the VAP location (blue push pins) and nearest Safety					
I '		o							Net locations (white stars).					
O ii Any	hospital is ur	niquely qualified to serve base	ed on services	provided, financial viabili	ity, rela	ationship	os within	the	In terms of avoidable Medicaid hospitalizations (overall PQI Composite) the Highway 39 PCSA is 1,136/100,000. See the "Avoidable Medicaid					
com	munity, and/	or clear track record of succe	ss in reducing a	avoidable hospital use.	-				Hospitalizations" map showing the VAP location (blue push pins).					
									This location also serves the rural Cattaraugus County HPSA, Chautauqua County HPSA, and the Wyoming County HPSA areas and there are no					
O iii Any	state-design	ated health home or group of	f health homes	. **					adequate safety net providers to serve the 4,577 resident Medicaid and uninsured population in the Highway 39 Primary Care Service Area. See					
When choosin	g VAP Excep	tion i & ii – Please indicate w	hat Performin	g Provider System (PPS)	you pl	lan on joi	ining. If y	ou do	map showing HPSA areas (in red) and the VAP location (blue push pins).					
not indicate w	hat PPS you	intend to join, then you will b	e denied. Plea	se indicate the name of t	the PP	S in the '	"Appeal	Applicant						
Information –	Section II". If	you are part of multiple PPS	s, see section V	<u>'II tab</u> .										
When choosin	g VAP Excep	tion iii- The Department has	submitted a di	raft list of State Designat	ted He	alth Hon	nes and I	Network						
Care Managen	nent Agencie	s (CMAs) that have already b	een approved	as safety net providers a	s well	as those	that are	pending						
CMS approval.	If your Heal	th Home appears on this list a	as pending app	roval, you will be granted	d a VA	P Except	ion pend	ling CMS						
approval and o	do not need t	o submit this form. If the org	anization opera	ating your Health Home/	/CMA a	already a	appears o	on						
another safety	net list, you	do not need to submit this fo	orm. If your org	ganization does not appe	ar on t	the draft	Health H	lome list						
or on another	approved sa	fety net provider list, but you	r organization l	believes that it should qu	ualify a	as a Healt	th Home	, please						
complete this	form. List is a	available on the DSRIP websit	e.											
~ For	r Section IV,	if you are joining more than	one PPS, use s	econd tab (Section VII) t	to add	addition	nal PPSs.							
V. Percentage	of Medicaio	& Uninsured members that	your facility se	erves										
	М	edicaid (FFS & MC)	Ur	ninsured		Data Sou	urce	Year						
Percentage		10%		2%		EMR	20	13-2014						
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Don Boyd Title CEO Only appeals from the CEO, CFO or comparable will be accepted									2.					

10/30/2014 Wyoming Ob-Gyn, Scott Treutlein ,MD

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 I	Provider E	xception : The state will co	onsider excep	itions to the safety ne	t defin	ition on a d	case-by-case b	asis 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 pub	olic commei	nt 30 days prior to application	on approval. 7	Three allowed reasons	s for gr	anting an	exception are	shown i	in Section IV.					
I. Are you a Me	edicaid Pro	vider												
	Answer	Yes					▼		You have chosen the following VAP Exception: #N/A					
II. Appeal Appl	licant Infor	mation						VI. R	estricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
		Wyoming Ob-Gyn, Scott Treu	tlein ,MD					~ The	e VAP Exception relies heavily on the statement you provide, so please be concise and thorough $^\sim$					
	Joined PPS:	Finger Lakes PPS					-		This field is populated when you select a VAP Exception in Section IV					
^^ The VAP Exce	ption is eval	uated in the context of the PPS	you are joining	g. If you are joining more	e than c	one PPS, you	u have the	*						
		AP Exception in that PPS as we												
multiple PPS's. S	See <u>Section II</u>	and VII of the instructions for	further clarification	ation!					1					
Pro	ovider Type:	Other					▼	1						
Provider T	vpe - Other:	Physician, ob-gyn						1						
		Operating Certificate/License # MMIS* NPI*												
Haiaua	e Identifiers:	NY213977	icerise #	2571002			481422							
	gency Code:	N1213377		2371002		10034	401422							
	ing Entity ID:							İ	Character Count: 978					
	0,	Address		City	9	State	Zip	Му р	rvate practice ob-gyn office services Wyoming (and surrounding) counties in western NY. I am currently the only ob-gyn physician in Wyoming					
	Address	121 S Main St		Warsaw		NY	14569	Coun	y. Wyoming County is a mostly rural county with approx 40,000 residents, and without my presence here, pregnant and gynecological patients					
				•		•	* REQUIRED		d need to travel to surrounding hospitals and physicians, sometimes in excess of 100 miles round trip. This is not only an inconvenience to					
III. Appeal Poir									nts, but sometimes is a danger given the potential for urgent care needs regarding obstetrics. My office provides comprehensive obstetrical					
Contact P	Person Scott							_ ~	gynecological care, and as such, we enhance the PPS in this community by providing these services in a close to home environment. In addition e inconvenience factor, there are many patients in this community that do not even have the means or ability to travel into a city for care. Thus,					
Contact	Title Own Phone 585-			Extension					e inconvenience factor, there are many patients in this community that do not even have the means or ability to traver into a city for care. Thus, nem especially, it is crucial to have local access to as many care specialties as possible.					
		e@wyomingobgyn.com		Extension	"			101 (1	term especially, it is crucial to have rocal access to as many care specialities as possible.					
								1						
		owing VAP Exception:												
		not be served without granting	g the exception	because no other eligib	ole provi	ider is willin	ng or capable o							
serving	g the commi	unity.												
O ii Any ho	ospital is uni	quely qualified to serve based	on services pro	ovided, financial viability	. relatio	nships with	in the							
		r clear track record of success			,									
O iii Any st														
iii Any st	ate-designat	ed health home or group of he	ealth homes. **	•			ノ							
When choosing	VAP Exception	on i & ii – Please indicate what	Performing P	rovider System (PPS) you	u plan o	n joining. If	you do not							
		I to join, then you will be denie			S in the	"Appeal App	plicant							
Information – Se	ection II". <u>If y</u>	ou are part of multiple PPSs, s	ee section VII to	ab.										
_	-	on iii– The Department has sub		-										
		s) that have already been appr		•		-	-							
		ne appears on this list as pendi		_										
		nis form. If the organization op nit this form. If your organization												
		list, but your organization bel												
List is available of					,									
~ Fo	or Section IV,	if you are joining more than o	one PPS, use se	cond tab (Section VII) to	o add ad	dditional PP	Ss.							
V. Percentage of	of Medicaid 8	Uninsured members that yo	ur facility serve	es										
Ī	M	edicaid (FFS & MC)	l la	insured	Γ.	Data Carres]						
	IVIE	edicaid (FFS & IVIC)		iinsurea	Ι,	Data Source	Year							
Percentage		31%		1%		MEDENT	2014	-						
							_							
-	-	he information and data provi					-							
appeal.	u that this in	formation may be subject to	auuit and i may	, be asked to provide do	ocumen	tation in Su	pport of this							
appeal.					Answer									
Name	e	Scott Treutle	ein	•) No								
Title	e	Owner												
	Only app	eals from the CEO, CFO or	comparable v	vill be accepted										