



State of New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Physicians and Pharmacies Safety Net Appeal Form Instructions

Application due August 27th, 2014

There will be no extensions for the application. Any form submitted past the due date will not be considered.

The definitions for the Independent and Chain Pharmacies for this appeal were originally taken from the Cost of Dispensing (COD) survey; these definitions have since been amended for the Safety Net appeals and the instructions have been updated to reflect this change.

Independent Pharmacies include a pharmacy that is a single pharmacy and does not share common ownership with another pharmacy.

Chain Pharmacies are a group of **two** or more pharmacies that are under common ownership and operation. Chain Pharmacies must qualify as a whole and must only submit one appeal inclusive of all chain members.

Contents

General Instructions.....	2
Individual Physicians and other mid-level providers:	3
Physician group:.....	5
Chain Pharmacy:	7
Independent Pharmacy:.....	9
Lines of Business Descriptions:	11
Medicaid Patient Encounters:.....	11
Certification:	11

General Instructions

These are the instructions for the Physicians and Pharmacies Safety Net Provider appeal process. Please **read all instructions**. If you have further questions after reading this document, please submit them to BVAPR@health.state.ny.us with your facility name and “Safety Net Appeal Question” included in the subject line.

Lists of eligible Physicians and Pharmacies have been posted; please review the DSRIP Safety Net Provider lists on the [DSRIP](#) Website. If your organization is not included on the safety-net list pertaining to its provider type, please use this process to submit an appeal.

Only fill out this appeal form if you are one of the following: an independent pharmacy, a chain pharmacy, a physicians group, Certified Nurse Midwife, Dentist, Nurse Practitioner, Physician, or Physician’s Assistant. Independent and chain pharmacies are defined in their respective sections below.

This appeal form is NOT for entities that are looking to pursue the DSRIP Vital Access Provider (VAP) Exception. If your organization is interested in pursuing the Vital Access Provider Exception, information on that process will be forthcoming.

Please see the DSRIP website for provider listings and additional information on the Safety Net Definition:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip_safety_net_definition.htm

- Only physicians, physician groups, pharmacy chains, and independent pharmacies that are not on the posted lists should fill out this appeal form. Instructions have been separated for each provider type.
- On the appeal form tab, only the shaded grey cells will allow information to be input; please enter your responses in these cells. When information has been entered, the cell will turn white. If entering a number that begins with a zero, you must insert an apostrophe (') before the number or the zero will get cut off.
- You must save the downloaded appeal form to your computer before you begin filling it out. Please ensure that you are filling out the Appeal form specifically for physicians and pharmacies.
- If completing this appeal using an older version of Excel (2003), there will be a few slight formatting differences and you may see two “errors” in cells on the form; DO NOT change these fields. You will receive a message saying that the macros are disabled; click OK and fill out the form.
- Please complete the form in Microsoft Excel format and submit it as an Excel attachment in an unsecured e-mail to BVAPR@health.state.ny.us by 5 pm on August 27 2014. Please include your physician/pharmacy name as well as “Safety Net Appeal” in the subject line, for example, “The Pharmacy – Safety Net Appeal”
- There will be no extensions for this application. **Any application submitted past the due date will not be considered.**

Individual Physicians and other mid-level providers:

If you are an individual physician or eligible mid-level provider:

- Enter your first name followed by a space then your last name in the “Organization Name” box. For example “Bob Smith”
- Under the Provider Type, select the IPA/Physician option by clicking the white circle to the left of it. Once selected, the circle will be filled in.
- To the right of “Physician Type”, use the drop-down menu to indicate which type of physician you are. Eligible types are: Certified Nurse Midwife, Dentist, Nurse Practitioner, Physician, and Physician’s Assistant. **No other provider types are eligible.** Since you are an individual physician, **do not** select “Physician Group”.
- **Do not** enter any information into the “Provider Type” cell as this information is automatically calculated from your previous responses. If using Excel 2003 you may see an error in this cell; ignore it and do not change the cell.
- Enter your MMIS Number. The MMIS Provider Number is an eight digit number, frequently starting with 00. If your number starts with a zero (0), insert an apostrophe (') before the number or excel will not recognize the leading zeroes. For example: 12345678, or '00123456

- Enter your NPI number (National Provider Identifier number). **Please be sure to include this number on your form.** This is a ten digit number. If you don't know your NPI you may use the following websites to look it up:
 - https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.d_o
 - http://www.hipaaspace.com/Medical_Billing/Coding/National_Provider_Identifier/NPI_Number_Lookup.aspx
- Enter your License Number. If you have multiple license numbers (for example, a certified nurse midwife) only enter one license.
- Enter your business practice location address in the applicable cells. Use the County drop down menu to indicate which county the address is located in.
- For all counties that you practice in, click the check box to the left. **Do not** enter any data into the counties served text box since a list of the counties you checked will be automatically populated here. If you are working in Excel 2003, you may see an error in this box; ignore it and do not change the cell.
- Enter the name, title, phone number (and extension if applicable), and email address for the appeal point of contact. For the phone number field, please input only the ten digits; this will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.
- Enter the number of patient encounters (visits) for the various column categories. Patient encounters and the various categories are described on the last page of these instructions. Enter the source of the data that was entered above, as well as the time period that it applies to in the respective boxes below the data.
- In the narrative text box on the right, please provide an explanation of how and why you meet the safety net definition. This section is limited to 2,500 characters, so please be concise in your answers. There is a character count located at the bottom of this section for your reference. You must click outside the narrative for the character count to refresh. You may copy and paste your narrative from a word document into the application; however, it will not work if your narrative exceeds the size limits.
- Complete the certification; only appeals from the CEO, CFO or comparable will be accepted. To complete the certification, select the circle for either "Yes" or "No", and type in your name and title.
- Submit your completed form as an Excel attachment in an unsecured e-mail to BVAPR@health.state.ny.us by 5 pm on August 27 2014. Please include your

physician/pharmacy name as well as “Safety Net Appeal” in the subject line, for example, “The Pharmacy – Safety Net Appeal”

Physician group:

If you are filling out this appeal on behalf of a physicians group:

- In the Organization Name box, enter the legal name of the physicians group.
- Under the Provider Type, select the IPA/Physician option by clicking the white circle to the left of it. Once selected, the circle will be filled in.
- To the right of “Physician Type”, use the drop-down menu to indicate “Physician Group”. Do not choose any other option as those are for individual physicians and other eligible mid-level providers.
- Do **not** enter any information into the “Provider Type” cell as this information is automatically calculated from your previous responses. If using Excel 2003 you may see an error in this cell; ignore it and do not change the cell.
- Enter your Organizational NPI in the appropriate cell.
- If your physician group *as a whole* has a license number or MMIS number, please enter these items, otherwise, leave blank.
- Enter the physicians group’s business mailing address. Use the County drop down menu to indicate which county the address is located in.
- For all counties that the group practices in, click the check box to the left. You should include counties served by all physician members. Do **not** enter any data into the counties served text box below; a list of the counties you checked will be automatically populated here. If you are working in Excel 2003, you may see an error in this box; ignore it and do not change the cell.
- Enter the name, title, phone number (and extension if applicable), and email address for the appeal point of contact. For the phone number field, please input only the ten digits; this will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.
- Enter the number of patient encounters (visits) for the various column categories. Patient encounters and the various categories are described on the last page of these instructions. This data should be inclusive of all physician group members. Enter the source of the data that was entered above, as well as the time period that it applies to in the respective boxes below the data.
- In the narrative text box on the right, please provide an explanation of how and why you meet the safety net definition. This section is limited to 2,500 characters, so please be concise in your answers. There is a character count located at the bottom of this section for your reference. You must click outside

the narrative for the character count to refresh. You may copy and paste your narrative from a word document into the application; however, it will not work if your narrative exceeds the size limits.

- Click the “Physician List” tab; on this sheet you will enter all the information for each member of the physician group.
 - Enter the individual physician and mid-level provider names in the “Physician Name” column. Enter the first name followed by a space then the last name. For example “Bob Smith”
 - For the “Physician Type” column, you should copy and paste the applicable physician/mid-level provider type from the top of the form. For data collection purposes, the physician types must be consistently entered, therefore **the only allowable provider types are:**
 - Certified_Nurse_Midwife
 - Dentist
 - Nurse_Practitioner
 - Physician
 - Physicians Assistant
 - **DO NOT INCLUDE ANY OTHER PROVIDER TYPES!!**
- Enter the NPI number (National Provider Identifier number) for each physician group member. **Please be sure to include this number on your form.** This is a ten digit number; if you don’t know your NPI you may use the following websites to look it up:
 - <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>
 - http://www.hipaaspace.com/Medical_Billing/Coding/National_Provider_Identifier/NPI_Number_Lookup.aspx
- Enter the MMIS Number for each physician member. The MMIS Provider Number is an eight digit number, frequently starting with 00. If your number starts with a zero (0), insert an apostrophe (‘) before the number or excel will not recognize the leading zeroes. For example: 12345678, or ‘00123456
- Enter the License Number for each member of the physicians group. If you have multiple license numbers (for example, a certified nurse midwife) only enter one license.
- Enter the business practice location address in the applicable cells. In the “County” column, indicate which county the address is located in.

- Enter the name, phone number (and extension if applicable), and email address for the physician member point of contact. For the phone number field, please input only the ten digits; this will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.
- Complete the certification; only appeals from the CEO, CFO or comparable will be accepted. To complete the certification, select the circle for either “Yes” or “No”, and type in your name and title.
- Submit your completed form as an Excel attachment in an unsecured e-mail to BVAPR@health.state.ny.us by 5 pm on August 27 2014. Please include your physician/pharmacy name as well as “Safety Net Appeal” in the subject line, for example, “The Pharmacy – Safety Net Appeal”

Chain Pharmacy:

Definition: A pharmacy that is part of a group of two or more pharmacies that are under common ownership and operation. Chain pharmacies must meet the definition as a whole to qualify and should submit only one appeal inclusive of all members.

If you are filling out this appeal on behalf of a Chain Pharmacy:

- In the Organization Name box, enter the legal name of the chain pharmacy.
- Under the Provider Type, select the “Chain Pharmacy” option by clicking the white circle to the left of it. Once selected, the circle will be filled in.
- Do not make any selection from the “Physician Type” drop-down menu as it does not pertain to your provider type.
- **Do not** enter any information into the “Provider Type” cell as this information is automatically calculated from your previous responses. If using Excel 2003 you may see an error in this cell; ignore it and do not change the cell.
- For the MMIS, NPI, and License Number fields, you do not need to enter this information since it does not apply to the pharmacy chain as a whole. These items will be required for each pharmacy member in a later section.
- Enter the chain pharmacy’s business mailing address. Use the County drop down menu to indicate which county the address is located in.
- For all counties that the chain serves, click the check box to the left. You should include counties served by **all** pharmacy members. Do **not** enter any data into the counties served text box below since a list of the counties you checked will be automatically populated here. If you are working in Excel 2003, you may see an error in this box; ignore it and do not change the cell.

- Enter the name, title, phone number (and extension if applicable), and email address for the appeal point of contact. For the phone number field, please input only the ten digits; this will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.
- Enter the number of prescriptions for the various column categories. The categories are described on the last page of these instructions. **This data should be inclusive of all pharmacy members.** Enter the source of the data that was entered above, as well as the time period that it applies to in the respective boxes below the data.
- In the narrative text box on the right, please provide an explanation of how and why you meet the safety net definition. This section is limited to 2,500 characters, so please be concise in your answers. There is a character count located at the bottom of this section for your reference. You must click outside the narrative for the character count to refresh. You may copy and paste your narrative from a word document into the application; however, it will not work if your narrative exceeds the size limits.
- Click the “Pharmacy List” tab; on this sheet you will enter **all the information for each member of the pharmacy group. All fields are required for each member.**
- Enter the chain pharmacy members’ legal names in the “Pharmacy Name” column.
- Enter the NPI number (National Provider Identifier number) for each chain pharmacy member. **Please be sure to include this number on your form.** This is a ten digit number; if you don’t know your NPI you may use the following websites to look it up:
 - <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.d>
[o](#)
 - http://www.hipaaspace.com/Medical_Billing/Coding/National_Provider_Identifier/NPI_Number_Lookup.aspx
- Enter the MMIS Numbers for each chain pharmacy member. The MMIS Provider Number is an eight digit number, frequently starting with 00. If your number starts with a zero (0), insert an apostrophe (') before the number or excel will not recognize the leading zeroes. For example: 12345678, or '00123456
- Enter the License Number for each chain pharmacy member. This is a six digit ID.

- Enter your business practice location address in the applicable cells for each chain pharmacy member. In the “County” column, indicate which county the address is located in.
- Enter the name, phone number (and extension if applicable), and email address for the chain pharmacy member point of contact.
- Complete the certification; only appeals from the CEO, CFO or comparable will be accepted. To complete the certification, select the circle for either “Yes” or “No”, and type in your name and title.
- Submit your completed form as an Excel attachment in an unsecured e-mail to BVAPR@health.state.ny.us by 5 pm on August 27 2014. Please include your physician/pharmacy name as well as “Safety Net Appeal” in the subject line, for example, “The Pharmacy – Safety Net Appeal”

Independent Pharmacy:

Definition: A pharmacy that is a single pharmacy and does not share common ownership with another pharmacy.

If you are filling out this appeal on behalf of an Independent Pharmacy member:

- In the Organization Name box, enter the legal name of the independent pharmacy.
- Under the Provider Type, select the “Independent Pharmacy” option by clicking the white circle to the left of it. Once selected, the circle will be filled in.
- Do not make any selection from the “Physician Type” drop-down menu as it does not pertain to your provider type.
- **Do not** enter any information into the “Provider Type” cell as this information is automatically calculated from your previous responses. If using Excel 2003 you may see an error in this cell; ignore it and do not change the cell.
- Enter the MMIS Numbers for your independent pharmacy. The MMIS Provider Number is an eight digit number, frequently starting with 00. If your number starts with a zero (0), insert an apostrophe (') before the number or excel will not recognize the leading zeroes. For example: 12345678, or '00123456
- Enter the NPI number (National Provider Identifier number) for your independent pharmacy. **Please be sure to include this number on your form.** This is a ten digit number; if you don't know your NPI you may use the following websites to look it up:
 - <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.d>

- http://www.hipaaspace.com/Medical_Billing/Coding/National_Provider_Identifier/NPI_Number_Lookup.aspx
- Enter the License Number for your independent pharmacy. This is a six digit ID.
- Enter the address for your independent pharmacy; use the drop down to indicate which county your pharmacy is located in.
- For all counties that your independent pharmacy serves, click the check box to the left. Do **not** enter any data into the counties served text box below; a list of the counties you checked will be automatically populated here. If you are working in Excel 2003, you may see an error in this box; ignore it and do not change the cell.
- Enter the name, title, phone number (and extension if applicable), and email address for the appeal point of contact. For the phone number field, please input only the ten digits; this will be auto-formatted to (XXX)XXX-XXXX. The extension, if applicable, should be entered in the cell to the right.
- Enter the number of prescriptions for your independent pharmacy in the various column categories. Enter the source of the data that was entered above, as well as the time period that it applies to in the respective boxes below the data. The categories are described on the last page of these instructions. This data should be reflective of only your independent pharmacy.
- In the narrative text box on the right, please provide an explanation of how and why you meet the safety net definition. This section is limited to 2,500 characters, so please be concise in your answers. There is a character count located at the bottom of this section for your reference. You must click outside the narrative for the character count to refresh. You may copy and paste your narrative from a word document into the application; however, it will not work if your narrative exceeds the size limits.
- You do **not** need to fill out the “Pharmacy List” tab since independent pharmacies do not have members and all of your independent pharmacy’s information is captured on the main form.
- Complete the certification; only appeals from the CEO, CFO or comparable will be accepted. To complete the certification, select the circle for either “Yes” or “No”, and type in your name and title.
- Submit your completed form as an Excel attachment in an unsecured e-mail to BVAPR@health.state.ny.us by 5 pm on August 27 2014. Please include your

physician/pharmacy name as well as “Safety Net Appeal” in the subject line, for example, “The Pharmacy – Safety Net Appeal”

Lines of Business Descriptions:

- **Medicaid Non-duals:** Report the total Medicaid utilization on the appropriate statistical category for fee for service and managed care patients.
- **Medicaid Duals:** Report in the appropriate statistical category the units of service where the patient was eligibility for Medicare and/or another insurance for the services rendered and Medicaid may or may not have had a financial liability (co-pay or deductible) related to the service rendered.
- **Uninsured:** Report the utilization in the appropriate statistical category for all patients that were fully uninsured.
- **All Others:** Report the utilization in the appropriate statistical category for all patients that were not included in the above categories. These would include Medicare, Commercial and other such insurers.

Medicaid Patient Encounters:

For physicians and physicians groups, Medicaid patient encounters are defined as an encounter with a patient who is Medicaid eligible for the services provided. This includes encounters paid by Medicaid programs such as Children’s Medicaid and Family Health Plus, but does not include non-Medicaid programs such as Child Health Plus.

Certification:

Select “Yes” or “No” using the check boxes provided to indicate whether or not you certify the data you have provided. In the space below, provide the name and title of the person making this certification. The person certifying the form must be the CEO, CFO or comparable level personnel. An electronic (typed) certification is sufficient; do not sign and PDF the appeal. The appeal must be submitted to BVAPR@health.state.ny.us in Excel format.