11/10/2014 Bertrand_Chaffee_Hospital.xlsx

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

ne hosted for	public comme	nt 30 days prior to applica	ation approval. Three	anowed reason	is ioi Brantii	ng an exception a	are shown in Section iv.				
I. Are you a M	ledicaid Provid	der									
Answer Yes ▼							You have chosen the following VAP Exception: i				
II. Appeal App	olicant Informa	ation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiza	ation Name: Be	rtrand Chaffee Hospital					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
- 0		tholic Medical Partners-Accountable	e Care IPA INC			~	You chose the qualification i, in the space below please include:				
^^ The VAP Exc		ted in the context of the PPS		are joining more	than one PP	S, you have the					
option of apply	ing for the VAP	Exception in that PPS as wel	ll (if applicable). Please	see the "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				
multiple PPS's.	See <u>Section II ar</u>	nd VII 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: Ho	spital				~	without your organization's involvement given the PPS current configuration of network providers.				
Provider T	Type - Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate/Lic	cense #	MMIS*		NPI*	of services for the PPS in this community (ies).				
Unique	e Identifiers:	1427000H		00354150	12	75553521	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	gency Code:	112700011		3033 1130	1	3333321					
	ing Entity ID: E0	263762					Character Count: 3495				
		Address		City	State	Zip	a. Bertrand Chaffee Hospital (BCH) provides healthcare in Erie, Cattaraugus & Wyoming counties. BCH is affiliated with Catholic Health System				
	Address 22	4 East Main Street	Springvi	le	NY	14141	(CHS) and will participate in CMP-AC IPA. Our service area is 700 sq. mi. and includes a rural population of 50,000+ people who contribute to				
						* REQUIRED	more than 60,000 visits each year.				
III. Appeal Poi	Person Kara Ka	20					The closest comprehensive healthcare facilities are 25+ miles away over mostly elevated state and local roads; in winter, our "ski country" location receives significant snowfall. Our aging and overwhelmingly rural population faces social and economic challenges (e.g., transportation				
Contact i		nity Relations Coordinator					access). Our ED and acute care regularly encounter patients who are admitted and lack transportation home. This can lead to prolonged hospital				
Contact	Phone 716-592	•		Extension		1485	stays - a cost that impacts BCH and patient care. A 2014 report found that within our town (Concord), 1/10 residents live on incomes under the				
	t Email kkane@						federal poverty level, and nearly 1/3 struggle financially. Seniors comprise nearly 1/3 of the town's population, and that ratio is increasing.				
IV. Please cho	ose the follow	ving VAP Exception:					According to a 2013 HANYS' survey, 8 WNY counties gained 421 physicians and lost 544 physicians (net loss=123). BCH has seen success				
of ser Any h comm iii Any s When choosing indicate what P Information – S When choosing care Managem CMS approval. approval and de safety net list, y another approv complete this fo	rving the commination of the com	ely qualified to serve based elear track record of success in the lath home or group of he i & ii – Please indicate what o join, then you will be denie are part of multiple PPSs, still iii – The Department has subtracted by the late of the late o	on services provided, f in reducing avoidable ealth homes. ** t Performing Provider ed. Please indicate the ee section VII tab. britted a draft list of S n approved as safety ne pending approval, your ization operating your organization does not ation believes that it sl the PPS, use second tab ur facility serves	nancial viability, inospital use. System (PPS) you in name of the PPS tate Designated Hit providers as well will be granted a Viealth Home/CM. appear on the drapould qualify as a	plan on joining in the "Appe dealth Homes II as those the VAP Exception A already appeared the Health Homes II add additional II additional II additional II and II additional II additional II additional II additional II additional III additional	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 II PPSs.	competing for the limited providers available and willing to work in this area. BCH has recruited NPs and PAs for ED coverage, hospitalist support and in our Primary Care Center. BCH anticipates retirements of long-time area physicians in the near future. This will increase demand for primary care and ancillary services at BCH. Expansion here by for-profit healthcare organizations or independent providers given our economic climate is unlikely. b. As a private, non-profit 501(c)3 organization, BCH incorporated in NYS in 1946 and is certified by NYS DOH to operate 24 beds as an acute care facility. BCH includes a 24/7 ED, acute inpatient care, and a Heart Center, along with lab, imaging, cardiac rehab, surgical, patient education and physical therapy services. The hospital is connected to Jennie B. Richmond Nursing Home, an 80-bed LTC facility, and share administrative functions and a board of directors. The BCH Primary Care Center (PCC) opened in 2010 in response to community need and as a strategy to keep the hospital viable. The PCC has experienced tremendous growth, doubling its number of patient visits between 2013 & 2014. This progress can be attributed in part to the essential, vital role of a local healthcare facility, particularly for an aging and transportation-challenged population. The PCC has increased its practitioner staff through aggressive recruitment, and has expanded hours of operation, all to keep up with continued strong appointments demand. BCH has strong relationships with area EMS, and maintains a helipad on-site for use by Mercy Flight of WNY. We also provide training/educational seminars for EMS volunteers. BCH will extend and enhance the services offered by CMP-AC to area residents. Through the DSRIP application, we are participating in discussions around telemedicine and how best to provide specialist care and provider education through a PPS. BCH are part of HEALTHELINK, WNY'S CIE, and the care coordination this offers will support patients who want to continue treatment close t				
	Medic	aid (FFS & MC)	Uninsured		Data Sou	rce Year					
Percentage		22%	3%		Medhos	st 2013					
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. Answer Name Nils Gunnersen Yes No											
Ti+	lo.	CEO Bertrand Chaffee	e Hosnital								

10/30/2014 Guthrie Robert Packer Hospital VAP Exception Form.xlsx

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	r public comi	ment 30 days prior to appli	ication approval	l. Three allowed r	reason	s for grantir	ng an exception	are shown in Section IV.				
I. Are you a N	Medicaid Pro	vider										
•	Answer	/er Yes ▼						You have chosen the following VAP Exception: i				
II. Appeal Ap	plicant Infor	ormation						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:				
^^ The VAP Ex		luated in the context of the P		g. If you are joining	g more	than one PPS	S, you 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 I</u>	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				
Р	rovider Type:	Hospital					~	without your organization's involvement given the PPS current configuration of network providers.				
Provider	Type - Other:							b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
	71:	Operating Certificate/	License #	MMIS*			NPI*	of services for the PPS in this community (ies).				
Uniqu	ue Identifiers:	440601	Licerise #	3002462			83614382	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code:	440001		3002402		100	13014382					
	ling Entity ID:							Character Count: 3426				
	0,	Address		City		State	Zip	Guthrie Robert Packer Hospital (RPH) serves mostly a rural population over a large geographic area from five counties covering the Twin Tier				
	Address	1 Guthrie Square	S	Sayre		PA	18840	regions of New York and Pennsylvania. This 60 county ZIP code includes 255,323 people, the majority of which are white non-hispanic ages 35-5				
							* REQUIRED	The percentage of the population that is enrolled in NYMedicaid is 18.92% in Chemung, 16.74% in Steuben, and 14.92% in Tioga. At RPH, of the				
III. Appeal Po								737 NY Medicaid discharges (5% of the total number of discharges), 97% of them came from our 11 county service area (similar footprint to the				
Contact	Person Rita							area served by the UHS PPS). In that same year RPH had 1267 PA Medical Assistance discharges (or 8% of its total discharges). In general,				
Contact	t Phone 607-	ram Manager, Patient Safety		Exten	sion			discharges at RPH are fairly equally split between NY and PA. The UHS PPS vision is to optimize the Medicaid beneficiary's health outcomes by engaging them in coordinated delivery of care that utilizes the				
		nek rita@guthrie.org		LATEIT	31011			most appropriate, cost effective setting given medical, behavioral and social needs. The project selection focuses on the common disease states				
		owing VAP Exception:						and ambulatory sensitive conditions that are associated with higher rates of preventable admissions and emergency room use. The UHS PPS				
_								community will not have access to critical services that support lower readmission rates and will be hampered in their ability to manage the				
_		not be served without granti	ing the exception	because no other	eligible	e provider is v	willing or capable	patient population across the entire continuum of care without RPH.				
of se	erving the com	nmunity.						Guthrie RPH is the only Adult Level II Trauma Center within 100 miles. It recently received full three-year accreditation from the Pennsylvania				
O ii Any	handed to	:	d		- I- : I :		taletin ale e	Trauma Systems Foundation (PTSF). RPH has the region's only MAKOplasty® orthopaedic robotic system. MAKOplasty® offers patients a robotic				
		iniquely qualified to serve based on services provided, financial viability, relationships within the				relationships	within the	arm assisted, surgeon guided partial knee replacement designed to relieve joint degeneration due to osteoarthritis (OA). MAKOplasty* allows for				
			·		ε.			replacing only the damaged part of the knee, giving patients a quicker recovery and shorter hospital stay while preserving the healthy bone and				
O iii Any	state-designa	ted health home or group of	health homes. **					ligaments. RPH is the only hospital in the region offering women with pelvic prolapse minimally invasive pelvic reconstruction with the Da Vinici robotic system. The region's only fellowship-trained thoracic surgical oncologist is on staff only at RPH for complicated lung cancer surgeries.				
		ion i & ii – Please indicate wh			י ווטע (א	nlan on ioinir	ng If you do not	Cancer mortality rate per 100,000 in the counties the PPS and RPH share is 201.2 in Steuben, 206.6 in Chemung, and 188.2 in Tioga. RPH is the				
		d to join, then you will be der						first and only hospital in the region to offer Transcatheter Aortic Valve Replacement (TAVR). TAVR is a minimally invasive valve replacement				
	•	you are part of multiple PPSs,						surgery for patients with severe aortic stenosis who are not candidates for traditional open heart surgery or those who are considered high-risk				
When choosin	g VAP Excepti	ion iii– The Department has s	submitted a draft	list of State Design	nated H	ealth Homes	and Network	operable patients. Additionally, RPH is home to the region's only hybrid operating room – an operating room with real-time, high-resolution				
Care Managen	nent Agencies	(CMAs) that have already be	en approved as s	afety net providers	s as wel	ll as those tha	at are pending	digital imaging capabilities allowing for complex surgeries and studies to take place simultaneously with an integrated team of cardiac and				
		h Home appears on this list as						vascular surgeons. Heart disease death rate per 100,000 in these counties shared by the PPS and RPH is 135.1 in Steuben, 125.7 in Chemung, an				
• •		submit this form. If the orga	•	0,		, , , ,		125.9 in Tioga. The ability of the UHS PPS to acheive the goals laid out in their grant application is directly correlated with the effectiveness of the specialty care				
		eed to submit this form. If you	-					at RPH and the ability of RPH to fullfill the communities needs by collaborating across the care continuum for the NY counties they serve.				
	•	t provider list, but your organ vailable on the DSRIP website		that it should quali	ry as a r	Health Home	, piease	at the data states of the continuous section and				
		if you are joining more than		ond tab (Section V	/II) to ac	dd additional	I PPSs.					
		you are joining more than	oc o, asc sec.	(000	,							
V. Percentage	of Medicaid	& Uninsured members that y	our facility serve	es								
	Me	edicaid (FFS & MC)	Unin	nsured	1	Data Sour	rce Year					
Percentage		5%	3	3%		or Mix Gross	s Cha 2013					
Yes Hereby	-	he information and data pro	vided on this for	m is accurate and c		to the best o	of my knowledge	<u> </u>				
appeal.												
N1	mo	Joseph Scopell	iti MD	ſæ	Ansv Yes							
Nar	me itle	CEO, The Guthr	,		res	J NO						
11		eals from the CEO, CFO or		II he accented		*						
			Somparable WI									



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

Answer vs You have chosen the following VAP Exception: ii Ii You have chosen the following VAP Exception: ii
II. Appeal Applicant Information Organization Name: John T. Mather Memorial Hospital of Port Jefferson NY inc. Joined PS State Work behavior hybrid by State Provider Type: Other in that PPS a well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPSs - See Section II and VII of the instructions for further darffication! Provider Type: Other: Operating Certificate/Ucense # MMIDs* NPT
Organization Name John T. Mather Memorial Hospital of Port Jefferson NY Inc. Joined PPS Storey Brook University Hospital And Post of 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 with legislation in that PPSs as well (if applicable). Please see the "VII_Additional PPSs" tab to select with legislation in that PPSs as well (if applicable). Please see the "VII_Additional PPSs" tab to select with legislation in that PPSs as well (if applicable). Please see the "VII_Additional PPSs" tab to select with legislation in that PPSs as well (if applicable). Please see the "VII_Additional PPSs" tab to select with legislation in that PPSs as well (if applicable). Please see the "VII_Additional PPSs" tab to select with legislation in the provider Type. Other Provider Type. Other Unique Identifiers: 5149000H 03158014 1093718728 Agency Code: Billing intity ID: Address 75 North Country Noad Port Jefferson NY 11777 **REQUIRED III. Appeal Point of Contact Contact Person Nancy Uzo Title Vice President: Public Affairs Contact Person Nancy Uzo Title Vice President: Public Affairs Contact Person Nancy Uzo Title Vice President: Public Affairs Contact Person Nancy Uzo Title Vice President: Public Affairs Contact Person Nancy Uzo Title Vice President: Public Affairs Contact Person Nancy Uzo Any hospital is unitable vice and application in the served without granting the exception because no other eligible provider is willing or capable of serving the community. The VAP Exception relies heavily no the statement you provide, she place in the context of the PPS wurden specified in the context of the PPS wurden specified in the context of services for the PPS. A description of the applicant's niche services that would enhance the network of services for the PPS. A A description of the applicant's niche services that went used using the enablishing
Joined PPS Story Brook University Hospital An The VAP Exception is available of in the context of the PPS you are joining. If you are joining more than one PPS, you have the potion of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII. Additional PPSs" tab to select multiple PPS's. See Section II and VII of the instructions for further clarification! Provider Type - Other: Operating Certificate/License # MMIIS* NPI* Unique identifiers: S14900H 03158014 1093718728 Agency Code: Billing Entity ID: Address Story North Country Road Port Jefferson NY 11777 III. Appeal Point of Contact Contact Person Nancy Uzo Contact Person Nancy Uzo Contact Person Si31-475-2723 Extension Onator Phone Si31-475-2723 E
**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 will be provider Type - Other. Provider Type - Other
option of applying for the VAP Exception in that PPS as well (if applicable). Please see the "VII_Additional PPSs" tab to select multiple PPSs. See Section III and VIII of the instructions for further clarification Provider Type: Nospital Provider Type: Nospital Provider Type: Nospital Operating Certificate/License # MMIIS* NP!* Unique identifiers: 514900H 03158014 1093718728 Billing Entity ID: Agency Code: Address 75 North Country Road Port Jefferson NY 11777 * REQUIRED Contact Person Nancy Uzo Contact Person Nancy Uzo Contact Person Nancy Uzo Contact Person Nancy Uzo Contact Email Nuzo@matherhospital.org Will Agency Code to 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 that would enhance the network of services for the PPS. A description of the applicant's niche services that would enhance the network of services for the PPS. A description of how the applicant's niche services for the PPS. A description of how the applicant's niche services for the PPS. A description of how the applicant's niche services for the PPS. A description of how the applicant's niche services for the PPS. A description of how the applicant's niche services for the PPS. A description of how the applicant's niche services for the PPS. A description of how the applicant's niche services for the PPS. A description of how the applicant's niche services in reducing and description of how the applicant's niche services in reducing and description of how the applicant's network of services in reducing and description of how the applicant's network of services in reducing avoidable hospital as network of services in reducing avoidable hospital use of success in reducing avoidable hospital use of success in reducing avoidable hospital use of how pro
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Provider Type: Hospital Hospital Provider Type: Ho
Provider Type - Other: Departing Certificate/License # MMIS* NPI*
Demonstration of past success in reducing avoidable hospital use In the provider type - Unique Identifiers: S14900H Operating Certificate/License # MMIS* NPI* Unique Identifiers: S14900H Ograting Certificate/License # MMIS* Agency Code: Billing Entity ID: Address Address Other A
Operating Certificate/License # MMIS* NPI* Unique Identifiers: 5149000H 03158014 1093718728 Agency Code: Billing Entity ID: Address City State Zip Address 75 North Country Road Port Jefferson NY 11777 III. Appeal Point of Contact Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person San-y Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Person Nancy Uzo Mather Hospital provides vital access to a continuum of behavioral health care services for adults and adolescent psychiatric unit in Suffolk County outside of South Oaks are located at Mather Hospital in hospitalization programs found in Suffolk County outside of South Oaks are located at Mather Hospital repart and partial hospitalization p
Unique Identifiers: 5149000H 03158014 1093718728 Agency Code: Billing Entity ID: Character Count: 3496 Address City State Zip Address 75 North Country Road Port Jefferson NY 11777 III. Appeal Point of Contact Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Penson Nancy Uzo Contact Email Nuzo@matherhospital.org 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
Agency Code: Billing Entity ID: Address Address City State Address City State Address City State Address To North Country Road Port Jefferson NY 11777 III. Appeal Point of Contact Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Phone 631-476-2723 Extension Contact Email Nuzo@matherhospital.org NV. 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 City State Zip Mather Hospital is submitting three separate, complementary VAP exception forms under the following provider types: hospital, OMH-Article health home. Mather's behavioral health services, including the mental health clinic, are licensed under the Hospital. The health home, Harbor View Medical Services, P.C., is a subsidiary of the Hospital. Mather Hospital is submitting three separate, complementary VAP exception forms under the following provider types: hospital, OMH-Article health home. Mather's behavioral health services, including the mental health clinic, are licensed under the Hospital. The health home, Harbor View Medical Services, P.C., is a subsidiary of the Hospital. Mather Hospital is submitting three separate, complementary VAP exception forms under the following provider types: hospital, OMH-Article health home. Mather's behavioral health services, including the mental health clinic, are licensed under the Hospital. The health home, Harbor View Medical Services, P.C., is a subsidiary of the Hospital. Mather Hospital is submitting three separate, complementary VAP exception in submit in Health and Indicated in Submit in
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Contact Person Nancy Uzo Title Vice President - Public Affairs Contact Phone 631-476-2723 Extension Nuzo@matherhospital.org TV. 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 hyphospital is uniquely qualified to serve based on services provided, financial viability, relationships within the Mather Hospital provides vital access to a continuum of behavioral health care services for adults and adolescents in Suffolk County including significant numbers of Medicaid/Uninsured patients (see attachment). Mather is the only acute care hospital in Suffolk with an adolescent psychiatric unit. The only other adolescent psychiatric unit in Suffolk County outside of South Oaks are located at Mather Hospital. The adult and adolescent partial hospitalization programs have been instrumental in avoiding inpatient psychiatric hospitalizations. Along with the psychiatric inpatient and partial hospitalization programs, Mather's mental health and chemical dependency clinics play an important role in addressing to behavioral health needs of Suffolk residents. Mather Hospital's eating disorders program is the only one in Suffolk-LIJ is the next closest program for residents with eating disorders. Besides providing behavioral health services not found elsewhere in the County or at a great distance for most residents seeking them, Mather
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Contact Phone 631-476-2723 Extension psychiatric unit. The only other adolescent psychiatric unit in Suffolk is located at South Oaks, on the Nassau/Suffolk border. In addition, the operation post post post partial hospitalization programs found in Suffolk County outside of South Oaks are located at Mather Hospital. The adult and adolescent partial hospitalization programs have been instrumental in avoiding inpatient psychiatric hospitalizations. Along with the psychiatric partial hospitalization programs have been instrumental in avoiding inpatient psychiatric hospitalizations. Along with the psychiatric partial hospitalization programs, Mather's mental health and chemical dependency clinics play an important role in addressing the behavioral health needs of Suffolk residents. Mather Hospital's eating disorders program is the only one in Suffolk-LIJ is the next closest program for residents with eating disorders. Besides providing behavioral health services not found elsewhere in the County or at a great distance for most residents seeking them, Mather the county or at a great distance for most residents seeking them, Mather the county or at a great distance for most residents seeking them, Mather the county or at a great distance for most residents seeking them.
Contact Email Nuzo@matherhospital.org IV. Please choose the following VAP Exception: IV. Please choose the following vap Exc
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Besides providing benavioral nealth services not found eisewhere in the country or at a great distance for most residents seeking them, mathe
besides protraing defaulted in the destination and a second country of the great distance for most resident second great distance for most resident great g
community, and/or clear track record of success in reducing avoidable hospital use. can play a key role in addressing PPS behavioral health priorities through its Graduate Medical Education program that includes primary care a
plans to expand to psychiatric residencies, and Harbor View Medical Services which is pursuing health home status. Harbor View is increasing of community's primary care (and soon psychiatric care) capacity. Mather will participate in the Integration of Primary Care and Behavioral Healt
When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not Services DSRIP project. Licensed by OMH and OASAS, Mather already has 2 of the 3 licenses required to qualify for the new integrated care
indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant" license being proposed by the State. In addition, Mather has established a MICA and adult intensive outpatient program in the chemical
Information – Section II". If you are part of multiple PPSs, see section VII tab. dependency clinic and is considering an IOP for adolescents to provide additional substance abuse resources in the community.
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 Mather's behavioral health services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services maintain extensive relationships with other community providers such as SCDCMH, intensive case management and the services manageme
CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS ACT team, care coordinators for health homes and case management agencies, and PROS programs. Mather conducts outleted in school district.
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 INTERACT project which will also contribute to the PPS' success, as will our cardiovascular and diabetes initiatives.
safety feet is gly you do not need to submit this forms if your organization does not appear on the draft freditat from the size of 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. Mather Hospital's financial stability is evident in the attached Balance Sheets and Statements of Operations from the 2013 and 2012 audited
"For Section IV, If you are joining more than one PPS, use second tab (Section VII) to add additional PPSs. statements, and August 2014 internal financials.
V. Percentage of Medicaid & Uninsured members that your facility serves Mather has been successful in reducing avoidable hospital use through initiatives such as its Congestive Heart Failure program, which follows
patients for 30 days post discharge. Overall, Mather avoided financial penalties in the most recent assessment under CMMS' readmission
Medicaid (FFS & MC) Uninsured Data Source Year program. Please see the attached document indicating our Hospital Readmission Readjustment (HRR) factor as 1.0.
Percentage 10% 3% ICR 2013
reicentage 10% 3% ICA 2013
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. Answer
Name Joseph Wisnoski Ves O No
Title Senior Vice President & CFO
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 co	onsider exceptions to the safety n	et 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				
pe posted for public com	ment 30 days prior to applica	ition approval. Three allowed reas	ons for gran	ting an exception a	re shown in Section IV.				
. Are you a Medicaid Pro	vider				·				
Answer	Yes			•	You have chosen the following VAP Exception: ii				
I. Appeal Applicant Infor	mation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organization Name:	Kenmore Mercy Hospital				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Joined PPS:	Catholic Medical Partners-Accountab	le Care IPA INC		-	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:				
^ The VAP Exception is eva	luated in the context of the PPS	S you are joining. If you are joining mo	ore than one I	PPS, you have the					
	•	ll (if applicable). Please see the "VII_	Additional PPS	s" tab to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS.				
multiple PPS's. See <u>Section I</u>	l and VII of the instructions for	further clarification!			b. A financial viability analysis (attach as PDF in the email when submitting)				
Provider Type:	Hospital			~	c. An identification of and description of how the applicant's relationships within the community that would enhance				
Provider Type - Other:					PPS' success.				
	Operating Certificate/Li	cense # MMIS*		NPI*	d. Demonstration of past success in reducing avoidable hospital use				
Unique Identifiers:	1404000H	3001618		1770598104	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Agency Code:					1				
Billing Entity ID:					Character Count: 3487				
	Address	City	State	Zip	Services: Kenmore Mercy employs over 900 associates and admits 7,500 patients per year. In 2014, US News & World Report named this 184-bed				
Address	2950 Elmwood Avenue	Kenmore	NY	14217	facility as among the nation's best regional hospitals and noted it is a high performer in Gastroenterology & Gl Surgery. In the last several years,				
II Annaal Daint of Conta				* REQUIRED					
II. Appeal Point of Conta Contact Person Rach					(doubling the size of its previous facility) and construction of the \$3 million South Wing, including a dedicated orthopedic care unit. Kenmore Mercy is a hospital of Catholic Health, an integrated delivery system (IDS) committed to leading the transformation of health care in our				
	em Director, Grants				community and to improving the health of its residents, enhancing the experience of patients and reducing the cost of care. Its commitment to				
Contact Phone (716		Extensio	n		community and to improving the nearth of its residents, enhancing the experience of patients and reducing the cost of care. Its commitment quality is demonstrated by its achievement of the highest quality rankings in cardiac, vascular, orthopedics and women's services through				
Contact Email rnee					government and third-party quality rating agencies.				
V. Please choose the foll	owing VAP Exception:				· -				
of serving the con Any hospital is un community, and/o iii Any state-designa When choosing VAP Except Indicate what PPS you inten information – Section II". If it When choosing VAP Except Care Management Agencies CMS approval. If your Healt inpproval and do not need to infety net list, you do not no interest approved safety ne this form. List is available or For Section IV,	iquely qualified to serve based or clear track record of success in 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 sul (CMAs) that have already been in Home appears on this list as posubmit this form. If the organied to submit this form. If your trovider list, but your organization brown is provider list, but your organizations.	t Performing Provider System (PPS) yed. Please indicate the name of the Pee section VII tab. bmitted a draft list of State Designate a approved as safety net providers as sending approval, you will be granted ization operating your Health Home/toganization does not appear on the ation believes that it should qualify a ne PPS, use second tab (Section VII) to	ou plan on joi PS in the "Apl ed Health Hon well as those a VAP Except CMA already a draft Health I s a Health Ho	ning. If you do not peal Applicant the sand Network that are pending ion pending CMS pipears on another Home list or on me, please complete	Financial Viability: Kenmore Mercy Hospital is in the top tier best performing hospitals in NYS based on most financial metrics. Relationships within the Community: Kenmore Mercy is a subsidiary of Catholic Health, which is a member organization of Catholic Medical Partners and a founding partner of Health Home Partners of WNY. As a key component of an IDS, Kenmore Mercy is indispensable; it is Catholic Health's system-wide center of excellence for orthopedic care and operates a full-service primary care center serving one of the largest poverty populations in suburban Buffalo. More important, it is critically important that Catholic Health's IDS – named one of the 100 most integrated systems nationwide, and the lowest cost – not be severed. Working with very modest resources, the Catholic Medical Partners Ambulatory Care Organization (CMP-AC) has developed this high performing IDS to serve as the foundation of its population health business model. Preliminary results have been encouraging, DHHS recently issued quality and financial performance results for 220 Medicare Shared Savings ACOs across the country, and recognized CMP-AC among the top three. CMP-AC reduced healthcare spending for its patient population by 7% from the national benchmark, saving more than \$27 million, while demonstrating high quality in patient safety, care coordination, preventive health, and at-risk populations. The DSRIP initiative requires CMP-AC to support an expanded delivery network to bring more effective medical care to a defined population of Medicaid patients. A population health model requires a strong, reliable infrastructure combined with a culture of accountability. This infrastructure must include all Catholic Health hospitals. Only in this way can CMP-AC ensure its PPS will close major gaps to patient care, through leveraging the unique clinical and community strengths within defined regions of our service area, improving access, coordinating care an optimizing the potential of community services. Success in Reducing H				
Ме	edicaid (FFS & MC)	Uninsured	Data S	ource Year					
Percentage	22%	3%	DS	S 2013-2014					
understand that this in appeal. Name Title	•	EO	documentation						

10/30/2014 Mercy Hospital of Buffalo VAP exception appeal.xlsx

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 comment 30 days pric	or to application appro	val. Three allowed reaso	ns for grai	nting an ex	ion are shown in	n Section IV.				
I. Are you a Medicaid Provider											
Answer Yes ▼							have chosen the follo	owing VAP Exception:	ii		
II. Appeal Ap	plicant Information					VI. Restric	icted to 3500 Charac	cters only! - Please read	instructio	ons for clarification!	
Organization Name: Mercy Hospital of Buffalo							AP Exception relies he	eavily on the statement	you prov	vide, so please be concise and thorough~	_
		ers-Accountable Care IPA INC					ou chose qualificatio	n ii, in the space below p	please in	clude all of the following that apply to your Hospital:	
	ception is evaluated in the conte										
	ying for the VAP Exception in th . See Section II and VII of the inst			iditional PP	'Ss" tab to s		•	applicant's niche servic analysis (attach as PDF i		would enhance the network of services for the PPS.	
	rovider Type: Hospital	ractions for farther clair	neacion.				•	•		icant's relationships within the community that would enhance	
						100000	PS' success.	and description of now	пс аррп	cane 3 relationships within the community that would emiline	
Provider	Type - Other:		1	1	NDI*	d. I	Demonstration of p	ast success in reducing a	avoidable	e hospital use	
		ertificate/License #	MMIS* 354412		NPI* 116446492	e. <i>i</i>	Any supporting doc	umentation to substanti	iate your	r narrative (attach as PDF in the email when submitting)	
	ue Identifiers: 1 Agency Code:	40108H	354412		116446492	_					
	ling Entity ID:									Character Count: 3498	_
		Address	City	State	Zi	Services: N	Mercy Hospital admits	20,000 patients per year ir	ncluding 2	2300 births, and hosts WNY's busiest emergency room. In the last several	
	Address 565 Abbott Road		Buffalo	NY	142	years Merc	rcy made significant co	ommunity investments inclu	uding a \$3	32 million a state-of-the art Emergency Dep't (tripling the size of its previ	ous
					* R					are Center (MCCC), which unified and expanded 4 fragmented extension of	
	pint of Contact						•		_	NCQA PCMH Level 3 status in July 2013. Mercy is a hospital of Catholic He	
Contact	Person Rachael Nees Title System Director, Grants									ormation of health care in our community and to improving the health of ost of care. Its commitment to quality is demonstrated by its achieve-mer	
Contact	t Phone (716) 828-3812	•	Extension						•	omen's ser-vices through government and third-party quality rating agen	
Contac	ct Email rnees@chsbuffalo.org		•				. , ,				
IV. Please ch	oose the following VAP Excep	otion:				Financial V	Viability: Mercy Hospit	tal is in the top tier best pe	erforming h	hospitals in NYS based on most financial metrics.	
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						founding p center of e and provid Delivery Sy modest res foundation performan reduce hee high qualit expanded g	partner of Health Hom excellence for cardiac des clinical backup for System (IDS) – named of esources, the Catholic I on of its population hea nee results for 220 Me eather the ity in patient safety, ca d delivery network to b a strong, reliable infras	ne Partners of WNY. As a ke care, operates a refugee sp inner-city School Health Cone of the 100 most integra Medical Partners Ambulate alth business model. Prelim Edicare Shared Savings ACO its patient population by 7' ure coordination, preventivering more effective medicattructure combined with a care.	ey compon pecialty cli centers. Mo ated syster ory Care O ninary resu os across th '% from the re health, a al care to a culture of	lic Health, which is a member organization of Catholic Medical Partners a nent of an IDS, Mercy is indispensable; it is Catholic Health's system-wide inic essential to the primary care needs of Buffalo's immigrant population ore important, it is critically important that Catholic Health's Integrated ams nationwide, and the lowest cost — not be severed. Working with very organization (CMP-AC) has developed this high performing IDS to serve as ults have been encouraging; DHHS recently issued quality and financial he country, and recognized CMP-AC among the top 3. CMP-AC was able to he national benchmark, saving more than \$27 million, while demonstrating and at-risk populations. The DSRIP initiative requires CMP-AC to support a defined population of Medicaid patients. A population health model accountability. This infrastructure must include all Catholic Health hospil patient care, through leveraging the unique clinical and community stree	e on, s the to ng an itals.
approval and c safety net list, another appro complete this	If your Health Home appears or to not need to submit this form. you do not need to submit this to ved safety net provider list, but form. List is available on the DSR or Section IV, if you are joining no of Medicaid & Uninsured memi	If the organization operation. If your organization your organization believe IP website. nore than one PPS, use s	ating your Health Home/Ci n does not appear on the d es that it should qualify as econd tab (Section VII) to	MA already raft Health a Health Ho	appears on Home list o ome, please	her within defi Success in primary ca	fined regions of our se n Reducing Hospital Ad are hours. This increas	ervice area, improving access Imissions: Through providing sed availability is reducing u	ng a longe	arting care and optimizing the potential of community services. er clinic day, Mercy's MCCC made possible a 25% expansion of available ary Emergency Dep't utilization at Mercy, with visits declining by 2% t the same time that MCCC visits increased by over 18%.	1501
	Medicaid (FFS & MC)	U	ninsured	Data S	ource	,					
Percentage	24%		2%	DS	SS 201	14					
	Certify that the information and that this information may be	•	nay be asked to provide do		•	-					
Nar		narles J. Urlaub	Ye		5						
Ti		esident & CEO									
	Only appeals from the CE	O, 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

<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.

i. Are you a iviedicald Provider								
Answer	Yes	•						
II. Appeal Applicant Information								
Organization Name:	North Shore University Hospital							
Joined PPS:	Long Island Jewish Medical Center	Ŧ						

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

Provider Type:	Hospital			•			
Provider Type - Other:							
	Operating Certificate/License #	MMIS*		NPI*			
Unique Identifiers:	2951001H *00245510 1366459570						
Agency Code:							
Billing Entity ID:							
	Address	City	State	Zip			
Address	300 Community Drive	Manhasset	NY	11030			
				* PEOLIBED			

III. Appeal Point of Contact

Contact Person	Jerry Hirsch		
Title	Vice President, Strategic Planning		
Contact Phone	516-465-8074	Extension	
Contact Email	ihirsch@nshs.edu	·	_

IV. Please choose the following VAP Exception:

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

 Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.

 Any state-designated health home or group of health homes. **

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

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

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

	Medicaid (FFS & MC)	Uninsured
Percentage	12%	2%

Data Source	Year
Cost Report	2012

VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.

understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.

			Ansv	ver	
Name	Robert S. Shapiro	◉	Yes	0	No
Title	Executive Vice President & Chief Financial Officer			_	

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

You have chosen the following VAP Exception: ii

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

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

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

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

Character Count: 3497

North Shore University Hospital ("NSUH") submits this VAP exception appeal as it is at the helm of the North Shore-Long Island Jewish Health System ("NSLIJ"), including Long Island Jewish Hospital, the lead in the PPS in which NSUH is participating. NSUH is responsible for oversight of the PPS, provides a number of niche services and programs that are essential to and enhance the PPS's network of services, is financially viable, has a strong leadership record, and has demonstrated success in achieving large scale system transformation and reducing avoidable hospital use and unnecessary care, while achieving better quality and more affordable healthcare outcomes. NSUH is thus a critical PPS partner for implementing the PPS's DSRIP objectives and its failure to qualify as a VAP would undermine the PPS's purposes to transform the delivery of healthcare services, provide affordable, high quality health care and reduce avoidable hospital use.

NSUH is the third largest Medicaid service provider in Nassau County and serves a higher volume of Medicaid patients than other hospitals in the county that qualify as safety net providers, though it is just shy of satisfying the safety net definition based on the percentage of Medicaid patients it treats.

NSUH is part of an ACO and an IPA, has a health home, is a major academic health system, a leading hospital, is linked to a prominent research center, has the largest state designated AIDS center, and is an award-winning cancer treatment center. It is a regional Level 1 Trauma Center, a Designated Stroke Center, Bariatric Surgery Center of Excellence, Center of Excellence for Minimally Invasive Surgery in Gynecologic Oncology and Gynecology and is opening urgent care centers that will integrate patient care across NSLIJ and the PPS service area. NSUH is experienced in managing behavioral health services through its OMH and OASAS licensed facilities, substance abuse treatment and mental health clinics; and FQHCs.

NSUH has received the Consumers Choice Award as Nassau-Suffolk's Most Preferred Hospital Overall Quality and Image for the past ten years, awards for outstanding management and operational practices and awards recognizing its high quality services for cancer, cardiology, diabetes, endocrinology, geriatrics, gynecology, heart surgery, nephrology, orthopedics, pulmonology, urology, stroke, palliative and sepsis care. Nearly 300 NSUH physicians have been listed as "Best Doctors."

NSUH runs hundreds of programs, provides thousands of free health screenings and sponsors many community educational programs that focus on important DSRIP elements such as preventing and treating obesity and chronic diseases; integrating mental health awareness, and linking patients to NSLIJ and community resources.

NSUH oversees the NSUH Health Home, which utilizes NSUH's strong community relationships with various community resources and medical and behavioral practices to coordinate a patient-centered approach to healthcare and is a high volume provider of Medicaid care management services.

NSUH's is well suited for the role of healthcare workforce training, given affiliated medical school and large accredited residency, fellowship, pharmacy and other post-graduate healthcare training programs.

NSUH has consistently remained profitable while expanding its programs and services to achieve better quality, more affordable healthcare.

NSUH thus respectfully request that this VAP exception appeal 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 comi	ment 30 days prior to appl	ication approval. T	hree allowed	reasons	for grant	ing an exce	ption a	re shown in Section IV.				
I. Are you a N		dicaid Provider											
	Answer							•	You have chosen the following VAP Exception: ii				
II. Appeal App	plicant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organiza	ation Name:	ame: NYU Hospitals Center							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
	Joined PPS:	Lutheran Medical Center						-	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:				
^^ The VAP Exc	ception is eva	luated in the context of the F	PPS you are joining. I	If you are joinin	g more	than one Pl	PS, you have	the					
		'AP Exception in that PPS as y			VII_Addi	tional PPS	" tab to sele	ct	a. A description of the applicant's niche services that would enhance the network of services for the PPS.				
		I and VII of the instructions f	or further clarification	on!					b. A financial viability analysis (attach as PDF in the email when submitting)				
Pr	rovider Type:	Hospital						•	c. An identification of and description of how the applicant's relationships within the community that would enhance				
Provider 1	Type - Other:								PPS' success.				
		Operating Certificate/	/License #	MMIS*			NPI*		d. Demonstration of past success in reducing avoidable hospital use				
Uniqu	e Identifiers:	7003053H		3000057		18	01992631		e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	Agency Code:												
Bill	ing Entity ID:	E0271757							Character Count: 3457				
		Address		City		State	Zip						
	Address	550 First Avenue	Nev	w York		NY	10016		NYU Langone Medical Center (NYULMC) is applying to become a VAP to strengthen a clinical partnership with Lutheran Medical Center and jointly				
		-1					* REQ	UIRED	lead the Emerging Lutheran PPS. NYULMC is committed to a public-private partnership, focused on providing well-coordinated primary and				
III. Appeal Po		Kalkut, M.D., M.P.H							specialty care in the community. NYULMC will support the Lutheran PPS in transforming care through leadership commitment, IT infrastructure,				
Contact		or, V.P. and Associate Chief C	linical Officer						stable financial foundation, expansive physician network, and strong record in advancing innovation in health care delivery and payment reform. There is significant precedent for NYULMC to serve as a VAP.				
Contact) 263-4474	diffical Officer	Exter	nsion				There is significant precedent for NTOLING to serve as a VAF.				
		.Kalkut@nyum.org		1					a) With the DSRIP goals of transforming the safety net system and reducing avoidable hospital use by 25%, NYULMC will provide the expertise				
	•	owing VAP Exception:							infrastructure needed for the Lutheran PPS to be a successful IDS. NYULMC's existing assets will complement Lutheran's resources and contribute				
O i Aco	mmunity will	not be served without grant	ing the exception be	ecause no other	r eligible	provider is	willing or ca	pable	to the PPS by providing IT services, population and financial analytics, support for the development of a central navigation center, and expertise for clinical protocol development and population health management.				
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					se.			c) Brooklyn represents a substantial (28%) patient base for NYULMC. NYULMC has increased its presence in Brooklyn to provide comprehensive patient care in the communities where our patients live. The NYUPN Clinically Integrated Network of physicians, with 117 physicians in Brooklyn and growing (40% primary care, 60% specialty care), will support the development of local capacity to manage populations through primary care and enable earlier interventions by specialists for chronic and complex conditions [see Slides 1-5]. The opening of NYU Cobble Hill free-standing ED brings a much needed clinical service to the community. Additionally, as part of our participation in Medicare's Bundled Payment for Care Improvement (BPCI) demonstration, NYULMC has partnered with 11 strategic post-acute organizations (3 CHHAs, 2 SNFs in Brooklyn) across the					
indicate what P Information – S When choosing	PPS you inten Section II". <u>If</u>	d to join, then you will be de you are part of multiple PPSs ion iii– The Department has :	nied. Please indicate s, see section VII tab. submitted a draft lis	e the name of t t of State Design	he PPS i	n the "Appo ealth Home	eal Applicant	: ork	boroughs [see Slide 6]. These partnerships have resulted in successful management of the post-discharge phase of care to support patients recovering from surgery.				
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					nted a V me/CMA the dra ify as a H	AP Exception along the American America	on pending Copears on an ome list or one, please	d) Through our commercial payer ACO contracts, BPCI partnerships and care redesign interventions, NYULMC has shown a marked reduction in ED visits, Hospital Admissions, length of stay, discharges to inpatient facilities and 90-day all cause readmissions to any hospital when compared to the local market [see Slides 2-5, 7-8]. Key components of the program include the development of a readmission risk stratification tool and the ability to track and monitor the timing of and reasons for readmission. This allowed the Clinical Care Coordination team to tailor interventions including pre-admission home evaluations and increased frequency of post-discharge follow up and coordination of services. Aligning interventions with risk stratification has been so successful at reducing readmissions that this approach is being scaled up for all medical and surgical admissions at Tisch hospital. Additionally, NYUPN is developing a network-wide standardized protocol for post-discharge follow up with patients. This initiative will be supported with analytics through a readmission dashboard to track compliance with follow-up care and					
V. Percentage	of Medicaid	& Uninsured members that	your facility serves		,				readmissions to any facility using claims data. With 150,000 covered lives in the ACO shared savings contracts, this population health initiative will have a substantial impact.				
	Me	edicaid (FFS & MC)	Uninsu	red		Data Sou	ırce Ye	ar					
Percentage		14%	2%			EPSI	FY 201	L4					
-	nd that this in	he information and data pro nformation may be subject t Robert I. Grossn Dean and CEO, NYU Lango	o audit and I may be nan, M.D. one Medical Center	e asked to prov		ımentation	-	-					
	Only app	eals from the CEO, CFO or	comparable will b	e accepted									

10/30/2014 Saratoga Hospital VAP Exception Appeal Application.xlsx

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-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 comment 30 days prior to appl	lication approval. Three	allowed reasor	ns for gran	ting an exception a	re shown in Section IV.
I. Are you a M	edicaid Provider					
	Answer Yes				•	You have chosen the following VAP Exception: ii
II. Appeal App	licant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	tion Name: Saratoga Hospital					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Albany Medical Center Hospital				~	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
	eption is evaluated <u>in the context of the </u>					
	ing for the VAP Exception in that PPS as value. See Section II and VII of the instructions f		see the "VII_Ad	ditional PPS	is" tab to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS.
•	ovider Type: Hospital	or further clarifications			•	b. A financial viability analysis (attach as PDF in the email when submitting) c. An identification of and description of how the applicant's relationships within the community that would enhance
	ype - Other:				•	PPS' success.
Flovider	<i></i>	/License #	MMIS*		NPI*	d. Demonstration of past success in reducing avoidable hospital use
Unique	Operating Certificate/ e Identifiers: 4501000H		303282	1	073569331	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:		303282		0/3309331	
	ng Entity ID: E0268755					Character Count: 3495
	Address		City	State	Zip	Saratoga Hospital is an acute care hospital licensed for 171 beds. The Hospital offers emergency department and ambulatory surgery services and
	Address					other outpatient services. The Hospital operates a 36-bed skilled nursing facility. Saratoga Hospital and Albany Medical are also partners in a join
III. Appeal Poi	nt of Contact				* REQUIRED	venture that operates Malta Med Emergent Care. The Hospital has been the County's leading enrolling agency for Child Health Plus, since its inception in 1999. Saratoga Hospital is the county's only provider of inpatient care. By successfully operating 16 outpatient facilities, Saratoga
- ' '	Person Dorothy Jones				1	Hospital has a proven track record of success and a wealth of acquired knowledge and expertise in the outpatient setting. We bring this extensive
	Title Manager Strategic Business Inform	mation				experience to the development and execution of the programs offered by the PPS serving as the link to the residents living to the north.
Contact I	Phone 518-583-8357		Extension			Saratoga Hospital's operating margin has consistently outperformed S&P All Credits and A-Benchmarks since 2003. The balance sheet ratios
Contact	Email djones@saratogacare.org					compare favorably to both our internal budgets as well as S&P benchmarks. This history of very strong financial performance demonstrates the Hospital's current and future financial viability.
of ser Any h comm iii Any st When choosing indicate what Pl Information – Si When choosing care Manageme CMS approval. I approval and do safety net list, y another approv complete this for For	mmunity will not be served without grant ving the community. ospital is uniquely qualified to serve base nunity, and/or clear track record of succe tate-designated health home or group of VAP Exception i & ii – Please indicate wi PS you intend to join, then you will be dection II". If you are part of multiple PPSs VAP Exception iii—The Department has: and Agencies (CMAs) that have already be f your Health Home appears on this list a proton need to submit this form. If the orgoud do not need to submit this form. If you ded safety net provider list, but your organ prim. List is available on the DSRIP website: Section IV, if you are joining more than	ed on services provided, files in reducing avoidable he health homes. ** hat Performing Provider Senied. Please indicate the is, see section VII tab. submitted a draft list of Steen approved as safety net as pending approval, you wanization operating your hour organization does not a nization believes that it she. one PPS, use second tab	nancial viability, ospital use. ystem (PPS) you name of the PPS ate Designated I providers as we rill be granted a lealth Home/CM appear on the drould qualify as a	plan on join in the "App Health Homell as those I VAP Except IA already a aft 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	Saratoga Hospital has long-standing, trusting relationships our community. Saratoga Hospital is the sponsor of the Saratoga County Community Health Council which is composed of representatives of more than 75 community-based organizations. Through this Council, Saratoga Hospital has established relationships with, and access to, community resources that will enhance communication and cooperation among all of the supporting agencies in the County. This access will greatly assist the PPS as it rolls out programs to the residents of Saratoga County. Additionally, Saratoga Hospital is the County's leading provider of healthcare services with approximately 450 providers in our network. Saratoga Hospital is rapidly growing its ranks of physicians directly employed by the Hospital which currently numbers 68, 25 of whom provide primary care. This provider network will be of vital importance to the PPS to ensure that all programs reach the northern portion of the service area. Saratoga Hospital also has a well-established cooperative relationship with the Saratoga County Public Health Department and Saratoga Hospital is recognized as a leader in regional public health planning. Quality outcomes and best practices are the foundation for readmission avoidance. Saratoga Hospital started a formal readmission partnership in 2008 with the IPRO Scope of Work and became a pilot hospital for improving care transitions for Medicare patients. Saratoga Hospital worked with IPRO to establish cross setting provider partnerships, improve communications hand-off between providers across the care continuum, focus on patient education and complex discharge planning, and improve patient satisfaction and understanding their medication regimen. Through root cause analysis of 30 day readmissions the Hospital's Readmission Avoidance Collaborative discovered the need for a comprehensive approach. A comprehensive Readmission Action plan was developed with collaborations from interdisciplinary team members and cross setting partners. A pilot un
V. Percentage o	of Medicaid & Uninsured members that y	your facility serves				
	Medicaid (FFS & MC)	Uninsured		Data So	ource Year	
Percentage	10%	11%		nternal Re	eportir 2013	
-	Certify that the information and data pro d that this information may be subject t	o audit and I may be aske	d to provide do	cumentatio swer	-	
Nam	e Angelo Calk President an		Yes	No No		
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10/30/2014 Seton Health System, Inc..xlsx

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

Answar In Appeal Application (Internation Internation Internatio	I. Are you a M	ledicaid Pro	vider						
Degree (Control Name) When the Very Control Name (Section Head Section (Section Section Secti		Answer	Yes				~	ΙL	You have chosen the following VAP Exception: ii
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Some Mark December in revealment late context of the ESP save of a gradient performance of the performance o	Organiza	ation Name:	Seton Health System, Inc.					~	The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Seption of the Val Exception is half PS as well if application, Place to ext No. Additional PSss of the 19th Additional PSss of the No. Additional PSss of t		Joined PPS:	Ellis Hospital				-		You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
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Provider Type - Other Operating Certificate/Luceure 8 MAMS* NOT*	multiple PPS's.	See <u>Section</u> II	and VII of the instructions fo	or further clarification!				. [, , ,
Context result Description	Pro	ovider Type:	Hospital				~	Ш	· · · · · · · · · · · · · · · · · · ·
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Contact Person Parrells Rehalk Test	III. Appeal Poi	int of Conta	ct				REQUIRED		
Title Director, Strategic and Community Planning Contact Final [Jamels-traile@ping.com] N. Please Aboose 181-54E-5984 A community will not be served without granting the exception because no other eligible provider is willing or capible of serving the community. A community will not be served without granting the exception because no other eligible provider is willing or capible of serving the community. A community will not be served without granting the exception because no other eligible provider is willing or capible of serving the community. A community, and/or clear track record of success in reducing avoidable hospital use. A community, and/or clear track record of success in reducing avoidable hospital use. A my state-designated health home or group of health homes.* Men choosing VAP Exception is — The Experiment Provider System (PS) you plan on joining. If you do not indicate what PFS you intend to join, then you will be defined. Please indicate the hard the community of the partment has submitted a draft list of State Designated Health Homes and Network (CAS approval. If your Patch Home appears on this lat a pending approval and do not need to submit this form. If your organization operating your fleath Home, please provider is well as others are provided from the provider in the state of the pending provoval in your health home appears on this lat a pending approval, you will be granted a VAP Exception in En-Tep Experiment has submitted a draft list of State Designated Health Homes appears and the note for it. If your organization operating your fleath Home, please is or on another approved as safety not belief to the richard support and submitted and the providers as well as a design and provider and planning. Percentage 23% 47% 57% 19 Percentage of Medical & Uninsured Data Source Vear Fer Assection II. The pure argain for the influence of the provider is a well as the service and planning in a submit will be provided from the service of the community in the provider is well as a provided									
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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 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. **Weer List, you do not need to submit this form. If your 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. **Weer List, you do not need to submit this form. If your organization does not appear on the draft Health Home, please complete this form. List is available on the DSRIP program allows us the flexibility and another approved by the DOH) is complete, Samaritan will be the inpatient facilities. When the Troy Master Facilities. When the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities. When the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities. When the Troy Master Facilities when the Troy Master Facilities. When the Troy Master Facilities when the Toxillies when the Troy Master Facilities when the Toxillies when the Troy Master Facilities. When th	Care Manageme	ent Agencies	(CMAs) that have already be	en approved as safety	net providers as we	II as those th	nat are pending	re	admissions.
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 We 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. Name Norman Dascher Tittle Name Norman Dascher Name Norman Dascher Tittle CEO No Norman Dascher Name Norman Dascher Norm	CMS approval. I	If your Health	Home appears on this list as	s pending approval, yo	u will be granted a '	/AP Exception	on pending CMS		
another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website. *For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)			_				•		
the projects without financial barriers. Seton's percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)			•	-					
For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs. V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC) Uninsured Data Source Year - Financial Plan 2013 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 Norman Dascher Title Norman Dascher Title CEO Norman Dascher Title Norman Dascher Title Norman Dascher Title CEO Norman Dascher Title Norman Dascher Norman Dascher Title Norman Da		•	. , ,		snould quality as a	Health Hom	e, piease		
V. Percentage of Medicaid & Uninsured members that your facility serves Medicaid (FFS & MC)	•				b (Section VII) to a	dd addition:	al PPSs.		
Medicaid (FFS & MC) Percentage 23% 4% P- Financial Plan 2013 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 Norman Dascher Title CEO No Data Source Year P- Financial Plan 2013 Answer Norman Dascher Yes No No Norman Dascher Yes No No Norman Dascher			, , ,		(0000000000000000000000000000000000			in	dependently operated Burdett Care Center on the Samaritan campus as part of the St. Peter's Health Partners merger agreement with the
Percentage 23% 4% 2013 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 Norman Dascher Yes No No	V. Percentage	of Medicaid 8	& Uninsured members that y	our facility serves				cc	mmunity. In its last full year of operation (2010), Seton served over 1400 women, more than 50% were Medicaid or uninsured.
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 Norman Dascher Yes No No Norman Dascher		Me	dicaid (FFS & MC)	Uninsured	1	Data Sou	ırce Year		
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 Norman Dascher Yes No No Norman Dascher	B		220/	40/		Financia	I DI 2012	11	
understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name Norman Dascher Title CEO Norman Dascher	Percentage		23%	4%		- Financia	1 Plan 2013		
Title CEO	understan appeal.	nd that this ir	nformation may be subject to	o audit and I may be a	sked to provide doo	umentation wer	-		
		``		cner	Yes	O No			
	Titl			comparable will be					



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

must be pos	ted for publi	c comment 30 days prior t	o application a	pproval. Three allo	wed i	reasons for	r granti	ng an exce	ption are shown in Section IV.					
I. Are you a	Medicaid Pr	1												
	Answer							•	You have chosen the following VAP Exception:					
	pplicant Info	1							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organi		South Nassau Communities						16500	"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"					
****		Nassau University Medical Center							You chose the qualification i, in the space below please include:					
option of app	lying for the \	luated in the context of the /AP Exception in that PPS as II and VII of the instructions	well (if applicabl	e). 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					
F	Provider Type:	Hospital						~	without your organization's involvement given the PPS current configuration of network providers.					
Provider	r Type - Other:								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).					
Uniq	ue Identifiers:	2950001H		2999659		19:	2207909	94	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:													
Bi	illing Entity ID:								Character Count: 3495					
	Address	Address		City		State NY		ip 572	South Nassau Communities Hospital (SNCH), a 435-bed teaching hospital located in southern Nassau County, is applying for a VAP Exception as healthcare resource that is uniquely qualified to allow the emerging Nassau/Queens PPS to offer a complete complement of required services to					
	Address	One Healthy Way		Oceanside		NY		REQUIRED	best serve the Medicaid population of the county. Please refer to letters of unanimous support from the 3 co-leads of the emerging PPS					
III. Appeal P	oint of Cont	act							appearing as Attachment 1. SNCH's primary and secondary service areas include 7 of the 9 communities identified in the Nassau County					
Contac	t Person Willi	am Allison							Community Health Assessment as being underserved and marked by the relatively poor health outcomes of its inhabitants. In particular, SNCH					
		or Vice President Health Poli	cy and Planning						has a major market share presence in Freeport and Long Beach. Freeport, with a population of 43,167, has significant African-American and					
)632-4420		Extens	ion				Hispanic populations; a median household income well below the county; and more than double the percent living below poverty as compared					
		am.allison@snch.org							with the county. Long Beach Barrier Island is comprised of several communities, including the City of Long Beach, Lido Beach, Point Lookout, Atlantic Beach, and East Atlantic Beach. The population of nearly 50,000 lost its only safety net hospital, Long Beach Medical Center (LBMC),					
③ i A c	community wil	llowing VAP Exception: I not be served without gran 3 the community.	ting the exception	on because no other	eligible	e provider is	s willing	or	due to Superstorm Sandy in Nov 2012 creating a gap in services to a vulnerable population in the south shore communities of the county. With the help of a HEAL Grant of \$22m and a \$4m VAP award granted Sept 25, 2014, SNCH will deliver needed healthcare services to Long Beach and the surrounding communities and will operate in effect, if not designation, as a sole community provider.					
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.									SNCH meets the DSRIP Hospital Safety Net test for Outpatient Visits but falls short of the threshold required for inpatient care by a mere 1.1%. LBMC easily met the Safety Net tests with 77% of OP visits and 53% of IP discharges qualifying. With it closed, SNCH is the successor healthcare provider for the Barrier Island and its 50,000 residents.					
O iii Any	/ state-designa	ated health home or group o	f health homes.	**					position to the same state of the suppose tendents.					
not indicate v	what PPS you i		e denied. Pleas	indicate the name					Under VAP Qualification #1, SNCH meets all of the criteria as discussed below: a. Without the exception being granted, communities in the southern tier of Nassau County would not otherwise be served by the PPS. SNCH					
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.									serves a large outpatient and inpatient Medicaid population who depend on the Hospital as their primary provider. SNCH's participation will allow the PPS to offer a complete complement of vital and required services to best serve the Medicaid population of Nassau County. SNCH has a 50.6% market share in Long Beach, far in excess of the next hospital with a 7.1% share. In underserved Freeport, SNCH's share is 43.3%, well ahead of the next hospital with an 18.9% share. Please refer to Attachment 2 for community information and map. b. SNCH, a Level II Trauma Center and Designated Stroke Center, is a major regional healthcare resource vital to the success of the PPS. Certified to operate 435 beds and provide an array of services at its main site and 12 extension clinics, SNCH in 2013 had 21,735 discharges and over 250,000 outpatient visits. With over 60,000 visits, SNCH's ER is the busiest community hospital ER in the county. SNCH's Urgent Care Center at Long Beach recently opened as part of the HEAL-supported Long Beach Revitalization Project. Please refer to Attachment 3 for more information on SNCH's organization and services provided.					
V. Percentag	e of Medicaid	& Uninsured members that	your facility ser	ves			1		SNCH believes it fully qualifies for a VAP Exception and it will be a vitally important participant in the PPS.					
	Me	edicaid (FFS & MC)	Uni	nsured		Data Sou	ırce	Year						
Percentage		25%		7%		ICR		2013						
I unders this app Na	stand that this	che information and data pr i information may be subjec Richard J. M President & Chief Exc	t to audit and I i urphy		vide d	locumentat	-	_						
		neals from the CEO, CEO o		ill he accented										



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 shown in Section IV.

be poste	d for p	ublic	comr	ment 30 days prior to applica	ation approva	. Three allowed reason	ns for granting	g an exception ar						
I. Are you	и а Ме	edicaio	l Pro	vider										
		Ans	wer	Yes				•						
II. Appea	l Appl	icant I	nfor	mation										
Org	ganizat	tion Na	me:	St. Elizabeth Medical Center										
		Joined	PPS:	Faxton St. Luke's Healthcare				-						
^^ The VA	P Exce	ption i	s eva	luated in the context of the PP	<u>S</u> you are joinin	g. If you are joining more	than one PPS,	you have the						
-		-		AP Exception in that PPS as we		_	ditional PPSs" 1	tab to select						
multiple P	nultiple PPS's. See Section II and VII of the instructions for further clarification! Provider Type: Hospital													
	Pro	vider T	ype:	Hospital				▼						
Prov	ider Ty	/pe - 0	ther:											
				Operating Certificate/Li	cense #	MMIS*	1	NPI*						
ι	Jnique	Identif	iers:	3202002H		279901	1821	1093402						
	Ag	ency C	ode:											
	Billin	ng Entit	y ID:	E0271084										
				Address		City	State	Zip						
		Addr	ess	2209 Genesee Street	Į	Jtica	NY	13501						
III. Appea	al Poir	nt of C	onta	ct				* REQUIRED						
	Contact Person Cheryl Perry Title DSRIP Project Coordinator													
Co	Contact Phone (315) 624-6153 Extension													
Contact Email cperry@mvnhealth.com														
IV. Pleas	e choc	se the	foll	owing VAP Exception:				\neg						
O i	A com	nmunit	v will	not be served without grantin	g the exception	because no other eligible	e provider is w	illing or capable						
			-	I not be served without granting the exception because no other eligible provider is willing or capable inmunity.										
		Ū		•				l II						
				quely qualified to serve based			relationships v	vithin the						
	comm	unity, a	and/c	or clear track record of success	in reducing avo	oidable hospital use.								
O ;;;	Any st	ate-de	signat	ted health home or group of he	ealth homes **	i								
			_											
	_		-	on i & ii – Please indicate wha	_			- •						
				d to join, then you will be deni you are part of multiple PPSs, s			in the "Appeal	Applicant						
				on iii– The Department has su			Health Homes	and Network						
	_		-	(CMAs) that have already been		_								
	-	_		Home appears on this list as										
				submit this form. If the organ										
safety net	list, yo	ou do n	ot ne	ed to submit this form. If your	organization d	oes not appear on the dr	aft Health Hon	ne list or on						
another a	pprove	d safe	ty net	provider list, but your organiz	ation believes t	hat it should qualify as a	Health Home,	please						
complete				vailable on the DSRIP website.										
	~ For	Section	n IV, i	if you are joining more than or	ne PPS, use sec	ond tab (Section VII) to a	idd additional	PPSs.						
V. Percen	tage o	f Medi	caid 8	& Uninsured members that yo	ur facility serve	s								
			Me	dicaid (FFS & MC)	Unir	sured	Data Sourc	e Year						
Percenta	age			31%	Ź	2%	Payor Mix Da	ata 2013						
				<u> </u>										
	-	-		he information and data provi				-						
		that t	nis ir	nformation may be subject to	audit and I may	be asked to provide do	cumentation in	support of this						
арре	edi.				VA	Ans	wer							

You have chosen the following VAP Exception:									
 D									

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

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

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

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

Character Count: 3500

St. Elizabeth Medical Center (SEMC), a not-for profit hospital located in Utica NY, has served the community since 1866. Over the years collaborations with FSLH have enabled efficient use of resources to provide more services to our region, including the Mohawk Valley Heart Institute (MVHI), and the CNY Diabetes Education Program. SEMC has several niche services that enhance the network of services for the FSLH PPS. The Mohawk Valley Heart Institute, while a collaboration of cardiac services between FSLH and SEMC since 1997, has programs that are only available at the SEMC site (i.e. Open Heart (OHS) and minimally invasive surgery, ElectroPhysiology Studies and ablation procedures). These programs allow patients to stay close to their homes and reap the benefit of family support. SEMC is the NYS designated Area Trauma Center. Fo a trauma victim, the first hours after an injury are when the chance of survival is greatest. Prompt medical care becomes a critical priority. The Trauma Team provides education to care providers and uses numerous forums to educate the community on injury prevention. Advanced Wound Care services provide specialized treatment for chronic and non-healing wounds; those that do not respond to conventional treatment. These wounds can cause severe health risks and may result in life-threatening infections, possible amputation and debilitating health problems. At the Wound Care Center advanced therapies are used, including hyperbaric oxygen therapy (HBOT). The 14 community sites of SEMC provide healthcare services over a 30 mile radius throughout Oneida and Herkimer counties. There are approximately 121,000 patient visits to the community offices annually. The Sister Rose Vincent Family Medicine Center (SRVFMC) has more than 40 physicians and a support staff of 70 to provide care to a low socio-economic population many of whom present with language and cultural barriers. The staff includes professionals fluent in Spanish, Burmese, Vietnamese, Arabic, Bosnian, Russian and Hindi, Last year services were facilitated in 29 different languages, The center also houses an Infectious Disease Clinic that provides medical monitoring for HIV/AIDS infections, as well as a Specialty Clinic that provides services in neurology, pulmonology, sleep disorders, surgery and osteopathic manipulative therapy. The SRVFMC is also the primary teaching site for the Family Practice Residency Program. This program is the only residency training program in our service area and has earned the designation of being a NYS Priority Program because of the significant emphasis on primary care education and at least 55% of the graduates become Primary Care Practitioners. Efforts to reduce avoidable admissions have included several strategies such as, increased Case Management staff in the ED to help provide immediate discharge planning assistance to patients who do not meet the criteria for hospitalization but have complex needs, a Hospital Nursing Home Coalition created to reduce unnecessary hospitalizations from SNF and/or sub acute rehab facilities. Other strategies include patient education, physician follow up, appointments made prior to discharge, and post discharge phone calls. Thirty day readmission rates for key diagnoses have declined follows: Acute MI:12.4% in 2013 / 11.2% in 2014 (thru Aug.), CHF:18.3% in 2013/18% in 2014 (thru Aug.), Pneumonia:15.9% in 2013/12.1% in 2014 (thru Aug.), COPD:25.3% in 2013/21.4% in 2014 (thru Aug.)

			Answ	er	
Name	Louis Aiello	◉	Yes	0	No
Title	CFO			_	
	Only appeals from the CEO, CEO 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 to	r public comi	nent 30 days prior to appli	cation approva	al. Three allowed reason	ons for grar	iting an exception	are shown in Section IV.
I. Are you a I	Medicaid Pro						
	Answer	Yes				▼	You have chosen the following VAP Exception: ii
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organi	zation Name:	St. Peter's Hospital					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Ellis Hospital				•	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
		luated in the context of the P					
	, ,	AP Exception in that PPS as w		· —	dditional PP	Ss" tab to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS.
multiple PPS's	See Section I	and VII of the instructions fo	or further clarific	cation!			b. A financial viability analysis (attach as PDF in the email when submitting)
F	Provider Type:	Hospital				~	c. An identification of and description of how the applicant's relationships within the community that would enhance
Provider	Type - Other:						PPS' success.
		Operating Certificate/	icense #	MMIS*		NPI*	d. Demonstration of past success in reducing avoidable hospital use
Uniq	ue Identifiers:	0101004H		3000960	1	1497701106	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:						1 L
Bil	lling Entity ID:						Character Count: 3082
		Address		City	State	Zip	St. Peter's Hospital (SPH), a critical member of the Ellis PPS, submits this application for Vital Access Provider Exception. In keeping with our
	Address	315 South Manning Boulevan	·d	Albany	NY	12208	mission, SPH has been developing and locating programs in areas of high need which have the greatest impact on the health of our community.
III. Annoal D	aint of Conta	*				* REQUIRED	
	oint of Conta t Person Pame						our outpatient visits to Medicaid/uninsured. As an example of the breadth of outpatient services for targeted populations see the chart in the supporting documentation.
Contact		tor, Strategic and Community	/ Planning				Our PPS will be significantly enhanced by the array of services available for individuals and families affected by substance abuse. St. Peter's
Contac	t Phone 518-			Extension			Addiction Recovery Center (SPARC), the region's largest and most comprehensive addiction treatment program operates an inpatient
Conta	ct Email pame	ela.rehak@sphp.com					detoxification unit (only one in Albany County), inpatient rehabilitation center, men's halfway house and intensive day program, an emergency
IV. Please ch	oose the foll	owing VAP Exception:					shelter, and outpatient clinics throughout the region. In addition, SPARC offers a specialized program for teens and adolescents with substance
							abuse. SPARC sees over 60,000 outpatient visits on an annual basis, nearly 60% Medicaid/uninsured.
_		not be served without granti	ng the exception	n because no otner eligi	bie provider	is willing or capable	The SPH Heart Failure program has been successful in reducing avoidable admissions. The program is consistent with St. Peter's objectives to
	erving the com	imumity.					improve care and reduce hospitalizations through the proliferation of interdisciplinary clinical teams. These programs are designed to be easily
ii Anv	hospital is uni	quely qualified to serve base	d on services pro	ovided, financial viability	v. relationshi	ps within the	replicated as a cardiovascular disease treatment best practice. The results are displayed in the supporting documentation. For over 17 years SPH has been a leader of the Healthy Capital District Initiative, a three county initiative addressing public health issues. SPH has
		or clear track record of succes			,,		consistently, and in significant ways, collaborated with Catholic Charities, county public health agencies, organizations serving the homeless and
							many others.
O iii Any	state-designa	ted health home or group of I	nealth homes. *	*			Since the 2011 merger of SPH with Seton Health and Northeast Health (Samaritan and Albany Memorial Hospitals both meet safety net criteria),
When choosin	ng VAP Excepti	on i & ii – Please indicate wh	at Performing P	Provider System (PPS) yo	u plan on joi	ning. If you do not	SPH and Albany Memorial are being managed together as one division as "Acute Care Albany". Service planning is rationalized and shared across
indicate what	PPS you inten	d to join, then you will be der	ied. Please indi	icate the name of the PF	S in the "Ap	peal Applicant	the two campuses as well as policies, processes and best practices. It is critical that the DSRIP program allows us the flexibility for both locations
		ou are part of multiple PPSs,					to fully participate in the projects without financial barriers or disincentives.
	•	on iii – The Department has s					SPH is an integral member of the Ellis PPS and is providing leadership and expertise to the planning process. Expertise of SPH staff in the areas of primary care, behavioral health especially substance abuse, population health, clinically integrated networks and readmission reduction as well as
_	_	(CMAs) that have already be					others will inform the planning of many of the selected DSRIP projects. SPH locations are also the intended site for several projects including
		n Home appears on this list as submit this form. If the orga					primary care/behavioral health integration, withdrawal management, mental health/ substance abuse, ED care triage and care coordination.
• •		eed to submit this form. If you			•		
		provider list, but your organ	_				
	•	vailable on the DSRIP website		,		-,	
~ F	or Section IV,	if you are joining more than	one PPS, use sec	cond tab (Section VII) to	add additio	nal PPSs.	
V. Percentage	e of Medicaid	& Uninsured members that y	our facility serv	es			
	Me	dicaid (FFS & MC)	Uni	nsured	Data So	ource Year	
	+					+	1
Percentage		30%		6%	P Financi	al Planr 2013	
-		he information and data prov				-	
understa appeal.	and that this in	nformation may be subject to	audit and I ma	y be asked to provide d	ocumentatio	on in support of this	
appeal.				A	nswer		
Na	me	Ann Errichetti, N	1D MBA	(Y	es 🔾 No	7	
T	itle	CEO				Т	
	Only app	eals 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

be posted to	r public comi	nent 30 days prior to appli	cation approva	al. Three allowed reason	ons for grar	iting an exception	are shown in Section IV.
I. Are you a I	Medicaid Pro						
	Answer	Yes				▼	You have chosen the following VAP Exception: ii
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organi	zation Name:	St. Peter's Hospital					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Ellis Hospital				•	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
		luated in the context of the P					
		AP Exception in that PPS as w		· —	dditional PP	Ss" tab to select	a. A description of the applicant's niche services that would enhance the network of services for the PPS.
multiple PPS's	See Section I	and VII of the instructions fo	or further clarific	cation!			b. A financial viability analysis (attach as PDF in the email when submitting)
F	Provider Type:	Hospital				~	c. An identification of and description of how the applicant's relationships within the community that would enhance
Provider	Type - Other:						PPS' success.
		Operating Certificate/	icense #	MMIS*		NPI*	d. Demonstration of past success in reducing avoidable hospital use
Uniq	ue Identifiers:	0101004H		3000960	1	1497701106	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:						1 L
Bil	lling Entity ID:						Character Count: 3082
		Address		City	State	Zip	St. Peter's Hospital (SPH), a critical member of the Ellis PPS, submits this application for Vital Access Provider Exception. In keeping with our
	Address	315 South Manning Boulevan	·d	Albany	NY	12208	mission, SPH has been developing and locating programs in areas of high need which have the greatest impact on the health of our community.
III. Annoal D	aint of Conta	*				* REQUIRED	
	oint of Conta t Person Pame						our outpatient visits to Medicaid/uninsured. As an example of the breadth of outpatient services for targeted populations see the chart in the supporting documentation.
Contact		tor, Strategic and Community	/ Planning				Our PPS will be significantly enhanced by the array of services available for individuals and families affected by substance abuse. St. Peter's
Contac	t Phone 518-			Extension			Addiction Recovery Center (SPARC), the region's largest and most comprehensive addiction treatment program operates an inpatient
Conta	ct Email pame	ela.rehak@sphp.com					detoxification unit (only one in Albany County), inpatient rehabilitation center, men's halfway house and intensive day program, an emergency
IV. Please ch	oose the foll	owing VAP Exception:				_	shelter, and outpatient clinics throughout the region. In addition, SPARC offers a specialized program for teens and adolescents with substance
							abuse. SPARC sees over 60,000 outpatient visits on an annual basis, nearly 60% Medicaid/uninsured.
_		not be served without granti	ng the exception	n because no otner eligi	bie provider	is willing or capable	The SPH Heart Failure program has been successful in reducing avoidable admissions. The program is consistent with St. Peter's objectives to
	erving the com	imumity.					improve care and reduce hospitalizations through the proliferation of interdisciplinary clinical teams. These programs are designed to be easily
ii Anv	hospital is uni	quely qualified to serve base	d on services pro	ovided, financial viability	v. relationshi	ps within the	replicated as a cardiovascular disease treatment best practice. The results are displayed in the supporting documentation. For over 17 years SPH has been a leader of the Healthy Capital District Initiative, a three county initiative addressing public health issues. SPH has
		or clear track record of succes			,,		consistently, and in significant ways, collaborated with Catholic Charities, county public health agencies, organizations serving the homeless and
							many others.
O iii Any	state-designa	ted health home or group of I	nealth homes. *	*			Since the 2011 merger of SPH with Seton Health and Northeast Health (Samaritan and Albany Memorial Hospitals both meet safety net criteria),
When choosin	ng VAP Excepti	on i & ii – Please indicate wh	at Performing P	Provider System (PPS) yo	u plan on joi	ning. If you do not	SPH and Albany Memorial are being managed together as one division as "Acute Care Albany". Service planning is rationalized and shared across
indicate what	PPS you inten	d to join, then you will be der	ied. Please indi	icate the name of the PF	S in the "Ap	peal Applicant	the two campuses as well as policies, processes and best practices. It is critical that the DSRIP program allows us the flexibility for both locations
		ou are part of multiple PPSs,					to fully participate in the projects without financial barriers or disincentives.
	•	on iii – The Department has s					SPH is an integral member of the Ellis PPS and is providing leadership and expertise to the planning process. Expertise of SPH staff in the areas of primary care, behavioral health especially substance abuse, population health, clinically integrated networks and readmission reduction as well as
_	_	(CMAs) that have already be					others will inform the planning of many of the selected DSRIP projects. SPH locations are also the intended site for several projects including
		n Home appears on this list as submit this form. If the orga					primary care/behavioral health integration, withdrawal management, mental health/ substance abuse, ED care triage and care coordination.
• •		eed to submit this form. If you			•		
		provider list, but your organ	_				
	•	vailable on the DSRIP website		,		-,	
~ F	or Section IV,	if you are joining more than	one PPS, use sec	cond tab (Section VII) to	add additio	nal PPSs.	
V. Percentage	e of Medicaid	& Uninsured members that y	our facility serv	es			
	Me	dicaid (FFS & MC)	Uni	nsured	Data So	ource Year	
	+					+	1
Percentage		30%		6%	P Financi	al Planr 2013	
-		he information and data prov				-	
understa appeal.	and that this in	nformation may be subject to	audit and I ma	y be asked to provide d	ocumentatio	on in support of this	
appeal.				A	nswer		
Na	me	Ann Errichetti, N	1D MBA	(Y	es 🔾 No	7	
T	itle	CEO				Т	
	Only app	eals from the CEO, CFO or	comparable w	ill be accepted			

10/30/2014 Sunnyview Hospital and Rehabilitation Center.xlsx

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



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be posted for	public com	ment 30 days prior to appl	ication approval.	Three allowed rea	asons	for grant	ing an exce	ption a	re shown in Section IV.
I. Are you a N	/ledicaid Pro	vider							
	Answer	Yes						~	You have chosen the following VAP Exception: ii
II. Appeal Ap	plicant Infor	rmation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name:	Sunnyview Hospital and Reh	nabilitation Center						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Ellis Hospital						-	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
^^ The VAP Exc	ception is eva	luated in the context of the I	PPS you are joining.	If you are joining r	more t	than one Pf	S, you have	the	
		/AP Exception in that PPS as v			_Addi	tional PPSs	" tab to sele	ect	a. A description of the applicant's niche services that would enhance the network of services for the PPS.
multiple PPS's.	See Section I	I and VII of the instructions f	or further clarificat	ion!					b. A financial viability analysis (attach as PDF in the email when submitting)
P	rovider Type:	Hospital						•	c. An identification of and description of how the applicant's relationships within the community that would enhance
Provider	Type - Other:								PPS' success.
		Operating Certificate	/License #	MMIS*	\neg		NPI*		d. Demonstration of past success in reducing avoidable hospital use
Uniqu	ie Identifiers:	4601004H		00361720	—	15	78664470		e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	100100111		00301720			70001170		
	ling Entity ID:								Character Count: 1894
		Address		City		State	Zip		Sunnyview Rehabilitation Hospital (SV) has an 85 year history of serving the poor, disabled and disenfranchised in Schenectady, Albany, Saratoga
	Address	1270 Belmont Avenue	Scl	nenectady		NY	12308	3	and Rensselaer counties as well as 40 other counties in NYS and seven neighboring states.
		-					* REC	UIRED	• July 1, 2013 – June 30, 2014
III. Appeal Po									o 275 Medicaid Members Served
Contact		ard Eisenman							o 1,916 Managed Medicaid Members Served
		f Executive Officer		Fortunal:					o 4,556 uninsured individuals served
Contact		382-4523 ard.eisenman@sphp.com		Extension	on				SV is the only hospital specializing in Physical Medicine and Rehabilitation in upstate New York and provides specialty rehabilitation services not available anywhere else in the region. These services include specialty areas of:
									Traumatic Brain Injury (10 Certified Beds)
IV. Please cho	oose the foll	lowing VAP Exception:							Spinal Cord Injury
O i Acc	mmunity wil	I not be served without grant	ing the exception b	ecause no other el	ligible	provider is	willing or c	apable	Stroke Recovery Specialty
	rving the con	nmunity.							Pediatric Rehabilitation
.									Amputee Programs
	•	iquely qualified to serve base	•			elationship	s within the	П	Coma Recovery (6 Certified Beds), only regional program
com	munity, and/	or clear track record of succe	ss in reducing avoid	lable hospital use.					The Neuro-Rehabilitation Institute at SV serves as a referral center for hospital and trauma centers around the region.
O iii Any	stata dasiana	ted health home or group of	health hames **						SV has considerable expertise in working with Medicaid members and other providers in the community. SV serves as the Capital Region Regional
Any	state-designa	ited fleattif florife of group of	nearth nomes.						Resource Development Center (RRDC) for:
		ion i & ii – Please indicate wh				,	0 ,		The Home and Community Based Medicaid Waiver for Individuals with Traumatic Brain Injury (TBI Waiver)
		d to join, then you will be de			PPS ir	n the "Appe	eal Applican	t	The Nursing Home Transition and Diversion Waiver (NHTD Waiver).
	· · · · · · · · · · · · · · · · · · ·	you are part of multiple PPSs		="					Sunnyview will play an important role with the Ellis PPS receiving patients recovering from traumatic injuries and illnesses from Ellis Hospital, St.
		ion iii – The Department has		-					Mary's Hospital (Amsterdam), St. Peter's Hospital, Samaritan Hospital, St. Mary's Hospital (Troy) and Albany Memorial Hospital. SV specialty outpatient programs include:
		(CMAs) that have already be						•	STeamers outpatient programs include. Traumatic Brain Injury (adult and pediatric)
		h Home appears on this list a o submit this form. If the org							Stroke/ Neuro-Rehabilitation
• •		eed to submit this form. If yo		•			•		Amputee Clinic
	•	t provider list, but your organ	•					,,,	It is critical that these specialty rehabilitation services be available within the Ellis PPS. DSRIP program flexibility will be necessary to fully
		vailable on the DSRIP website		at it silouid quality	us u 11		c, picase		integrate these services into the PPS.
•		if you are joining more than		d tab (Section VII)) to ad	d addition	al PPSs.		
		& Uninsured members that v		, ,					
· · · c. centuge					1				
	Me	edicaid (FFS & MC)	Unins	ired		Data Sou	irce Y	ear	
Percentage		11%	229	6		Hosp. Rec	ords FY 20	14	
-	nd that this i	the information and data pro information may be subject t Edward J. Eisr Chief Executive	o audit and I may benman e Officer	e asked to provide	e docu Answ	ımentation	-	_	- - 1
	Only app	eals from the CEO, CFO or	comparable will	be accepted					

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I. Are you a N	/ledicaid Pro	vider							
	Answer	Yes						~	You have chosen the following VAP Exception: ii
II. Appeal Ap	plicant Infor	rmation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name:	Sunnyview Hospital and Reh	nabilitation Center						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Ellis Hospital						-	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
^^ The VAP Exc	ception is eva	luated in the context of the I	PPS you are joining.	If you are joining r	more t	than one Pf	S, you have	the	
		/AP Exception in that PPS as v			_Addi	tional PPSs	" tab to sele	ect	a. A description of the applicant's niche services that would enhance the network of services for the PPS.
multiple PPS's.	See Section I	I and VII of the instructions f	or further clarificat	ion!					b. A financial viability analysis (attach as PDF in the email when submitting)
P	rovider Type:	Hospital						•	c. An identification of and description of how the applicant's relationships within the community that would enhance
Provider	Type - Other:								PPS' success.
		Operating Certificate	/License #	MMIS*	\neg		NPI*		d. Demonstration of past success in reducing avoidable hospital use
Uniqu	ie Identifiers:	4601004H		00361720	—	15	78664470		e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	100100111		00301720			70001170		
	ling Entity ID:								Character Count: 1894
		Address		City		State	Zip		Sunnyview Rehabilitation Hospital (SV) has an 85 year history of serving the poor, disabled and disenfranchised in Schenectady, Albany, Saratoga
	Address	1270 Belmont Avenue	Scl	nenectady		NY	12308	3	and Rensselaer counties as well as 40 other counties in NYS and seven neighboring states.
		-					* REC	UIRED	• July 1, 2013 – June 30, 2014
III. Appeal Po									o 275 Medicaid Members Served
Contact		ard Eisenman							o 1,916 Managed Medicaid Members Served
		f Executive Officer		Fortunal:					o 4,556 uninsured individuals served
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									Traumatic Brain Injury (10 Certified Beds)
IV. Please cho	oose the foll	lowing VAP Exception:							Spinal Cord Injury
O i Acc	mmunity wil	I not be served without grant	ing the exception b	ecause no other el	ligible	provider is	willing or c	apable	Stroke Recovery Specialty
	rving the con	nmunity.							Pediatric Rehabilitation
.									Amputee Programs
	•	iquely qualified to serve base	•			elationship	s within the	П	Coma Recovery (6 Certified Beds), only regional program
com	munity, and/	or clear track record of succe	ss in reducing avoid	lable hospital use.					The Neuro-Rehabilitation Institute at SV serves as a referral center for hospital and trauma centers around the region.
O iii Any	stata dasiana	ted health home or group of	health hames **						SV has considerable expertise in working with Medicaid members and other providers in the community. SV serves as the Capital Region Regional
Any	state-designa	ited fleattif florife of group of	nearth nomes.						Resource Development Center (RRDC) for:
		ion i & ii – Please indicate wh				,	0 ,		The Home and Community Based Medicaid Waiver for Individuals with Traumatic Brain Injury (TBI Waiver)
		d to join, then you will be de			PPS ir	n the "Appe	eal Applican	t	The Nursing Home Transition and Diversion Waiver (NHTD Waiver).
	· · · · · · · · · · · · · · · · · · ·	you are part of multiple PPSs		="					Sunnyview will play an important role with the Ellis PPS receiving patients recovering from traumatic injuries and illnesses from Ellis Hospital, St.
		ion iii – The Department has		-					Mary's Hospital (Amsterdam), St. Peter's Hospital, Samaritan Hospital, St. Mary's Hospital (Troy) and Albany Memorial Hospital. SV specialty outpatient programs include:
		(CMAs) that have already be						•	STeamers outpatient programs include. Traumatic Brain Injury (adult and pediatric)
		h Home appears on this list a o submit this form. If the org							Stroke/ Neuro-Rehabilitation
• •		eed to submit this form. If yo		•			•		Amputee Clinic
	•	t provider list, but your organ	•					,,,	It is critical that these specialty rehabilitation services be available within the Ellis PPS. DSRIP program flexibility will be necessary to fully
		vailable on the DSRIP website		at it silouid quality	us u 11		c, picase		integrate these services into the PPS.
•		if you are joining more than		d tab (Section VII)) to ad	d addition	al PPSs.		
		& Uninsured members that v		, ,					
· · · c. centuge					1				
	Me	edicaid (FFS & MC)	Unins	ired		Data Sou	irce Y	ear	
Percentage		11%	229	6		Hosp. Rec	ords FY 20	14	
-	nd that this i	the information and data pro information may be subject t Edward J. Eisr Chief Executive	o audit and I may benman e Officer	e asked to provide	e docu Answ	ımentation	-	_	- - 1
	Only app	eals from the CEO, CFO or	comparable will	be accepted					

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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! - <u>Please read instructions for clarification!</u>
Orga	nization Name:	Tri Town Regional Healthcar	e						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Mary Imogene Bassett Hospital						-	You chose the qualification i, in the space below please include:
^^ The VAP	Exception is eva	luated <u>in the context of the F</u>	PPS you are join	ng. If you are joining	more	than one P	PS, you ha	ive the	
		'AP Exception in that PPS as v			II_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 clarifi	cation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:	Hospital						~	without your organization's involvement given the PPS current configuration of network providers.
Provide	er Type - Other:								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)
Uni	ique Identifiers:	12227001H		03024857		12	22522696	2	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:								
	Billing Entity ID:	E0284415							Character Count: 3487
		Address		City		State	Zi		a.Tri Town Regional Healthcare, d/b/a Tri-Town Regional Hospital, is an Article 28 facility located in rural Delaware County on the eastern border
	Address 43 Pearl Street West Sidney NY 13838								of State's Southern Tier region and the northwestern end of the Catskills, covering 1,446 sq. miles. Tri-Town Regional Hospital's (Tri-Town)
III Anneal	Point of Conta	ct					TR	EQUIRED	campus borders Chenango and Otsego counties. Tri-Town's service area represents a population of 28,635 from 11 towns located in three counties. In FY 2013, Tri-Town served 873 unique Medicaid members, resulting in 6,972 outpatient claims.
	ct Person Carlt							1	countes. II r 1 2013, 11-10wil served 673 dilique Medicaid Illenibers, Tesurung III 0,372 dutpardent Cialins.
-		Executive Officer							The closest hospitals are Delaware Valley, Chenango Memorial, and A.O. Fox hospitals, located ~30 miles from Tri-Town, representing 30-45
Conta	act Phone (607)	561-7946		Extens	ion				minute travel times. Travel time can be longer and more hazardous during the winter due to the snow. Without local emergency services,
Cont	tact Email carlt	on.rule@bassett.org							residents would have to travel longer distances for care, contributing to poorer health outcomes. Tri-Town's observation unit provides an
IV. Please	choose the foll	owing VAP Exception:							alternative to inpatient care. Of Tri-Town's 9,000 annual ER visits, ~85% of patients are treated and discharged to home, avoiding hospital
⊚ i A	community will	not be served without grant	ing the excentic	in hecause no other i	oligible	nrovider is	s willing o	r canable	admission.
	serving the com	•	ing the exception	in because no other t	ingibic	provider is	s willing o	Сарабіс	Through Tri-Town's collaboration with Bassett Healthcare Network patients are referred to primary care providers that provide follow-up and
									preventive care to avert future admissions. Sidney Primary Care Clinic and the Bassett-Unadilla practice are located in Tri-Town's service area;
O ii Ar	ny hospital is uni	iquely qualified to serve base	d on services p	ovided, financial vial	oility, r	elationship	s within t	he	both practices have achieved NCQA PCMH (Level 3 2011) recognition.
со	mmunity, and/o	or clear track record of succe	ss in reducing a	voidable hospital use					
O iii Ar	av stato dosigna	ted health home or group of	hoalth homos	**					The service area experiences a shortage of primary care providers and contains four Health Professional Shortage Areas - Medicaid Eligible-
	-								Chenango County, Deposit, and Masonville/Sidney/Unadilla and Low Income – Walton. In the absence of Tri-Town's emergency/support services,
		ion i & ii – Please indicate wh	_			-			provider shortages could potentially become more severe.
	•	d to join, then you will be de you are part of multiple PPSs			e PPS i	n the "App	eal Applic	ant	Tri-Town serves as an emergency care facility for residential programs in the region that serve developmentally disabled individuals, including
		i on iii – The Department has s			H hate	aalth Home	as and Na	work	Springbrook, Joshua House, and three county NYSARC agencies.
		(CMAs) that have already be							, and a second s
		Home appears on this list a							b. Tri-Town, a Bassett Healthcare Network affiliate, is open 24/7 as an emergency care facility serving three rural counties. Tri-Town's services are
approval and	d do not need to	submit this form. If the orga	anization operat	ing your Health Hom	e/CM/	already ap	ppears on	another	exclusively ambulatory, including a physician-staffed emergency department (ED), and laboratory services. The Hospital maintains four licensed
		ed to submit this form. If yo	-					or on	medical/surgical beds in the ED, utilized as observation beds. Sidney Primary Care Clinic and a specialty services clinic, including Orthopedics;
		t provider list, but your organ		that it should qualif	y as a I	Health Hom	ne, please		Oncology; Urology, General, Plastic, and Thoracic Surgery; Wound Care; and Telemedicine History and Physicals, are also located on the Hospital campus. Tri-Town provides 9,000 annual ED visits.
		vailable on the DSRIP website					-L DDC-		Campus. IT-Town provides 9,000 annual ED visits.
-	For Section IV,	if you are joining more than	one PPS, use se	cond tab (Section Vi	i) to ac	ad addition	iai PPSS.		Tri-Town's observation unit can serve as a model for other rural hospitals that seek to reduce inappropriate hospital admissions.
V. Percenta	ge of Medicaid	& Uninsured members that y	our facility serv	res .					
								1	With Tri-Town's full participation in The Mary Imogene Bassett Hospital PPS (now known as Leatherstocking Collaborative Health Partners), it will
	Me	dicaid (FFS & MC)	Un	insured		Data Sou	urce	Year	have increased access to DSRIP funding and will be better able to serve area residents on Medicaid, uninsured, or developmentally disabled.
	+								7.7
Percentage	e	35%		8%		1edicaid &	Medio	2013	c. Tri-Town Healthcare has surpassed the 35% outpatient Medicaid threshold (Hospital Safety Net Analysis); 43% of visits were Medicaid (2013). Tri-Town is a rural emergency care facility that monitors sick patients utilizing observation beds as an alternative to hospitalization. Since it does
									not provide inpatient services, the 30% threshold for inpatient discharges does not apply. As such, Tri-Town qualifies as a Safety Net Hospital.
		he information and data pro					-	_	1
		nformation may be subject to	o audit and I ma	y be asked to provid	le doci	umentation	n in suppo	rt of this	
appeal	ı .				Ansv	wor			
N	lame	Carlton Rule	, MD	(a	Yes		Ī		
		Chief Executive		——∟			l		
	Only app	eals from the CEO, CFO or	comparable w	vill be accepted					

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



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

be posted f	for public com	ment 30 days prior to appl	ication approv	al. Three allowed r	eason	s for grant	ing an ex	ception a	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! - <u>Please read instructions for clarification!</u>
Orga	nization Name:	Tri Town Regional Healthcar	e						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Mary Imogene Bassett Hospital						-	You chose the qualification i, in the space below please include:
^^ The VAP	Exception is eva	luated <u>in the context of the F</u>	PPS you are join	ng. If you are joining	more	than one P	PS, you ha	ive the	
		'AP Exception in that PPS as v			II_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 clarifi	cation!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:	Hospital						~	without your organization's involvement given the PPS current configuration of network providers.
Provide	er Type - Other:								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)
Uni	ique Identifiers:	12227001H		03024857		12	22522696	2	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:								
	Billing Entity ID:	E0284415							Character Count: 3487
		Address		City		State	Zi		a.Tri Town Regional Healthcare, d/b/a Tri-Town Regional Hospital, is an Article 28 facility located in rural Delaware County on the eastern border
	Address 43 Pearl Street West Sidney NY 13838								of State's Southern Tier region and the northwestern end of the Catskills, covering 1,446 sq. miles. Tri-Town Regional Hospital's (Tri-Town)
III Anneal	Point of Conta	ct					TR	EQUIRED	campus borders Chenango and Otsego counties. Tri-Town's service area represents a population of 28,635 from 11 towns located in three counties. In FY 2013, Tri-Town served 873 unique Medicaid members, resulting in 6,972 outpatient claims.
	ct Person Carlt							1	countes. II r 1 2013, 11-10wil served 673 dilique Medicaid Illenibers, Tesurung III 0,372 dutpardent Cialins.
-		Executive Officer							The closest hospitals are Delaware Valley, Chenango Memorial, and A.O. Fox hospitals, located ~30 miles from Tri-Town, representing 30-45
Conta	act Phone (607)	561-7946		Extens	ion				minute travel times. Travel time can be longer and more hazardous during the winter due to the snow. Without local emergency services,
Cont	tact Email carlt	on.rule@bassett.org							residents would have to travel longer distances for care, contributing to poorer health outcomes. Tri-Town's observation unit provides an
IV. Please	choose the foll	owing VAP Exception:							alternative to inpatient care. Of Tri-Town's 9,000 annual ER visits, ~85% of patients are treated and discharged to home, avoiding hospital
⊚ i A	community will	not be served without grant	ing the excentic	in hecause no other i	oligible	nrovider is	s willing o	r canable	admission.
	serving the com	•	ing the exception	in because no other t	ingibic	provider is	s willing o	Сарабіс	Through Tri-Town's collaboration with Bassett Healthcare Network patients are referred to primary care providers that provide follow-up and
									preventive care to avert future admissions. Sidney Primary Care Clinic and the Bassett-Unadilla practice are located in Tri-Town's service area;
O ii Ar	ny hospital is uni	iquely qualified to serve base	d on services p	ovided, financial vial	oility, r	elationship	s within t	he	both practices have achieved NCQA PCMH (Level 3 2011) recognition.
со	mmunity, and/o	or clear track record of succe	ss in reducing a	voidable hospital use					
O iii Ar	av stato dosigna	ted health home or group of	hoalth homos	**					The service area experiences a shortage of primary care providers and contains four Health Professional Shortage Areas - Medicaid Eligible-
	-								Chenango County, Deposit, and Masonville/Sidney/Unadilla and Low Income – Walton. In the absence of Tri-Town's emergency/support services,
		ion i & ii – Please indicate wh	_			-			provider shortages could potentially become more severe.
	•	d to join, then you will be de you are part of multiple PPSs			e PPS i	n the "App	eal Applic	ant	Tri-Town serves as an emergency care facility for residential programs in the region that serve developmentally disabled individuals, including
		i on iii – The Department has s			H hate	aalth Home	as and Na	work	Springbrook, Joshua House, and three county NYSARC agencies.
		(CMAs) that have already be							, and a second s
		Home appears on this list a							b. Tri-Town, a Bassett Healthcare Network affiliate, is open 24/7 as an emergency care facility serving three rural counties. Tri-Town's services are
approval and	d do not need to	submit this form. If the orga	anization operat	ing your Health Hom	e/CM/	already ap	ppears on	another	exclusively ambulatory, including a physician-staffed emergency department (ED), and laboratory services. The Hospital maintains four licensed
		ed to submit this form. If yo	-					or on	medical/surgical beds in the ED, utilized as observation beds. Sidney Primary Care Clinic and a specialty services clinic, including Orthopedics;
		t provider list, but your organ		that it should qualif	y as a I	Health Hom	ne, please		Oncology; Urology, General, Plastic, and Thoracic Surgery; Wound Care; and Telemedicine History and Physicals, are also located on the Hospital campus. Tri-Town provides 9,000 annual ED visits.
		vailable on the DSRIP website					-L DDC-		Campus. IT-Town provides 9,000 annual ED visits.
-	For Section IV,	if you are joining more than	one PPS, use se	cond tab (Section Vi	i) to ac	ad addition	iai PPSS.		Tri-Town's observation unit can serve as a model for other rural hospitals that seek to reduce inappropriate hospital admissions.
V. Percenta	ge of Medicaid	& Uninsured members that y	our facility serv	res .					
								1	With Tri-Town's full participation in The Mary Imogene Bassett Hospital PPS (now known as Leatherstocking Collaborative Health Partners), it will
	Me	dicaid (FFS & MC)	Un	insured		Data Sou	urce	Year	have increased access to DSRIP funding and will be better able to serve area residents on Medicaid, uninsured, or developmentally disabled.
	+								7.7
Percentage	e	35%		8%		1edicaid &	Medio	2013	c. Tri-Town Healthcare has surpassed the 35% outpatient Medicaid threshold (Hospital Safety Net Analysis); 43% of visits were Medicaid (2013). Tri-Town is a rural emergency care facility that monitors sick patients utilizing observation beds as an alternative to hospitalization. Since it does
									not provide inpatient services, the 30% threshold for inpatient discharges does not apply. As such, Tri-Town qualifies as a Safety Net Hospital.
		he information and data pro					-	_	1
		nformation may be subject to	o audit and I ma	y be asked to provid	le doci	umentation	n in suppo	rt of this	
appeal	ı .				Ansv	wor			
N	lame	Carlton Rule	, MD	(a	Yes		Ī		
		Chief Executive		——∟			l		
	Only app	eals from the CEO, CFO or	comparable w	vill be accepted					

11/10/2014 Western ny physicians PLLC.xlsx

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•	public comment 30 days prior to app Medicaid Provider	dication approval. Three allowed r	easons for grantir	ng an exception a	re snown in Section IV.
i. Are you a iv	Answer Yes			•	You have chosen the following VAP Exception:
II Anneal Ann	plicant Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
	ation Name: Western NY Phylisicians			1	"The VAP Exception relies heavily on the statement you provide, so please be concise and thorough"
Organiza	Joined PPS: Finger Lakes PPS			~	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
^^ The VAP Exc	ception is evaluated in the context of the	PPS you are joining. If you are joining	more than one PP	BOOK	Tou chose quantication it, in the space below please include an of the following that apply to your mospital.
	ring for the VAP Exception in that PPS as				a. A description of the applicant's niche services that would enhance the network of services for the PPS.
	See Section II and VII of the instructions i		_		b. A financial viability analysis (attach as PDF in the email when submitting)
Pr	rovider Type: Hospital			-	c. An identification of and description of how the applicant's relationships within the community that would enhance
Provider T	Type - Other:				PPS' success.
	Operating Certificate	e/License # MMIS*		NPI*	d. Demonstration of past success in reducing avoidable hospital use
Unique	e Identifiers: 231805	03059721		53419028	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	03033721	103	33413020	
	ing Entity ID:				Character Count: 362
	Address	City	State	Zip	The hospital provides important services in the area that would not otherwise be available to ensure maximum patient care. It is a necessary to
	Address	Warsaw	ny	14569	make sure patients have emergency services available in this very rural area which can help save lives. This area has lot of financially challenged
III. Appeal Poi	int of Contact			* REQUIRED	patients with multiple medical needs and as such require medical care.
	Person Salman Abbasey				
Contact	Title MD				
Contact	Phone 585-243-0550	Extens	sion		
Contact	t Email				
IV. Please cho	oose the following VAP Exception:				
of ser	mmunity will not be served without gran rving the community. hospital is uniquely qualified to serve bas munity, and/or clear track record of succe	sed on services provided, financial vial	bility, relationships		
	state-designated health home or group of	-			
indicate what P Information – S When choosing Care Managem CMS approval. I approval and do safety net list, y another approv	g VAP Exception i & ii – Please indicate we PS you intend to join, then you will be desection II". If you are part of multiple PPS g VAP Exception iii – The Department has sent Agencies (CMAs) that have already bif your Health Home appears on this list to not need to submit this form. If the orgyou do not need to submit this form. If your desafety net provider list, but your orga form. List is available on the DSRIP websit or Section IV, if you are joining more than	enied. Please indicate the name of this, see section VII tab. submitted a draft list of State Design seen approved as safety net providers as pending approval, you will be granganization operating your Health Hon our organization does not appear on anization believes that it should qualifite.	e PPS in the "Appea ated Health Homes as well as those thi- ted a VAP Exception ne/CMA already app the draft Health Ho y as a Health Home	al Applicant and Network at are pending n pending CMS pears on another me list or on pending cMS	
V. Percentage	of Medicaid & Uninsured members that	your facility serves			
	Medicaid (FFS & MC)	Uninsured	Data Sour	rce Year	
Percentage	23%	7%	Practice Fi	irst 2014	
	Certify that the information and data pro nd that this information may be subject t			-	
Nam Tit	ne Salman Abl		Yes O No		

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Percentage	23%	7%	Practice Fi	irst 2014	
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II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	ation Name: Westfield Memorial Hosp	ital				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS: Catholic Medical Partners-Accou	ntable Care IPA INC			_	You chose the qualification i, in the space below please include:			
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Provider T	Type - Other:								
	Operating Certificat	e/License #	MMIS*		NPI*				
Unique	e Identifiers: 0632000	Н	00354614	1	942236427				
A	gency Code:								
Billi	ing Entity ID:					Character Count: 3500			
	Address		City	State	Zip	Westfield Memorial Hospital (WMH) is located between Erie, PA & Buffalo, NY. In 2009, the hospital reduced its inpatient capacity from 32 beds			
	Address 189 East Main Street	Westfi	eld	NY	14787	to a 4 bed facility equipped with a 24/7 ED & ambulatory services designed to meet the needs of the area population. Over the last 5 years the			
III. Appeal Poi	int of Contact				* REQUIRED	hospital has continued to evolve. Through partnerships with tertiary providers & creative strategies WMH provides vital access to high quality, cost effective outpatient services. In addition to the town & village of Westfield, the hospital's primary service area extends into the communitie			
- ' '	Person Patricia Ballman					of Ripley, Sherman, Clymer, Mayville, Portland, Stockton & Bemus. 19% of the population is over the age of 65; 15% of the population is disabled			
Contact	Title Administrator					Based on income & poverty data Chautauqua County is one of the poorest counties in the state. In 2010, county was ranked as 54th poorest of the 62 NYS counties with a personal per capita income of \$30,543.WMH provides vital services to these communities. No alternative source for 24/7 emergent or urgent care service is located within Westfield's service area. It is a 35-40 minute drive (based on ideal weather conditions) to the next nearest acute care facility. The area is subject to extreme winter conditions which can extend travel time in excess of 90 minutes. The			
Contact	Phone 716-793-2201		Extension						
Contact	t Email Pballma@svhs.org								
IV. Please cho	ose the following VAP Exception:				_				
(a) i (b)	mmunity will not be served without gra	nting the exception becau	ise no other eligih	ıla nrovidar i	is willing or canable	facility has refined transfer protocols & has consistently demonstrated their ability to quickly triage, stabilize and transfer critical patients. Travel & transportation challenges -the Westfield community & surrounding areas have no public transportation service, much of population depends on the local access to diagnostics, specialty care, preventive & women's health services provided by the hospital. The hospital is the only provided of these services in the primary service area. Services provided at WMH are primarily ambulatory & will augment the core objectives of State reform & the CHP PPS while enhancing local access to coordinated care delivery. Services provided by WMH include: • 24/7 emergency room (ground & air transfer capabilities)			
_	rving the community.	inting the exception beca	ise no otner engil	ne provider i	is willing or capable				
C ii Any h	nospital is uniquely qualified to serve ba	sed on services provided	financial viability	, relationship	ps within the				
comn	nunity, and/or clear track record of suc	cess in reducing avoidable	hospital use.						
O iii Any s	state-designated health home or group	of bootto bomos **				4 bed medical/surgical unit for short stay, observation, Hospice			
	5 .					Ambulatory Surgery; general, orthopedic, gyn, ophthalmology, podiatry			
	y VAP Exception i & ii – Please indicate					Endoscopy, Infusion center, Radiology, Lab, Physical Therapy, Cardiac Rehab Social Revision Conditions Conditions Conditions Conditions			
	PS you intend to join, then you will be		e name of the PP	S in the "App	oeal Applicant	 Specialty clinics; Cardiology, Surgery, Prenatal /GYN, Orthopedic, Wound, Cardiac Diagnostics, Sleep lab, Diabetes Center 			
	Section II". <u>If you are part of multiple PP</u>		State Designated	Uaalth Uam	os and Naturali	The facility has a fully operational electronic health record.			
-	ent Agencies (CMAs) that have already		•			As part of an IDS, WMH partnership with the CHP PPS will further promote care transformation; through a hub/spoke model within the IDS, WM			
	If your Health Home appears on this list					can serve as a rural continued care/TOC clinic for high risk vulnerable populations by developing seamless transitions of care from tertiary center			
	o not need to submit this form. If the o					through the use of telemedicine & care navigators. The facility also has the space/infrastructure to co-locate primary care services within the ED			
safety net list, y	you do not need to submit this form. If	your organization does no	t appear on the d	raft Health H	Home list or on	to create the needed Medical Home access for Medicaid beneficiaries in an already limited PCP network. Building on the existing WMH specialty			
	red safety net provider list, but your org		should qualify as	a Health Hor	ne, please	care infrastructure, local PCP relationships & the PPS partnership telemedicine capabilities can be used to expand local access to specialty care &			
•	orm. List is available on the DSRIP webs					other vital services to enhance population health & ultimately reduce avoidable ED visits & admissions. WMH is an accessible community gathering place for healthcare; by using the existing hospital infrastructure additional programs for preventive & chronic disease services can be			
~ For	r Section IV, if you are joining more tha	in one PPS, use second ta	b (Section VII) to	add additioi	nal PPSs.	gamening place to incatalicate, by using the existing hospital initiast acture additional programs for preventive & chronic disease services can be implemented.			
V. Percentage	of Medicaid & Uninsured members tha	t your facility serves							
			1						
	Medicaid (FFS & MC)	Uninsured		Data So	ource Year				
_					_				
Percentage	21%	4%		201	3 ICR				
						┥			
-	Certify that the information and data p					1			
	nd that this information may be subjec	t to audit and I may be as	ked to provide do	cumentatio	n in support of this				
appeal.			Λn	swer					
Nam	ne Patricia B	allman	(Ye		T				
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	5 .					Ambulatory Surgery; general, orthopedic, gyn, ophthalmology, podiatry			
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	Section II". <u>If you are part of multiple PP</u>		State Designated	Uaalth Uam	os and Naturali	The facility has a fully operational electronic health record.			
-	ent Agencies (CMAs) that have already		•			As part of an IDS, WMH partnership with the CHP PPS will further promote care transformation; through a hub/spoke model within the IDS, WM			
	If your Health Home appears on this list					can serve as a rural continued care/TOC clinic for high risk vulnerable populations by developing seamless transitions of care from tertiary center			
	o not need to submit this form. If the o					through the use of telemedicine & care navigators. The facility also has the space/infrastructure to co-locate primary care services within the ED			
safety net list, y	you do not need to submit this form. If	your organization does no	t appear on the d	raft Health H	Home list or on	to create the needed Medical Home access for Medicaid beneficiaries in an already limited PCP network. Building on the existing WMH specialty			
	red safety net provider list, but your org		should qualify as	a Health Hor	ne, please	care infrastructure, local PCP relationships & the PPS partnership telemedicine capabilities can be used to expand local access to specialty care &			
•	orm. List is available on the DSRIP webs					other vital services to enhance population health & ultimately reduce avoidable ED visits & admissions. WMH is an accessible community gathering place for healthcare; by using the existing hospital infrastructure additional programs for preventive & chronic disease services can be			
~ For	r Section IV, if you are joining more tha	in one PPS, use second ta	b (Section VII) to	add additioi	nal PPSs.	gamening place to incatalicate, by using the existing hospital initiast acture additional programs for preventive & chronic disease services can be implemented.			
V. Percentage	of Medicaid & Uninsured members tha	t your facility serves							
			1						
	Medicaid (FFS & MC)	Uninsured		Data So	ource Year				
_					_				
Percentage	21%	4%		201	3 ICR				
						┥			
-	Certify that the information and data p					1			
	nd that this information may be subjec	t to audit and I may be as	ked to provide do	cumentatio	n in support of this				
appeal.			Λn	swer					
Nam	ne Patricia B	allman	(Ye		T				
Titl				_	1				
	Only appeals from the CEO, CFO	or comparable will be a	ccepted						

10/30/2014 Winthrop vap_exception_appeal_form.xlsx

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 appl	ication approva	al. Three allowed re	eason	s for grant	ing an	exception	re shown in Section IV.
I. Are you a N	Medicaid Provi								
		es						•	You have chosen the following VAP Exception: ii
	plicant Inform							-	VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz		/inthrop-University Hospita	al Association						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		lassau University Medical Center						~	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:
		ated in the context of the F							
		P Exception in that PPS as wind VII of the instructions for		*	II_Addi	itional PPS	s" tab to	o select	a. A description of the applicant's niche services that would enhance the network of services for the PPS.
		117	or rurther clarific	cation:					b. A financial viability analysis (attach as PDF in the email when submitting) c. An identification of and description of how the applicant's relationships within the community that would enhance
	rovider Type: H	ospital						~	PPS' success.
Provider	Type - Other:								d. Demonstration of past success in reducing avoidable hospital use
		Operating Certificate/	g Certificate/License # MMIS* NPI*						e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	ue Identifiers:	2908000H		02999026		1:	1149255	567	, , , , , , , , , , , , , , , , , , , ,
	Agency Code:								
Bill	ling Entity ID:	Address		City		State		Zip	Character Count: 3497 Winthrop-University Hospital (WUH) is a 591-bed university-affiliated teaching hospital with an integrated outpatient service line and deep
	Address 2	59 First Street		Mineola		NY		1501	community roots. WUH is applying for a VAP Exception as a major regional healthcare resource that is uniquely qualified offering niche services;
	Address 2	JJ THSt Street		IVIIIIeoia		INI		* REQUIRED	is financially strong and viable; has an abundance of relationships in the County; and has a strong record of reducing avoidable hospital use.
III. Appeal Po	int of Contact								These strengths will support Nassau University Medical Center's (NUMC) PPS to successfully achieve systems transformation in Nassau County
Contact	Person Diane I								(Attachment 1. Letter of Support from NUMC).
		or, Grants and Special Prog	rams	1 -					
	Phone (516) 6			Extens	ion				WUH meets the Safety Net test for outpatient but is short for inpatient, however, over the past year WUH inpatient Medicaid discharges increased by 16%. WUH's system now provides primary care services to over 60,000 Medicaid lives. The current County DOH Needs Assessment described a Tale of Two Counties – one of prosperity and one of poor health outcomes. Hempstead is highlighted for its socioeconomic disparities. WUH has long been committed to enhancing services to the local underserved population. WUH's current presence in Hempstead includes a thriving NCQA 3 Pediatric PCMH through the Hospital Medical Home Demonstration Project and a Women's Wellness Center (WWC) - both growing at 17% annually. To accommodate the need, WUH is expanding both clinics and opening a new Adult Family Medicine Clinic also in Hempstead. WUH has submitted a request to offer a new family practice residency to the ACGME where residents will be assigned to the adult clinic and supervised by a family practice group that Winthrop is currently acquiring. Such worthy programs will permit WUH to offer high-quality, patient-centered care to all age groups. WUH also has an established Hempstead school-based clinic and, in partnership with NUMC, has an Adult Clinic in Uniondale for the uninsured. WUH offers much-needed dental clinic services to individuals with special needs and provides a successful telehealth monitoring program resulting in lower ED visits and avoidable hospitalizations. The only intensive course offered in New York State, The Diabetes Core Curriculum Workshop™, owned by WUH, prepares health professionals to achieve the Certified Diabetes Educator credential and advances skills in chronic disease management. Together these services will greatly enhance the PPS and provide needed services to create a seamless continuity of care. Under VAP Qualification #2, WUH meets all of the criteria: a. Niche Services- Attachment 2: Summary of niche services that will enhance the PPS, Support Letter from AAP & Map of WUH facilities and p
	-	or@winthrop.org							
i A co of se ii Any comi Any iii Any se When choosing indicate what I Information – Se When choosing Care Managem CMS approval and dasfety net list, another approcomplete this f	mmunity will n rrving the comm hospital is unique munity, and/or state-designate g VAP Exception PPS you intend if your Health is do not need to sayou on to need to sayou on on the your do not nee wed safety net p form. List is ava	wing VAP Exception: ot be served without grant nunity. uely qualified to serve base clear track record of succe d health home or group of n i & ii – Please indicate wi to join, then you will be de u are part of multiple PPSs n iii– The Department has : CMAs) that have already be dome appears on this list a ubmit this form. If the org: d to submit this form. If yo provider list, but your orgar illable on the DSRIP website you are joining more than	d on services pr ss in reducing av health homes. * hat Performing I nied. Please ind , see section VII submitted a draf en approved as s pending appro anization operati ur organization o hization believes	ovided, financial viat voidable hospital use * Provider System (PPS icate the name of th tab. It list of State Designs safety net providers val, you will be granting your Health Hom does not appear on t that it should qualif	oility, r) you p e PPS i ated H as wel ted a V e/CM the dra y as a h	elationship olan on joir n the "App ealth Home I as those t 'AP Excepti A already a _l ff Health Hon	os within ning. If y leal App es and N hat are on pend ppears o lome list ne, pleas	n the vou do not licant vetwork pending CMS on another t or on se	
V. Percentage	of Medicaid &	Uninsured members that y	our facility serv	res					FY 2011 and will be attesting for MU 2 in 2014 c. Community Relationships-Attachment 4
	Medi	caid (FFS & MC)	Uninsured			Data So	urce	Year	d. Success in Reducing Avoidable Hospital Use- Attachment 5: WUH has the lowest readmission rate of all Nassau County hospitals, a performance model that can serve as a model for the PPS
Percentage		21%		5%		ICR	c	Current	WUH believes it fully qualifies for a VAP Exception and will be a vitally important participant in the NUMC PPS.
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal. Name John E. Collins Yes No									

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

be posted for p	public comr	ment 30 days prior to appli	ication approval.	Three allow	ed reason	s for grant	ing an	exception a	re shown in Section IV.					
I. Are you a M	edicaid Pro	vider												
	Answer	Yes						▼	You have chosen the following VAP Exception: ii					
II. Appeal App	licant Infor	mation							VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>					
Organiza	tion Name:	Winthrop-University Hospita	al Association						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	Nassau University Medical Center						•	You chose qualification ii, in the space below please include all of the following that apply to your Hospital:					
		luated <u>in the context of the F</u>			_									
	•	'AP Exception in that PPS as v			ie "VII_Add	itional PPS	s" tab to	o select	a. A description of the applicant's niche services that would enhance the network of services for the PPS.					
		I and VII of the instructions for	or further clarificat	tion!					b. A financial viability analysis (attach as PDF in the email when submitting)					
Pro	ovider Type:	Hospital						~	c. An identification of and description of how the applicant's relationships within the community that would enhance					
Provider Ty	ype - Other:								PPS' success.					
		Operating Certificate/License # MMIS* NPI*							d. Demonstration of past success in reducing avoidable hospital use e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
Unique	Identifiers:	2908000H		029990	026	11	14925	567	e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
A	gency Code:													
Billin	ng Entity ID:								Character Count: 3497					
									Winthrop-University Hospital (WUH) is a 591-bed university-affiliated teaching hospital with an integrated outpatient service line and deep					
	Address	259 First Street	M	lineola		NY		1501	community roots. WUH is applying for a VAP Exception as a major regional healthcare resource that is uniquely qualified offering niche services;					
III. Appeal Poi	nt of Conta	ct						REQUIRED	is financially strong and viable; has an abundance of relationships in the County; and has a strong record of reducing avoidable hospital use. These strengths will support Nassau University Medical Center's (NUMC) PPS to successfully achieve systems transformation in Nassau County					
	erson Diane								(Attachment 1. Letter of Support from NUMC).					
Contact		tor, Grants and Special Progr	rams						A Table of Support Home Conference of Support Ho					
Contact F	Phone (516)	663-2234		E	xtension				WUH meets the Safety Net test for outpatient but is short for inpatient, however, over the past year WUH inpatient Medicaid discharges					
Contact	Email dbac	hor@winthrop.org							increased by 16%. WUH's system now provides primary care services to over 60,000 Medicaid lives. The current County DOH Needs Assessment					
IV. Please cho	ose the foll	owing VAP Exception:							described a Tale of Two Counties – one of prosperity and one of poor health outcomes. Hempstead is highlighted for its socioeconomic					
of ser	mmunity will ving the com	not be served without grant nmunity.	ing the exception b	because no o	ther eligible	provider is	willing	or capable	disparities. WUH has long been committed to enhancing services to the local underserved population. WUH's current presence in Hempstead includes a thriving NCQA 3 Pediatric PCMH through the Hospital Medical Home Demonstration Project and a Women's Wellness Center (WWC) - both growing at 17% annually. To accommodate the need, WUH is expanding both clinics and opening a new Adult Family Medicine Clinic also in					
comm	•	iquely qualified to serve base or clear track record of succe	•	,		elationship	s withir	n the	Hempstead. WUH has submitted a request to offer a new family practice residency to the ACGME where residents will be assigned to the adult clinic and supervised by a family practice group that Winthrop is currently acquiring. Such worthy programs will permit WUH to offer high-quality, patient-centered care to all age groups. WUH also has an established Hempstead school-based clinic and, in partnership with NUMC, has an Adult Clinic in Uniondale for the uninsured. WUH offers much-needed dental clinic services to individuals with special needs and provides a successful telehealth monitoring program resulting in lower ED visits and avoidable hospitalizations. The only intensive course offered in New York State, The Diabetes Core Curriculum Workshop™, owned by WUH, prepares health professionals to achieve the Certified Diabetes Educator credential and advances skills in chronic disease management. Together these services will greatly enhance the PPS and provide needed services to create a seamless continuity of care. Under VAP Qualification #2, WUH meets all of the criteria:					
O iii Any st	tate-designat	ted health home or group of	health homes. **											
indicate what PF Information – Se When choosing	PS you intendent ection II". <u>If v</u> VAP Excepti	ion i & ii – Please indicate wh 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	nied. Please indica s, see section VII tal submitted a draft li	ate the name <u>b</u> . ist of State De	of the PPS i	n the "App ealth Home	eal App	licant Vetwork						
CMS approval. It	f your Health	n Home appears on this list a	s pending approva	l, you will be	granted a V	'AP Exception	on pend	ding CMS						
		submit this form. If the orga		٠.			•		a. Niche Services- Attachment 2: Summary of niche services that will enhance the PPS, Support Letter from AAP & Map of WUH facilities and providers					
		eed to submit this form. If yo	•						providers b. Financial Viability- Attachment 3: Summary of WUH's financial strength which at 12/31/13 had a net asset position of \$272m and experienced					
complete this fo	orm. List is av	t provider list, but your orgar vailable on the DSRIP website if you are joining more than	⊇.						an excess of revenues and gains over expenses and loses of \$36.7m, \$23.2m and \$14.9m in 2013, 2012 and 2011, respectively. Contributing to WUH's financial strength is its commitment to HIT. WUH is among the 4% of hospitals nationally that successfully met Stage 1 Meaningful Use in FY 2011 and will be attesting for MU 2 in 2014 c. Community Relationships-Attachment 4					
		& Uninsured members that y		-	,									
Γ	Me	edicaid (FFS & MC) Uninsured		sured		Data Soi	ırce	Year	d. Success in Reducing Avoidable Hospital Use- Attachment 5: WUH has the lowest readmission rate of all Nassau County hospitals, a performance model that can serve as a model for the PPS					
Percentage		21%	59	%		ICR	C	Current	WUH believes it fully qualifies for a VAP Exception and will be a vitally important participant in the NUMC PPS.					
-	d that this in	he information and data pro nformation may be subject to John E. Col President & Chief Exe eals from the CEO, CFO or	o audit and I may I	be asked to p	Ansv Yes	umentation ver	-	_						