



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

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

**Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

**I. Are you a Medicaid Provider**

Answer  Yes  No

You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: Bertrand Chaffee Hospital  
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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

Provider Type: Hospital  
 Provider Type - Other: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 1427000H 00354150 1275553521  
 Agency Code:  
 Billing Entity ID: E0263762  
 Address: 224 East Main Street City: Springville State: NY Zip: 14141

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

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

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

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

Character Count: 3495

**III. Appeal Point of Contact**

Contact Person: Kara Kane  
 Title: Community Relations Coordinator  
 Contact Phone: 716-592-2871 Extension: 1485  
 Contact Email: kkane@bch-jbr.org

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

\*\* When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%	3%	Medhost	2013

a. Bertrand Chaffee Hospital (BCH) provides healthcare in Erie, Cattaraugus & Wyoming counties. BCH is affiliated with Catholic Health System (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 more than 60,000 visits each year. 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 access). Our ED and acute care regularly encounter patients who are admitted and lack transportation home. This can lead to prolonged hospital 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 federal poverty level, and nearly 1/3 struggle financially. Seniors comprise nearly 1/3 of the town's population, and that ratio is increasing. According to a 2013 HANYS' survey, 8 WNY counties gained 421 physicians and lost 544 physicians (net loss=123). BCH has seen success 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 to home. BCH has established five-day-a-week cardiology services in response to community need with support from CHS. Our CMP-AC connection will facilitate continuity of care, access to specialists and tertiary services, integration of community services and accelerated use of HIT.

**VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Nils Gunnensen  
 Title: CEO, Bertrand Chaffee Hospital  
 Answer:  Yes  No  
 Only appeals from the CEO, CFO or comparable will be accepted



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**I. Are you a Medicaid Provider**

Answer Yes

You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: Guthrie Robert Packer Hospital  
 Joined PPS: United Health Services Hospitals, Inc

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

Provider Type: Hospital  
 Provider Type - Other: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 440601 3002462 1083614382  
 Agency Code:  
 Billing Entity ID:  
 Address 1 Guthrie Square Sayre PA 18840  
 \*REQUIRED

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

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 c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3426

**III. Appeal Point of Contact**

Contact Person: Rita Urbanek  
 Title: Program Manager, Patient Safety  
 Contact Phone: 607-937-7572 Extension  
 Contact Email: rurbanek\_rita@guthrie.org

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	5%	3%	or Mix Gross Cha	2013

Guthrie Robert Packer Hospital (RPH) serves mostly a rural population over a large geographic area from five counties covering the Twin Tier regions of New York and Pennsylvania. This 60 county ZIP code includes 255,323 people, the majority of which are white non-hispanic ages 35-54. 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 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 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, 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 most appropriate, cost effective setting given medical, behavioral and social needs. The project selection focuses on the common disease states 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 patient population across the entire continuum of care without RPH.

Guthrie RPH is the only Adult Level II Trauma Center within 100 miles. It recently received full three-year accreditation from the Pennsylvania Trauma Systems Foundation (PTSF). RPH has the region's only MAKOplasty® orthopaedic robotic system. MAKOplasty® offers patients a robotic arm assisted, surgeon guided partial knee replacement designed to relieve joint degeneration due to osteoarthritis (OA). MAKOplasty® allows for replacing only the damaged part of the knee, giving patients a quicker recovery and shorter hospital stay while preserving the healthy bone and ligaments. RPH is the only hospital in the region offering women with pelvic prolapse minimally invasive pelvic reconstruction with the Da Vinci robotic system. The region's only fellowship-trained thoracic surgical oncologist is on staff only at RPH for complicated lung cancer surgeries. 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 first and only hospital in the region to offer Transcatheter Aortic Valve Replacement (TAVR). TAVR is a minimally invasive valve replacement surgery for patients with severe aortic stenosis who are not candidates for traditional open heart surgery or those who are considered high-risk operable patients. Additionally, RPH is home to the region's only hybrid operating room – an operating room with real-time, high-resolution digital imaging capabilities allowing for complex surgeries and studies to take place simultaneously with an integrated team of cardiac and 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, and 125.9 in Tioga.

The ability of the UHS PPS to achieve the goals laid out in their grant application is directly correlated with the effectiveness of the specialty care at RPH and the ability of RPH to fulfill the communities needs by collaborating across the care continuum for the NY counties they serve.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Joseph Scopelliti, MD  
 Title: CEO, The Guthrie Clinic  
 Answer:  Yes  No  
 Only appeals from the CEO, CFO or comparable will be accepted



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**I. Are you a Medicaid Provider**

Answer  Yes  No

You have chosen the following VAP Exception:  i  ii

**II. Appeal Applicant Information**

Organization Name: John T. Mather Memorial Hospital of Port Jefferson NY Inc.  
 Joined PPS: Stony Brook University Hospital

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

Provider Type: Hospital

Operating Certificate/License #	MMIS*	NPI*	
5149000H	03158014	1093718728	
Agency Code:			
Billing Entity ID:			
Address	City	State	Zip
75 North Country Road	Port Jefferson	NY	11777

\* REQUIRED

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

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

You chose 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: 3496

**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

Mather Hospital is submitting three separate, complementary VAP exception forms under the following provider types: hospital, OMH-Article 31, 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 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 is located at South Oaks, on the Nassau/Suffolk border. In addition, the only psychiatric 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 inpatient and 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.

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	3%	ICR	2013

Besides providing behavioral health services not found elsewhere in the County or at a great distance for most residents seeking them, Mather can play a key role in addressing PPS behavioral health priorities through its Graduate Medical Education program that includes primary care and plans to expand to psychiatric residencies, and Harbor View Medical Services which is pursuing health home status. Harbor View is increasing the community's primary care (and soon psychiatric care) capacity. Mather will participate in the Integration of Primary Care and Behavioral Health Services DSRIP project. Licensed by OMH and OASAS, Mather already has 2 of the 3 licenses required to qualify for the new integrated care license being proposed by the State. In addition, Mather has established a MICA and adult intensive outpatient program in the chemical dependency clinic and is considering an IOP for adolescents to provide additional substance abuse resources in the community.

Mather's behavioral health services maintain extensive relationships with other community providers such as SCDCMH, intensive case managers, ACT team, care coordinators for health homes and case management agencies, and PROS programs. Mather conducts outreach in school districts from which we have seen large numbers of substance abuse patients. Outside of behavioral health, Mather is engaged with Island Nursing on the INTERACT project which will also contribute to the PPS' success, as will our cardiovascular and diabetes initiatives.

Mather Hospital's financial stability is evident in the attached Balance Sheets and Statements of Operations from the 2013 and 2012 audited statements, and August 2014 internal financials.

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 program. Please see the attached document indicating our Hospital Readmission Readjustment (HRR) factor as 1.0.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Joseph Wisnoski  Yes  No  
 Title: Senior Vice President & CFO  
 Only appeals from the CEO, CFO or comparable will be accepted

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**I. Are you a Medicaid Provider**

Answer Yes

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: Kenmore Mercy Hospital  
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Hospital  
 Provider Type - Other:  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 1404000H 3001618 1770598104  
 Agency Code:  
 Billing Entity ID:  
 Address City State Zip  
 Address 2950 Elmwood Avenue Kenmore NY 14217

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

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- 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: 3487

**III. Appeal Point of Contact**

Contact Person: Rachael Nees  
 Title: System Director, Grants  
 Contact Phone: (716) 828-3812 Extension  
 Contact Email: rnees@chsbuffalo.org

Services: Kenmore Mercy employs over 900 associates and admits 7,500 patients per year. In 2014, US News & World Report named this 184-bed facility as among the nation's best regional hospitals and noted it is a high performer in Gastroenterology & GI Surgery. In the last several years, Kenmore Mercy made significant community investments including a \$15 million renovation to create a state-of-the-art Emergency Department (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 community and to improving the health of its residents, enhancing the experience of patients and reducing the cost of care. Its commitment to quality is demonstrated by its achievement of the highest quality rankings in cardiac, vascular, orthopedics and women's services through government and third-party quality rating agencies.

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

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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 and optimizing the potential of community services.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%	3%	DSS	2013-2014

Success in Reducing Hospital Admissions: Kenmore Mercy has taken many steps to reduce its readmission rate, including physician initiatives, patient care unit initiatives, and emergency room initiatives. As a result, medical admissions have decreased by 15% per month, and the hospital is now recognized (Kaiser Health News) as among the 7% of hospitals with a readmission rate significantly below the national average.

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Name: James Millard  
 Title: President & CEO  
 Only appeals from the CEO, CFO or comparable will be accepted

Answer:  Yes  No



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Answer Yes

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**II. Appeal Applicant Information**

Organization Name: Mercy Hospital of Buffalo  
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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Provider Type: Hospital  
 Provider Type - Other: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 140108H 354412 1164464921  
 Agency Code:  
 Billing Entity ID:  
 Address 565 Abbott Road Buffalo NY 14220

**III. Appeal Point of Contact**

Contact Person Rachael Nees  
 Title System Director, Grants  
 Contact Phone (716) 828-3812 Extension  
 Contact Email rnees@chsbuffalo.org

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	24%	2%	DSS	2013-2014

**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: 3498

Services: Mercy Hospital admits 20,000 patients per year including 2300 births, and hosts WNY's busiest emergency room. In the last several years Mercy made significant community investments including a \$32 million state-of-the-art Emergency Dep't (tripling the size of its previous facility) and construction of the \$3 million Mercy Comprehensive Care Center (MCCC), which unified and expanded 4 fragmented extension clinics and relocated them adjacent to a public housing project, achieving NCQA PCMH Level 3 status in July 2013. Mercy is a hospital of Catholic Health, an integrated delivery system (IDS) committed to leading the transformation of health care in our community and to improving the health of its residents, enhancing the experience of patients and reducing the cost of care. Its commitment to quality is demonstrated by its achievement of the highest quality rankings in cardiac, vascular, orthopedics and women's services through government and third-party quality rating agencies.

Financial Viability: Mercy Hospital is in the top tier best performing hospitals in NYS based on most financial metrics.

Relationships within the Community: 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, Mercy is indispensable; it is Catholic Health's system-wide center of excellence for cardiac care, operates a refugee specialty clinic essential to the primary care needs of Buffalo's immigrant population, and provides clinical backup for inner-city School Health Centers. More important, it is critically important that Catholic Health's Integrated Delivery System (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 3. CMP-AC was able to reduce 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 and optimizing the potential of community services.

Success in Reducing Hospital Admissions: Through providing a longer clinic day, Mercy's MCCC made possible a 25% expansion of available primary care hours. This increased availability is reducing unnecessary Emergency Dep't utilization at Mercy, with visits declining by 2% notwithstanding the closure of a major Buffalo ED in March 2012, at the same time that MCCC visits increased by over 18%.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name Charles J. Urlaub  
 Title President & CEO  
 Answer Yes  No   
 Only appeals from the CEO, CFO or comparable will be accepted





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

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

**Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: North Shore University Hospital  
 Joined PPS: Long Island Jewish Medical Center

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

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

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

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- 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

**III. Appeal Point of Contact**

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

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

\*\* When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	12%	2%	Cost Report	2012

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 ("NSLJ"), 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 NSLJ 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 NSLJ 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.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Robert S. Shapiro  
 Title: Executive Vice President & Chief Financial Officer  
 Answer: Yes  No   
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

**Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: NYU Hospitals Center  
 Joined PPS: Lutheran Medical Center

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

Provider Type: Hospital  
 Provider Type - Other: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 7003053H 3000057 1801992631  
 Agency Code:  
 Billing Entity ID: E0271757  
 Address 550 First Avenue City New York State NY Zip 10016

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

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- 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: 3457

**III. Appeal Point of Contact**

Contact Person: Gary Kalkut, M.D., M.P.H.  
 Title: Senior, V.P. and Associate Chief Clinical Officer  
 Contact Phone: (212) 263-4474 Extension  
 Contact Email: Gary.Kalkut@nyum.org

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	14%	2%	EPSI	FY 2014

NYU Langone Medical Center (NYULMC) is applying to become a VAP to strengthen a clinical partnership with Lutheran Medical Center and jointly lead the Emerging Lutheran PPS. NYULMC is committed to a public-private partnership, focused on providing well-coordinated primary and specialty care in the community. NYULMC will support the Lutheran PPS in transforming care through leadership commitment, IT infrastructure, 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.

a) With the DSRIP goals of transforming the safety net system and reducing avoidable hospital use by 25%, NYULMC will provide the expertise and infrastructure needed for the Lutheran PPS to be a successful IDS. NYULMC's existing assets will complement Lutheran's resources and contribute 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.

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 boroughs [see Slide 6]. These partnerships have resulted in successful management of the post-discharge phase of care to support patients recovering from surgery.

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 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.

**VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Robert I. Grossman, M.D.  Yes  No  
 Title: Dean and CEO, NYU Langone Medical Center  
 Only appeals from the CEO, CFO or comparable will be accepted



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

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**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: Saratoga Hospital  
 Joined PPS: Albany Medical Center Hospital

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

Provider Type: Hospital  
 Provider Type - Other: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 4501000H 303282 1073569331  
 Agency Code:  
 Billing Entity ID: E0268755  
 Address City State Zip

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

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- 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: 3495

**III. Appeal Point of Contact**

Contact Person: Dorothy Jones  
 Title: Manager Strategic Business Information  
 Contact Phone: 518-583-8357 Extension  
 Contact Email: djones@saratogacare.org

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	10%	11%	Internal Reporting	2013

Saratoga Hospital is an acute care hospital licensed for 171 beds. The Hospital offers emergency department and ambulatory surgery services and other outpatient services. The Hospital operates a 36-bed skilled nursing facility. Saratoga Hospital and Albany Medical are also partners in a joint 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 Hospital has a proven track record of success and a wealth of acquired knowledge and expertise in the outpatient setting. We bring this extensive experience to the development and execution of the programs offered by the PPS serving as the link to the residents living to the north. Saratoga Hospital's operating margin has consistently outperformed S&P All Credits and A-Benchmarks since 2003. The balance sheet ratios 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. 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 unit was started where most of the heart failure patients are treated. New best practices were developed and implemented. This experience with reducing avoidable hospital use will assist the PPS as it rolls out projects for residents of Saratoga County.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Angelo Calbone  
 Title: President and CEO  
 Answer: Yes  No   
 Only appeals from the CEO, CFO or comparable will be accepted





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**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: Seton Health System, Inc.  
 Joined PPS: Ellis Hospital

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

Provider Type: Hospital  
 Provider Type - Other: \_\_\_\_\_  
 Operating Certificate/License # \_\_\_\_\_ MMIS\* \_\_\_\_\_ NPI\* \_\_\_\_\_  
 Unique Identifiers: 4102003H 1534463 1811982911  
 Agency Code: \_\_\_\_\_  
 Billing Entity ID: \_\_\_\_\_  
 Address 1300 Massachusetts Ave Troy NY 12180  
 \*REQUIRED

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

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- 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: 3271

**III. Appeal Point of Contact**

Contact Person Pamela Rehak  
 Title Director, Strategic and Community Planning  
 Contact Phone 518-542-5394 Extension \_\_\_\_\_  
 Contact Email pamela.rehak@sphp.com

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

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- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	23%	4%	- Financial Plan	2013

Seton Health/St. Mary's Hospital (SH) is a leading member of the Ellis PPS, serving northern Albany, southern Saratoga and Rensselaer Counties. SH has strategically developed services critical to the care of Medicaid members and the uninsured. SH provides the County's only inpatient alcohol rehab and detox programs (nearly 50% dual eligible, MA and uninsured). SH also operates an extensive primary care network (including internal medicine, family practice, women's health, pediatric and urgent care services) in 13 locations. SH participates in the Samaritan Hospital Health Home both as a provider and referrer. An example of our commitment to the Medicaid and uninsured population is evidenced by the list in the supporting document attachment.

SH is an integral member of the Ellis PPS and is providing leadership and expertise to the planning process. Expertise of SH staff in the areas of primary care, behavioral health, palliative care, smoking cessation, faith community collaboration, community outreach as well as others will inform the planning of many of the selected DSRIP projects. SH locations are also the intended site for several DSRIP projects including the integration of primary care and behavioral health, withdrawal management, mental health and substance abuse, ED care triage, and possibly a medical village.

SH has a long history of community health service and planning:

- Founding member of the Healthy Capital District Initiative and continues to provide financial support and leadership;
- Active participants with the Albany and Rensselaer County wellness committees;
- Coordinates a Faith Community Nursing Program in 35 parishes;
- Staffs a Prescription Assistance Program for the uninsured/underinsured;
- Designated sites for DOH Cancer Screening Program
- SH Center for Smoking Cessation - recognized for over 13 years as the region's leading expert in cessation strategies with extensive experience in working with individuals, physicians and behavioral health providers;
- Capital District Tobacco Free Coalition is housed within Seton Health

A chart is included in the supporting document attachment demonstrating success in reducing Medicaid and uninsured admissions and readmissions.

Since the merger of SH with Northeast Health (Samaritan and Albany Memorial Hospitals – both safety net) and St. Peter's Hospital in 2011, SH and Samaritan are being managed together and services rationalized across the two organizations. Policies, processes and best practices are being shared between the facilities. When the Troy Master Facility Plan (approved by the DOH) is complete, Samaritan will be the inpatient facility and St. Mary's will be an ambulatory care campus. It is critical that the DSRIP program allows us the flexibility for both locations to fully participate in the projects without financial barriers.

Seton's percentage of Medicaid has declined with the closure of the Childbirth Center in 2011 and the movement of those patients to the independently operated Burdett Care Center on the Samaritan campus as part of the St. Peter's Health Partners merger agreement with the community. In its last full year of operation (2010), Seton served over 1400 women, more than 50% were Medicaid or uninsured.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name Norman Dascher  Yes  No  
 Title CEO  
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

**Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

**I. Are you a Medicaid Provider**

Answer Yes

**II. Appeal Applicant Information**

Organization Name: South Nassau Communities Hospital  
 Joined PPS: Nassau University Medical Center

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

Provider Type: Hospital  
 Provider Type - Other:  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 2950001H 2999659 1922079094  
 Agency Code:  
 Billing Entity ID: E0273885  
 Address City State Zip  
 Address One Healthy Way Oceanside NY 11572

**III. Appeal Point of Contact**

Contact Person William Allison  
 Title Senior Vice President Health Policy and Planning  
 Contact Phone (516)632-4420 Extension  
 Contact Email william.allison@snch.org

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

- i** A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii** Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii** Any state-designated health home or group of health homes. \*\*

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

**\*\* When choosing VAP Exception iii**– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	25%	7%	ICR	2013

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

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

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

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

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

**Character Count: 3495**

South Nassau Communities Hospital (SNCH), a 435-bed teaching hospital located in southern Nassau County, is applying for a VAP Exception as a healthcare resource that is uniquely qualified to allow the emerging Nassau/Queens PPS to offer a complete complement of required services to best serve the Medicaid population of the county. Please refer to letters of unanimous support from the 3 co-leads of the emerging PPS appearing as Attachment 1. SNCH's primary and secondary service areas include 7 of the 9 communities identified in the Nassau County Community Health Assessment as being underserved and marked by the relatively poor health outcomes of its inhabitants. In particular, SNCH has a major market share presence in Freeport and Long Beach. Freeport, with a population of 43,167, has significant African-American and Hispanic populations; a median household income well below the county; and more than double the percent living below poverty as compared 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), 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.

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.

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 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.

SNCH believes it fully qualifies for a VAP Exception and it will be a vitally important participant in the PPS.

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

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

Name Richard J. Murphy  Yes  No  
 Title President & Chief Executive Officer

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



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

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

**Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

**I. Are you a Medicaid Provider**

Answer Yes

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: St. Elizabeth Medical Center  
 Joined PPS: Faxton St. Luke's Healthcare

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

Provider Type: Hospital  
 Provider Type - Other: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 3202002H 279901 1821093402  
 Agency Code:  
 Billing Entity ID: E0271084  
 Address: 2209 Genesee Street City: Utica State: NY Zip: 13501

**III. Appeal Point of Contact**

Contact Person: Cheryl Perry  
 Title: DSRIP Project Coordinator  
 Contact Phone: (315) 624-6153 Extension:  
 Contact Email: cperry@mvnhealth.com

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

\*\* When choosing VAP Exception iii– The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.

~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	31%	2%	Payer Mix Data	2013

**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. For 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 (SRVFCM) 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 SRVFCM 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.)

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Louis Aiello  
 Title: CFO  
 Answer:  Yes  No  
 Only appeals from the CEO, CFO or comparable will be accepted



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

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**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: St. Peter's Hospital  
 Joined PPS: Ellis Hospital

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

Provider Type: Hospital  
 Provider Type - Other: \_\_\_\_\_  
 Operating Certificate/License #: \_\_\_\_\_ MMIS\*: 3000960 NPI\*: 1497701106  
 Unique Identifiers: 0101004H  
 Agency Code: \_\_\_\_\_  
 Billing Entity ID: \_\_\_\_\_  
 Address: 315 South Manning Boulevard City: Albany State: NY Zip: 12208

**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: 3082

**III. Appeal Point of Contact**

Contact Person: Pamela Rehak  
 Title: Director, Strategic and Community Planning  
 Contact Phone: 518-542-5394 Extension: \_\_\_\_\_  
 Contact Email: pamelarehak@sphp.com

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	30%	6%	P Financial Plan	2013

St. Peter's Hospital (SPH), a critical member of the Ellis PPS, submits this application for Vital Access Provider Exception. In keeping with our mission, SPH has been developing and locating programs in areas of high need which have the greatest impact on the health of our community. Although slightly falling short of the DOH safety net analysis for inpatient care (25.4%) and community (28.38%), SPH provides in excess of 50% of 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.

Our PPS will be significantly enhanced by the array of services available for individuals and families affected by substance abuse. St. Peter's Addiction Recovery Center (SPARC), the region's largest and most comprehensive addiction treatment program operates an inpatient detoxification unit (only one in Albany County), inpatient rehabilitation center, men's halfway house and intensive day program, an emergency 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.

The SPH Heart Failure program has been successful in reducing avoidable admissions. The program is consistent with St. Peter's objectives to improve care and reduce hospitalizations through the proliferation of interdisciplinary clinical teams. These programs are designed to be easily 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 consistently, and in significant ways, collaborated with Catholic Charities, county public health agencies, organizations serving the homeless and many others.

Since the 2011 merger of SPH with Seton Health and Northeast Health (Samaritan and Albany Memorial Hospitals both meet safety net criteria), SPH and Albany Memorial are being managed together as one division as "Acute Care Albany". Service planning is rationalized and shared across 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 to fully participate in the projects without financial barriers or disincentives.

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 others will inform the planning of many of the selected DSRIP projects. SPH locations are also the intended site for several projects including primary care/behavioral health integration, withdrawal management, mental health/ substance abuse, ED care triage and care coordination.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Ann Errichetti, MD MBA  
 Title: CEO  
 Answer: Yes  No   
 Only appeals from the CEO, CFO or comparable will be accepted



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**State of New York Department of Health  
Delivery System Reform Incentive Payment (DSRIP) Program  
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**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: St. Peter's Hospital  
 Joined PPS: Ellis Hospital

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Provider Type: Hospital

Operating Certificate/License #	MMIS*	NPI*
0101004H	3000960	1497701106
Unique Identifiers:	Address	City
Agency Code:	315 South Manning Boulevard	Albany
Billing Entity ID:	State	Zip
	NY	12208

\* REQUIRED

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

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Character Count: 3082

**III. Appeal Point of Contact**

Contact Person: Pamela Rehak  
 Title: Director, Strategic and Community Planning  
 Contact Phone: 518-542-5394  
 Contact Email: pamelarehak@sphp.com

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Percentage	30%	6%	P Financial Plan	2013

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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 others will inform the planning of many of the selected DSRIP projects. SPH locations are also the intended site for several projects including primary care/behavioral health integration, withdrawal management, mental health/ substance abuse, ED care triage and care coordination.

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Ann Errichetti, MD MBA  
 Title: CEO  
 Answer: Yes  No   
 Only appeals from the CEO, CFO or comparable will be accepted





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**State of New York Department of Health  
Delivery System Reform Incentive Payment (DSRIP) Program  
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**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: Sunnyview Hospital and Rehabilitation Center  
 Joined PPS: Ellis Hospital

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

Provider Type: Hospital  
 Provider Type - Other: \_\_\_\_\_  
 Operating Certificate/License #: \_\_\_\_\_ MMIS\*: \_\_\_\_\_ NPI\*: \_\_\_\_\_  
 Unique Identifiers: 4601004H 00361720 1578664470  
 Agency Code: \_\_\_\_\_  
 Billing Entity ID: \_\_\_\_\_  
 Address: 1270 Belmont Avenue City: Schenectady State: NY Zip: 12308

**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: 1894

**III. Appeal Point of Contact**

Contact Person: Edward Eisenman  
 Title: Chief Executive Officer  
 Contact Phone: 518-382-4523 Extension: \_\_\_\_\_  
 Contact Email: edward.eisenman@sphp.com

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	11%	22%	Hosp. Records	FY 2014

Sunnyview Rehabilitation Hospital (SV) has an 85 year history of serving the poor, disabled and disenfranchised in Schenectady, Albany, Saratoga and Rensselaer counties as well as 40 other counties in NYS and seven neighboring states.

- July 1, 2013 – June 30, 2014
  - o 275 Medicaid Members Served
  - o 1,916 Managed Medicaid Members Served
  - o 4,556 uninsured individuals served
- 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)
  - Spinal Cord Injury
  - Stroke Recovery Specialty
  - Pediatric Rehabilitation
  - Amputee Programs
  - Coma Recovery (6 Certified Beds), only regional program
- The Neuro-Rehabilitation Institute at SV serves as a referral center for hospital and trauma centers around the region. SV has considerable expertise in working with Medicaid members and other providers in the community. SV serves as the Capital Region Regional Resource Development Center (RRDC) for:
- The Home and Community Based Medicaid Waiver for Individuals with Traumatic Brain Injury (TBI Waiver)
  - The Nursing Home Transition and Diversion Waiver (NHTD Waiver).
- Sunnyview will play an important role with the Ellis PPS receiving patients recovering from traumatic injuries and illnesses from Ellis Hospital, St. Mary's Hospital (Amsterdam), St. Peter's Hospital, Samaritan Hospital, St. Mary's Hospital (Troy) and Albany Memorial Hospital.
- SV specialty outpatient programs include:
- Traumatic Brain Injury (adult and pediatric)
  - Stroke/ Neuro-Rehabilitation
  - Amputee Clinic
- It is critical that these specialty rehabilitation services be available within the Ellis PPS. DSRIP program flexibility will be necessary to fully integrate these services into the PPS.

**VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Edward J. Eisenman  
 Title: Chief Executive Officer  
 Answer: Yes  No   
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

**Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: Sunnyview Hospital and Rehabilitation Center  
 Joined PPS: Ellis Hospital

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

Provider Type: Hospital  
 Provider Type - Other: \_\_\_\_\_  
 Operating Certificate/License #: \_\_\_\_\_ MMIS\*: \_\_\_\_\_ NPI\*: \_\_\_\_\_  
 Unique Identifiers: 4601004H 00361720 1578664470  
 Agency Code: \_\_\_\_\_  
 Billing Entity ID: \_\_\_\_\_  
 Address: 1270 Belmont Avenue City: Schenectady State: NY Zip: 12308

**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: 1894

**III. Appeal Point of Contact**

Contact Person: Edward Eisenman  
 Title: Chief Executive Officer  
 Contact Phone: 518-382-4523 Extension: \_\_\_\_\_  
 Contact Email: edward.eisenman@sphp.com

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
- iii Any state-designated health home or group of health homes. \*\*

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

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	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	11%	22%	Hosp. Records	FY 2014

Sunnyview Rehabilitation Hospital (SV) has an 85 year history of serving the poor, disabled and disenfranchised in Schenectady, Albany, Saratoga and Rensselaer counties as well as 40 other counties in NYS and seven neighboring states.

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  - Amputee Programs
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- The Home and Community Based Medicaid Waiver for Individuals with Traumatic Brain Injury (TBI Waiver)
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Name: Edward J. Eisenman  
 Title: Chief Executive Officer  
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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**

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**I. Are you a Medicaid Provider**

Answer Yes

You have chosen the following VAP Exception:  i

**II. Appeal Applicant Information**

Organization Name: Tri Town Regional Healthcare  
 Joined PPS: Mary Imogene Bassett Hospital

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

Provider Type: Hospital  
 Provider Type - Other: Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 12227001H 03024857 1225226962  
 Agency Code:  
 Billing Entity ID: E0284415  
 Address 43 Pearl Street West City Sidney State NY Zip 13838

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

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

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

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

Character Count: 3487

**III. Appeal Point of Contact**

Contact Person: Carlton Rule, MD  
 Title: Chief Executive Officer  
 Contact Phone: (607) 561-7946 Extension  
 Contact Email: carlton.rule@bassett.org

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 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) 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.

The closest hospitals are Delaware Valley, Chenango Memorial, and A.O. Fox hospitals, located ~30 miles from Tri-Town, representing 30-45 minute travel times. Travel time can be longer and more hazardous during the winter due to the snow. Without local emergency services, residents would have to travel longer distances for care, contributing to poorer health outcomes. Tri-Town's observation unit provides an alternative to inpatient care. Of Tri-Town's 9,000 annual ER visits, ~85% of patients are treated and discharged to home, avoiding hospital admission.

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; both practices have achieved NCQA PCMH (Level 3 2011) recognition.

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, provider shortages could potentially become more severe.

Tri-Town serves as an emergency care facility for residential programs in the region that serve developmentally disabled individuals, including Springbrook, Joshua House, and three county NYSARC agencies.

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 exclusively ambulatory, including a physician-staffed emergency department (ED), and laboratory services. The Hospital maintains four licensed medical/surgical beds in the ED, utilized as observation beds. Sidney Primary Care Clinic and a specialty services clinic, including Orthopedics; 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.

Tri-Town's observation unit can serve as a model for other rural hospitals that seek to reduce inappropriate hospital admissions.

With Tri-Town's full participation in The Mary Imogene Bassett Hospital PPS (now known as Leatherstocking Collaborative Health Partners), it will have increased access to DSRIP funding and will be better able to serve area residents on Medicaid, uninsured, or developmentally disabled.

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.

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
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**V. Percentage of Medicaid & Uninsured members that your facility serves**

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	35%	8%	Medicaid & Medicaid	2013

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Carlton Rule, MD  
 Title: Chief Executive Officer  
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes  No



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

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

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	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	35%	8%	Medicaid & Medicaid	2013

**VIII. Yes I Herby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Carlton Rule, MD  
 Title: Chief Executive Officer  
 Only appeals from the CEO, CFO or comparable will be accepted  
 Answer:  Yes  No



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

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

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**I. Are you a Medicaid Provider**

Answer Yes  No

You have chosen the following VAP Exception: ii

**II. Appeal Applicant Information**

Organization Name: Western NY Physicians  
 Joined PPS: Finger Lakes PPS

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Provider Type: Hospital  
 Provider Type - Other:  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 231805 03059721 1053419028  
 Agency Code:  
 Billing Entity ID:  
 Address City State Zip  
 Warsaw ny 14569  
 \*REQUIRED

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

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

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

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Character Count: 362

The hospital provides important services in the area that would not otherwise be available to ensure maximum patient care. It is a necessary to make sure patients have emergency services available in this very rural area which can help save lives. This area has lot of financially challenged patients with multiple medical needs and as such require medical care.

**III. Appeal Point of Contact**

Contact Person: Salman Abbasey  
 Title: MD  
 Contact Phone: 585-243-0550 Extension:  
 Contact Email:

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	23%	7%	Practice First	2014

**VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Salman Abbasey  
 Title: MD/physician  
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes  No





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Delivery System Reform Incentive Payment (DSRIP) Program  
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Provider Type: Hospital  
 Provider Type - Other:  
 Operating Certificate/License # MMIS\* NPI\*  
 Unique Identifiers: 231805 03059721 1053419028  
 Agency Code:  
 Billing Entity ID:  
 Address City State Zip  
 Warsaw ny 14569  
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Contact Person: Salman Abbasey  
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When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.

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~ For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	23%	7%	Practice First	2014

**VIII. Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: Salman Abbasey  
 Title: MD/physician  
 Only appeals from the CEO, CFO or comparable will be accepted

Answer Yes  No



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

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

**Vital Access Provider Exception:** The state will consider exceptions to the safety net definition on a case-by-case basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must be posted for public comment 30 days prior to application approval. Three allowed reasons for granting an exception are shown in Section IV.

**I. Are you a Medicaid Provider**

Answer  Yes  No

You have chosen the following VAP Exception:  i  ii

**II. Appeal Applicant Information**

Organization Name: Westfield Memorial Hospital  
 Joined PPS: Catholic Medical Partners-Accountable Care IPA INC

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

Provider Type: Hospital  
 Provider Type - Other: \_\_\_\_\_  
 Operating Certificate/License # \_\_\_\_\_ MMIS\* \_\_\_\_\_ NPI\* \_\_\_\_\_  
 Unique Identifiers: 0632000H 00354614 1942236427  
 Agency Code: \_\_\_\_\_  
 Billing Entity ID: \_\_\_\_\_  
 Address 189 East Main Street City Westfield State NY Zip 14787  
 \*REQUIRED

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

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

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

Character Count: 3500

**III. Appeal Point of Contact**

Contact Person Patricia Ballman  
 Title Administrator  
 Contact Phone 716-793-2201 Extension \_\_\_\_\_  
 Contact Email Pballma@svhs.org

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
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	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	21%	4%	2013	ICR

Westfield Memorial Hospital (WMH) is located between Erie, PA & Buffalo, NY. In 2009, the hospital reduced its inpatient capacity from 32 beds 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 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 communities of Ripley, Sherman, Clymer, Mayville, Portland, Stockton & Bemus. 19% of the population is over the age of 65; 15% of the population is disabled. 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 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 provider 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)
- 4 bed medical/surgical unit for short stay, observation, Hospice
- Ambulatory Surgery; general, orthopedic, gyn, ophthalmology, podiatry
- Endoscopy, Infusion center, Radiology, Lab, Physical Therapy, Cardiac Rehab
- Specialty clinics; Cardiology, Surgery, Prenatal /GYN, Orthopedic, Wound,
- Cardiac Diagnostics, Sleep lab, Diabetes Center
- The facility has a fully operational electronic health record.

As part of an IDS, WMH partnership with the CHP PPS will further promote care transformation; through a hub/spoke model within the IDS, WMH can serve as a rural continued care/TOC clinic for high risk vulnerable populations by developing seamless transitions of care from tertiary centers through the use of telemedicine & care navigators. The facility also has the space/infrastructure to co-locate primary care services within the ED to create the needed Medical Home access for Medicaid beneficiaries in an already limited PCP network. Building on the existing WMH specialty care infrastructure, local PCP relationships & the PPS partnership telemedicine capabilities can be used to expand local access to specialty care & 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 implemented.

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Name Patricia Ballman  Yes  No  
 Title Hospital Administrator  
 Only appeals from the CEO, CFO or comparable will be accepted



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

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Answer  Yes  No

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 Agency Code: \_\_\_\_\_  
 Billing Entity ID: \_\_\_\_\_  
 Address 189 East Main Street City Westfield State NY Zip 14787  
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Character Count: 3500

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Contact Person Patricia Ballman  
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Name Patricia Ballman  Yes  No  
 Title Hospital Administrator  
 Only appeals from the CEO, CFO or comparable will be accepted



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

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

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**I. Are you a Medicaid Provider**

Answer  Yes  No

You have chosen the following VAP Exception:  i  ii

**II. Appeal Applicant Information**

Organization Name: Winthrop-University Hospital Association  
 Joined PPS: Nassau University Medical Center

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Provider Type: Hospital  
 Provider Type - Other: \_\_\_\_\_  
 Operating Certificate/License # \_\_\_\_\_ MMIS\* \_\_\_\_\_ NPI\* \_\_\_\_\_  
 Unique Identifiers: 2908000H 02999026 1114925567  
 Agency Code: \_\_\_\_\_  
 Billing Entity ID: \_\_\_\_\_  
 Address 259 First Street Mineola NY 11501  
 \*REQUIRED

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

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

You chose 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

**III. Appeal Point of Contact**

Contact Person: Diane Bachor  
 Title: Director, Grants and Special Programs  
 Contact Phone: (516) 663-2234 Extension: \_\_\_\_\_  
 Contact Email: dbachor@winthrop.org

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

- i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.
- ii Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.
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**V. Percentage of Medicaid & Uninsured members that your facility serves**

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	21%	5%	ICR	Current

Winthrop-University Hospital (WUH) is a 591-bed university-affiliated teaching hospital with an integrated outpatient service line and deep community roots. WUH is applying for a VAP Exception as a major regional healthcare resource that is uniquely qualified offering niche services; 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 (Attachment 1. Letter of Support from NUMC).

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 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 an excess of revenues and gains over expenses and losses 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
- 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

WUH believes it fully qualifies for a VAP Exception and will be a vitally important participant in the NUMC PPS.

**VIII. Yes I hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.**

Name: John E. Collins  Yes  No  
 Title: President & Chief Executive Officer  
 Only appeals from the CEO, CFO or comparable will be accepted



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

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Delivery System Reform Incentive Payment (DSRIP) Program  
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