10/29/2014 Ascan Pharmacy Inc NPI 1447527775

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

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



Vital Access	Provider E	Exception: The state will	consider exceptions to	the safety net	definition o	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public comn	nent 30 days prior to appli	cation approval. Three	allowed reason	ns for granti	ng an exception a	are shown in Section IV.
I. Are you a M	Medicaid Pro	vider					
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal App	plicant Infori	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Ascan Pharmacy Inc					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
_	Joined PPS:	Amida Care, Inc.				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is eval	uated in the context of the Pl	os you are joining. If you	are joining more	than one PF	S, you have the	
option of apply	ing for the V	AP Exception in that PPS as w	ell (if applicable). Please	see the "VII_Add	litional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See Section II	and VII of the instructions fo	r further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:	Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	,,,	Operating Certificate/L	icense #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	Operating Certificate/		3432648	1/1	47527775	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:			3432048	14	4/32///3	
	ing Entity ID:						Character Count: 1254
		Address		City	State	Zip	Ascan Pharmacy Inc provides vital services to Medicaiod Manged Care patients and Fee For Service Medicaid patients. A great percentage of our
	Address	101-21 Metropolitan Ave	Forest Hi		NY	11375	population in 2013 (82.26%) is Medicaid. We provide these services to patients throughout the five boroughs of New York via our confidential
		·				* REQUIRED	delivery services. We are expert at providing the medications patients require in the treatment of HIV/AIDS and have been doing it for many
III. Appeal Poi							years. We stock the full line of medications and nutritional supplements required for patient specific therapies. Compliance is especially
Contact I		ris Fata					important in HIV/AIDS therapy. More than 20 drugs have been approved and others are on the way. Using just one pharmacy helps assure that
	Title Presid			T =			you take the proper medications as prescribed and it also enables your pharmacist to identify potential drug interactions and recognize side
Contact		793-6747		Extension			effects that may occur due to medication mixing or health conditions. We work directly with your physician, and we can also provide specialized packaging where needed. We offer our customers very personalized care by teaming up with the health care providers and the institutions that
		pharmacy@gmail.com  owing VAP Exception:					serve the patients.
of ser  Any h  comm  iii Any s  When choosing indicate what P Information – S  When choosing care Managem  CMS approval and do safety net list, y another approvocomplete this for the series of the s	rving the com hospital is unit munity, and/o state-designat g VAP Exception PPS you intence section II". If y g VAP Exception If your Health o not need to you do not ne ved safety net form. List is av ir Section IV, i	not be served without granti- munity.  quely qualified to serve based or clear track record of succes seed health home or group of I on I & II – Please indicate who it to join, then you will be den rou are part of multiple PPSs, on III – The Department has si (CMAs) that have already bee in Home appears on this list as is submit this form. If you provider list, but your organ railable on the DSRIP website. If you are joining more than of & Uninsured members that ye	d on services provided, fi is in reducing avoidable had nealth homes. ** at Performing Provider Sied. Please indicate the see section VII tab. ubmitted a draft list of Sen approved as safety ne pending approval, you vization operating your ir or organization does not zation believes that it shapes.	inancial viability, nospital use. System (PPS) you name of the PPS tate Designated F t providers as we will be granted a V Health Home/CM appear on the dra nould qualify as a	plan on joini in the "Appe lealth Home ill as those th VAP Exceptio A already ap aft Health Ho Health Hom	ing. If you do not cal Applicant s and Network that are pending cms pending CMS pears on another ome list or on e, please	When we fill prescriptions, we monitor each patient to insure compliance and watch for adverse reactions.
		dicaid (FFS & MC)	Uninsured		Data Sou	ırce Year	
Percentage		8226%	18%		MMS		
	nd that this in	ne information and data prov oformation may be subject to Francis Fat	audit and I may be aske	ed to provide doc	cumentation		

10/29/2014 Belle Mead Pharmacy Inc. VAP Exception Form

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



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

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

be posted to	i haniic comi	ment so days prior to appi	ication approval. Three allowe	u reasor	is for granting	g an exceptio	are shown in section iv.					
l. Are you a l	Medicaid Pro	vider										
	Answer	Yes					You have chosen the following VAP Exception: i					
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organi	zation Name:	Belle Mead Pharmacy Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
	Joined PPS:	Stony Brook University Hospital					You chose the qualification i, in the space below please include:					
^^ The VAP Ex	ception is eva	luated in the context of the F	PPS you are joining. If you are joir	ing more	than one PPS	, you have the						
option of appl	lying for the V	AP Exception in that PPS as v	vell (if applicable). Please see the	"VII_Add	ditional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's	See Section I	I and VII of the instructions f	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient					
F	Provider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.					
Provider	Type - Other:	Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
		Operating Certificate/	License # MMIS*			NPI*	of services for the PPS in this community (ies).					
Uniq	ue Identifiers:	31021	0375478	15	1922	2379809	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
	Agency Code:		,									
Bi	lling Entity ID:						Character Count: 3495					
		Address	City		State	Zip	Belle Mead Pharmacy Inc. is in a unique position to serve the Medication Management needs of Medicaid, Managed Medicaid, Medicare & un-					
	Address	196 Belle Mead Road, Suite	8 East Setauket		NY	11733	insured patient populations due to its close proximity (<4miles) to the PPS, Stony Brook University Hospital, and its outpatient clinics in East					
III. Annool D	aint of Canta					* REQUIRE						
	oint of Conta t Person Ruby						Pharmacy Inc. can be a key partner to the PPS to help create systems & tools, with modern technology, specific to optimizing community based pharmacy care services in collaboration with physicians/providers to ensure positive health outcomes thus achieving DSRIP objectives for the					
Contact	Title Presi						PPS. Pharmacists play a critical role in enhancing patient care & patient satisfaction which is well documented in the Asheville Project. Together					
Contac		444-0784	Ext	ension			we can work to improve county rankings.					
		mrx@gmail.com	•				Belle Mead Pharmacy Inc. has strong working relationships established with PPS physicians/providers & its care management department, actir					
IV. Please ch	oose the foll	owing VAP Exception:					as a resource on drug information, drug formularies, drug availability, drug alternatives & drug cost. Often we become the coordination engine,					
<b>⊚</b> i Ac							since the patient may see multiple physicians but only uses us as their sole pharmacy. Given our existing relationships with the PPS providers w					
_	erving the com	_	ing the exception because no oth	er eligibi	e provider is w	villing or capab	can quelly integrate that the 115, helping provide a community based component a work with the 115 to meet its goals.					
	erving the con	imumity.					Belle Mead Pharmacy Inc. is an independent, community based pharmacy, offering Prescription filling, MTM services, Medication  Synchronization, Multi-Dose Drug Packaging, Delivery service, Prescription Compounding, Surgical Supplies & community based presentations of					
O ii Any	hospital is uni	iquely qualified to serve base	d on services provided, financial	viability,	relationships v	within the	health related topics. Our location allows for easy patient access for the many patients who seek healthcare from Stony Brook Hospital & its					
			ss in reducing avoidable hospital				outpatient clinics located next to us, at Stony Brook Technology Center in East Setauket & other nearby clinics. We service patients living in gro					
O iii Any							homes, assisted living facilities, adult care centers & senior housing (HUD) complexes.					
iii Any	state-designal	ted health home or group of	health homes. **			_	The organization is led by its owner pharmacist, Ruby Masson, & is staffed with pharmacists, certified technicians, store clerks and delivery					
When choosir	ng VAP Excepti	i <b>on i &amp; ii</b> – Please indicate wh	nat Performing Provider System (	PPS) you	plan on joining	g. If you do no						
			nied. Please indicate the name o	f the PPS	in the "Appea	l Applicant	patients. Our mission is to provide comprehensive Patient Care & MTM services to all patient populations including Medicaid, Medicare & the Lorentz Care & MTM services and patients of the Care & MTM services are all patients of the Care & MTM services and patients of the Care & MTM services are all patients of the Care & MTM ser					
		you are part of multiple PPSs					insured. We seek to achieve greater patient medication therapy understanding & medication adherence through face to face patient consults & ongoing follow ups; resulting in positive patient outcomes & reduced overall healthcare costs.					
	• .	•	submitted a draft list of State Des	•								
-	•		en approved as safety net provid s pending approval, you will be g									
		* *	anization operating your Health F									
			ur organization does not appear				Providing medication reconciliation					
another appro	oved safety net	t provider list, but your organ	nization believes that it should qu	alify as a	Health Home,	please	Increasing patient education					
		vailable on the DSRIP website					Increasing medication adherence					
~ F	or Section IV,	if you are joining more than	one PPS, use second tab (Section	VII) to a	dd additional	PPSs.	Promoting utilization of cost effective drug alternatives     Assessment of mod regimens.					
V Percentage	of Medicaid	& Uninsured members that y	your facility serves				Assessment of med regimens     Reducing med errors					
vi i cicciitage	or ivicultura	a oministrea members that y	our racinty serves	_			Reducing med duplications					
	Me	dicaid (FFS & MC)	Uninsured		Data Source	ce Year	Facilitating patient discharge					
				_	-		Facilitating patient access					
Percentage		15%	10%		harmcacy Re	cord 20:						
	1						Providing & managing a network of independent pharmacies to meet the needs of the PPS.					
Yes   Hereby	Certify that t	he information and data pro	vided on this form is accurate ar	d correct	to the best of	f my knowledg	ge. I					
understa	and that this in	nformation may be subject t	o audit and I may be asked to pr	ovide dod	cumentation in	n support of th	nis					
appeal.												
AI-		Duby Mass	on f	Ans Yes								
	me itle	Ruby Mass Presiden		res	O NO							
			comparable will be accepted									

10/29/2014 Brothers drug corp

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VILLA ACCESS FIOVILLE	EXCEPTION. THE State will consider ex	reptions to the safety ne	et deminition of	i 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 Civis and					
must be posted for publi	c comment 30 days prior to application	approval. Three allowed	d reasons for g	ranting an exce	ption are shown in Section IV.					
I. Are you a Medicaid Pr	ovider				·					
Answer	Yes			•	You have chosen the following VAP Exception: i					
II. Appeal Applicant Info	rmation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!					
Organization Name:	Brothers drug corp				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~					
Joined PPS	Select PPS			-	You chose the qualification i, in the space below please include:					
^^ The VAP Exception is eva	aluated in the context of the PPS you are jo	ining. If you are joining mo	re than one PPS	, you have the						
	VAP Exception in that PPS as well (if application)		dditional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to					
multiple PPS's. See <u>Section</u>	II and VII of the instructions for further clar	rification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient					
Provider Type:	Select One			▼	without your organization's involvement given the PPS current configuration of network providers.					
Provider Type - Other:	Pharmacy				b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).					
	Operating Certificate/License #	MMIS*	1	NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
Unique Identifiers:		1091221	1326	5022922	c. Any supporting documentation to substantiate your narrative (attach as 1 b) in the email when submitting)					
Agency Code:										
Billing Entity ID:		T			Character Count: 1239					
Address	Address	City	State	Zip	We are an independent community pharmacy located in Rochdale Village mall#2 in South Jamaica, Queens, NYC. The pharmacy has been in this					
Address	169 33 137 th avenue	Jamaica	ny	11434 * REQUIRED	locations for approximately 50 years. We have free pickup and delivery of prescription services for the community at large and also provide dme and surgical supplies. We are next to a large physician group that provides services to Medicaid, Medicare and all other insurance groups. We					
III. Appeal Point of Conta	act			REQUIRED	provide diabetic training, diabetic supplies, nutritional educations, colostomy and ostomy supplies-one of the few suppliers in Queens County.					
Contact Person Sam					We closely work with NORC and VNS services of NY. We are certified by the American Board for Ceritification in Orthotics, Prosthetics and					
Title cfo					Pedorthis. We are a medicare part B provider. We provide MTM(medication therapy management) thru MTM outcomes and Miramax. We have					
Contact Phone (718	•	Extension			on staff an immunizing pharmacist that provides flu, pnemonia, meningitis and shingles vaccines. We unit dose medication for any patient who					
Contact Email varie					requests it at no additional cost. In our local community there are mostly chain pharmacies that do not provide most of the sevices we provide.  Please conisdier us in the vap exception process.  Sincerely yours Samuel Schwartz CFO					
	I not be served without granting the excep	tion because no other eligi	ble provider is v	villing or						
capable of serving	g the community.									
O ii Any hospital is ur	iquely qualified to serve based on services	provided financial viabilit	, relationships	within the	J					
	or clear track record of success in reducing	•	y, relationships	within the						
	ited health home or group of health homes	•								
When choosing VAP Excent	tion i & ii – Please indicate what Performin	g Provider System (PPS) vo	u nlan on ioinir	ng If you do not						
	nd to join, then you will be denied. Please i									
•	you are part of multiple PPSs, see section									
When choosing VAP Except	tion iii – The Department has submitted a d	raft list of State Designate	d Health Homes	and Network						
	s (CMAs) that have already been approved									
	th Home appears on this list as pending app									
• •	o submit this form. If the organization open do not need to submit this form. If your or									
	ety net provider list, but your organization									
	vailable 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 so	erves								
Ме	edicaid (FFS & MC)	ninsured	Data Source	e Year						
Percentage	20%	5%	survey	2012						
	the information and data provided on this information may be subject to audit and samuel schwartz	may be asked to provide A		-						

11/10/2014 Buffalo Pharmacies - DSRIP VAP Exception Form

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

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

		nent 30 days prior to applic	cation approval.	Three allowed reason	s for grant	ting an exception a	re shown in Section IV.
I. Are you a M	Medicaid Prov	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	plicant Inforr	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Buffalo Pharmacies					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Erie County Medical Center Corporat	tion			-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eval	uated in the context of the PF	PS you are joining.	. If you are joining more	than one P	PS, you have the	
option of apply	ing for the V	AP Exception in that PPS as w	ell (if applicable).	Please see the "VII_Add	litional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See Section II	and VII of the instructions fo	r further clarificat	ion!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	Type - Other:	Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/L	icense #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	21600		00449990	1	194745307	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:						
Billi	ing Entity ID:						Character Count: 2076
		Address		City	State	Zip	The community that Buffalo Pharmacies services has a high percentage of Medicaid and Medicaid managed care population. While we provide
	Address	1479 Kensington Ave	Bu	ıffalo	NY	14215	delivery service throughout WNY for pharmacy and Medical Equipment, the majority of our customer base within five miles from the pharmacy
III. Annaal Dai	int of Couto					* REQUIRED	under served and relies heavily on the services that we provide. In looking at your list of Safety Net providers and pending safety net providers,
III. Appeal Poi	Person Alec 0					-	the only pharmacy listed within 5 miles of ECMC's main campus is Bailey Prescription Center and they no longer exist. That pharmacy closed six months ago and we have absorbed a good deal of their customers as well. In addition to being close to the main campus, our store is located in
Contact i		ral Manager					the same plaza as one of ECMC's outpatient clinics. We service the majority of these patients on a walk-in and/or delivery basis. Buffalo
Contact	Phone 716-8			Extension		324	The same plaza as one of Lemes southers continued the same plazar of the same plazar as one of Lemes southers of the same plazar of the same plaza
		es@buffalopharmacies.com		•	· L		servicing this community and have developed a close working relationship with the nearby hospitals and physicians. As an independent pharmac
IV. Please cho	ose the follo	owing VAP Exception:					that is locally owned, we understand the needs of the community and are able to adapt our business to the ever-changing landscape of health care. We are capable of providing not only the delivery of pharmacy and medical equipment services throughout the community, but we are also
of ser  Any h  comm  iii Any s  When choosing indicate what P Information – S  When choosing or the choosing o	i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.						capable of providing the patient follow-up and facilty and health system reporting that will be necessary to improve delivery of services and patient outcomes. Our pharmacists have been trained in immunizations, patient counseling and medication management protocols and we are currently using these types of interventions with our patients and have found them beneficial in improving patient compliance and reducing waste. We are excited to continue to bring and be a part of new concepts and improve care in a community that we have been a part of for year I believe that Buffalo Pharmacies would prove to be an excellent and vital partner in the DSRIP Program.
v. Percentage		& Uninsured members that yo	-		Data Sa	Veer	
	Med	dicaid (FFS & MC)	Unins		Data So		
Percentage		57%	2%	6	Rx Softv	ware 2013	
-	-	ne information and data prov formation may be subject to			umentatio		
Nam	ne	Joseph Voe		Yes	O No		
Tit	·le	President/C	EΟ			1	

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						basis it it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
	public comment 30 days prior to a	pplication approval. Three	allowed reasor	ns for grant	ing an exception a	are shown in Section IV.
I. Are you a M	ledicaid Provider					
	Answer Yes				▼	You have chosen the following VAP Exception:
	olicant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name: Buffalo Pharmacies Insti	tutional				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Erie County Medical Center Co				•	You chose the qualification i, in the space below please include:
	eption is evaluated in the context of t					
	ing for the VAP Exception in that PPS See Section II and VII of the instructio		see the "VII_Add	ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		is for further clarification:			_	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
	ovider Type: Other				▼	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider T	ype - Other: Long Term Care Pharma	·				of services for the PPS in this community (ies).
	Operating Certific	ate/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers: 2223:	. 0	1509439	11	184666968	, , , , , , , , , , , , , , , , , , , ,
	gency Code:					
Billi	ng Entity ID:		6:1	I 61 1	7'	Character Count: 2347
	Address 20 Lawrence Bell	SS Williamsv	City	State NY	Zip 14221	Buffalo Pharmacies Institutional is a Long Term Care pharmacy that services roughly 6000 beds in Skilled Nursing Facilities, Assisted Living Facilities and Group Homes throughout WNY. We service locations from Buffalo south to Jamestown and east to homes in Rochester. The
<u> </u>	Address 20 Lawrence Bell	Williamsv	ille	INI	* REQUIRED	population serviced in these facilities is unique in that the overwhelming majority of these residents have Medicare Part A, Medicare Part D and
III. Appeal Poi	int of Contact					Medicaid. Most of which are dual eligible which is precisely the target population for this program. While ECMC has their own nursing home,
Contact I	Person Alec Gillies					their hospital and outpatient system serves an incredibly large portion of the patients that we are contracted to provide pharmacy services to.
	Title General Manager					Buffalo Pharmacies Institutional has been in business for over 15 years and we have been growing ever since. We are consistently adding new
	Phone 716-832-0599		Extension		324	facilities and we rarely lose homes to the competition. I beleive this is because we realize the specific needs of these facilities and we are
Contact		om				constantly adapting and adding value services for facilities that improve service, reduce cost and save time. We have added remote dispensing to many facilities and we offer short cycle compliance packaging that reduces med pass time and decreases costs by filling prescriptions on 3,4 and
IV. Please choose the following VAP Exception:  A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii – The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider is, 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.						7 day cycles. Buffalo Pharmacies also was one of the first pharmacies in the area to participate in reporting data to Healthelink which shows as a example of how eager we are to be a part of the solution. These are only a few of the effeorts that we are engaged in that are changing delivery of prescription services in the Long Term Care setting. I believe that inclusion of Buffalo Pharmacies Institutional into this PPS would prove beneficial for everyone involved not only in the services that we can provide but also with the experience that we bring to the table. The pharmacists and staff that work at Buffalo Pharmacies come from a wide background including retail, clinical and hospital based pharmacy. Their training and knowledge would be valuable to have when developing plans for reform as well. Overall, I feel that inclusion of Buffalo Pharmacies into the DSRIP Program is necessary and vital to ensure that the community as a whole is being serviced properly and I feel that we offer benefit services and a broad reach that other providers cannot bring.
	of Medicaid & Uninsured members the	Uninsured		Data So	urce Year	
Percentage	52%	2%		Rx Softw		
reiteiltage	3270	2/0		IX JUILV	2013	
-	Certify that the information and data and that this information may be subjected by the sub	ct to audit and I may be asked	d to provide doo Ans	cumentation		

10/29/2014 CIVA DRUGS CORP DBA BRENTWOOD PHARMACY

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



Vital Access Pr	rovider Exception: The state wil	I consider exceptions to the safety	net definition or	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 pu	blic comment 30 days prior to app	lication approval. Three allowed re	easons for grantir	ng an exception a	are shown in Section IV.			
I. Are you a Med	licaid Provider							
	Answer Yes			•	You have chosen the following VAP Exception:			
II. Appeal Applic	ant Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>			
Organizatio	on Name: CIVA DRUGS CORP D/B/A B	RENTWOOD PHARMACY			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
Jo	pined PPS: Select PPS			~	You chose the qualification i, in the space below please include:			
^^ The VAP Except	tion is evaluated in the context of the	PPS you are joining. If you are joining	more than one PPS	S, you have the				
	for the VAP Exception in that PPS as		I_Additional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS's. See	<u>Section II and VII</u> of the instructions t	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Provi	ider Type: Other			•	without your organization's involvement given the PPS current configuration of network providers.			
Provider Typ	e - Other: PHARAMCY				b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
	Operating Certificate	/License # MMIS*		NPI*	of services for the PPS in this community (ies).			
Unique Id		00713240	117	4534739	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
•	ncy Code:	00713210	11,	133 1733				
	Entity ID:				Character Count: 844			
	Address	City	State	Zip	With statastics provided, we serve the community which has high density population of Medicaid, Medicaid managed care organisation, Dual			
	Address 761 SUFFOLK AVE	BRENTWOOD	NY	11717	eligible on Medicare as well uninsured individuals. We strongly believe that our inclusion in DSRIP will greatly impact the community that we			
				* REQUIRED	serve. Between Medicaid and Managed care organsation only we have nearly 41.78% of prescriptions we fill for the community. Therefore this is			
III. Appeal Point					to humbly request to include CIVA Drugs Corp d/b/a Brentwood Pharmacy to be part of DSRIP. As per statastics published on NYS DOH website			
	son DIGSEH THAKER				for year 2013 Suffolk county has about 224,295 medicaid enrollees which is just right after NY city enrollees, which puts at forefront to serve the			
	Title SUPERVISING PHARMACIST	Extens	:		medicaid and managed care organisations enrollees to help them achieve better health outcomes along with other health care profesionals.			
	one 631-273-3314 mail DIGESHRX@YAHOO.COM	Extens	1011					
	e the following VAP Exception:							
of servir Any hos commur Any stat When choosing V/ indicate what PPS Information – Sect When choosing V/ care Management CMS approval. If y approval and do n safety net list, you another approved complete this form ~ For Se	nunity will not be served without graning the community.  pital is uniquely qualified to serve basinity, and/or clear track record of succeive-designated health home or group of AP Exception i & ii – Please indicate wyou intend to join, then you will be detion II". If you are part of multiple PPS: AP Exception iii – The Department has it Agencies (CMAs) that have already brour Health Home appears on this list a oot need to submit this form. If the org of do not need to submit this form. If you safety net provider list, but your organ. List is available on the DSRIP websit ection IV, if you are joining more than Medicaid & Uninsured members that	ed on services provided, financial vial ess in reducing avoidable hospital use f health homes. **  hat Performing Provider System (PPS enied. Please indicate the name of th s, see section VII tab.  submitted a draft list of State Designate en approved as safety net providers as pending approval, you will be grant ganization operating your Health Homour organization does not appear on to nization believes that it should qualifie.  e. one PPS, use second tab (Section VII)	oility, relationships  ) you plan on joinir e PPS in the "Appea ated Health Homes as well as those the ted a VAP Exception e/CMA already app the draft Health Home y as a Health Home	within the  ang. If you do not al Applicant  and Network at are pending n pending CMS nears on another me list or on , please				
The coloniage of	Medicaid (FFS & MC)	Uninsured	Data Sour	ce Year				
Percentage	42%	10%	WARE MICR	OME 10/01/2012	rc			
understand t appeal. Name Title	tify that the information and data pro that this information may be subject to ASHOK PAN OWNEI Only appeals from the CEO, CFO o	to audit and I may be asked to providence  CHOLI  R	le documentation i					

10/29/2014 Cresetti Drug Corpdba Neergaard Pharmacy

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



Vital Access	Provider	Exception: The state will	consider exceptions t	o the safety net	definition or	n a case-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must			
be posted for	public com	ment 30 days prior to appli	ication approval. Thre	e allowed reaso	ns for grantii	ng an exception	are shown in Section IV.			
I. Are you a M	ledicaid Pro	ovider								
	Answer	Yes				-	You have chosen the following VAP Exception: i			
II. Appeal App	olicant Info	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	ation Name:	Cresetti Drug Corpd/b/a Nee	ergaard Pharmacy				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS:	Lutheran Medical Center				-	You chose the qualification i, in the space below please include:			
^^ The VAP Exc		luated in the context of the F	PPS you are joining. If yo	u are joining mor	e than one PP	S, you have the				
		/AP Exception in that PPS as v					a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
multiple PPS's.	See <u>Section</u>	I and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient			
Pr	ovider Type:	Other				~	without your organization's involvement given the PPS current configuration of network providers.			
Provider T	Type - Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network			
	7,50	Operating Certificate/	/Liconco #	MMIS*		NPI*	of services for the PPS in this community (ies).			
Unique	e Identifiers:	Operating Certificate/	License #	1022637	127	76546820	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
	gency Code:			1022037	15.	0540820	<del> </del>			
	ing Entity ID:						Character Count: 956			
5	3	Address		City	State	Zip	This pharmacy participates in the 340B program for Lutheran Medical Center Health Care Facilities. We are open 24 hours a day 7 days a week			
	Address	454 5th avenue	Brookly	•	NY	11215	with a pharmacist on duty at all times. We service many uninsured patients that go to the health care centers as well as Medicaid FFS and			
		•				* REQUIRED	Medicaid managed care patients. We also have an extensive surgical supply department that services all medicaid managed care patients as well			
III. Appeal Poi							as Medicaid FFS patients. Lutheran Medical Center has many health care centers throughout the borough of Brookly and these patients need to			
Contact I		marie Tomassetti					have a sufficient amount of providers in the areas. The closest health center is 4 blocks away from Neergaard Pharmacy and this exception will			
		rvising Pharmacist					greatly benefit the community and patients that we serve. Neergaard Pharamcy has been at this location since 1888. Although times have			
Contact	t Email Rord	768-0600		Extension			changed it has remained a staple of the Park Slope Brooklyn community. Please consider our pharmacy for an exception.			
<b>-</b>	•	lowing VAP Exception:					<u> </u>			
of ser	rving the con	I not be served without grant nmunity. iquely qualified to serve base or clear track record of succe	ed on services provided,	financial viability,	·					
		ted health home or group of	_	nospital use.						
indicate what P Information – S	PPS you inten Section II". <u>If</u>	ion i & ii – Please indicate wh d to join, then you will be de you are part of multiple PPSs	nied. Please indicate th , see section VII tab.	e name of the PPS	S in the "Appe	al Applicant				
Care Managem	ent Agencies	ion iii- The Department has s (CMAs) that have already be	en approved as safety r	et providers as w	ell as those th	at are pending				
approval and do	o not need to	h Home appears on this list a o submit this form. If the orga	anization operating you	Health Home/CN	лA already ар	pears on another				
		eed to submit this form. If yo t provider list, but your orgar	-							
complete this fo	orm. List is a	vailable on the DSRIP website  if you are joining more than	2.							
		& Uninsured members that y		,						
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year				
Percentage		30%	20%			2012				
	n <b>d that this i</b> ne	he information and data pro information may be subject to Rosemarie Ton Supervising Ph	o audit and I may be as nassetti armacist	ed to provide do	swer					
	Only app	eals from the CEO, CFO or	comparable will be a	ccepted						

10/29/2014 FOURCORNERSPHARMACY

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

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



							e basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and				
	•		o application appr	roval. Three allowed	reasons to	or granting an exce	eption are shown in Section IV.				
I. Are you a N											
	Answer					•	You have chosen the following VAP Exception:				
II. Appeal App						1	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organiza		Four Corners Pharmacy LLC				Description of the second	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
		Albany Medical Center Hospital				•	You chose the qualification i, in the space below please include:				
		luated in the context of the P									
	-	AP Exception in that PPS as was an and VII of the instructions for		_	iditional PP	'Ss" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
			or further clarificati	ion:		~	include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.				
	ovider Type:					•					
Provider T	Type - Other:	Pharmacy			1		b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).				
		Operating Certificate/I	License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	e Identifiers:	27103		2634426	1	083722771	c. Any supporting decementation to substantiate your number (attach as 15) in the cinian when substantiately				
	gency Code:						Character And				
Billi	ing Entity ID:	Address		Cit.	Charles	7:-	Character Count: 1216 Four Corners Pharmacy is located in Albany County providing services to the Bethlehem Area. Bethlehem has an approximate population of				
-	Address	Address 360 Delaware Avenue	Dal	City	State NY	Zip 12054	34,800 ( as based on the 2008-2012 American Community Survey 2008-2012 5 year estimate. As one of two independent pharmacy providers				
	Address	300 Delaware Averlue	Dei	IIIai	INT	* REQUIRED	in the PPS network we can support services in this area due to our increased level of services provided. Our focus would be in the surrounding				
III. Appeal Po	int of Conta	act					Bethlehem community, of which we have been part of for over 9 years. Current Services that will be available to support the reduction of				
Contact F	Person John	Croce					hosptial re-admissions include, home delivery of medications, fitting, billing and delivery of wide variety of ambuatory aids and durable medical				
		macist /Owner			_		equipment, non-sterile compounding of prescriptions where needed and emergency paging of pharmacy staff for off hour availability. In				
	Phone (518			Extension			addition to the current services provided, Four Corners will work with the PPS to develop and implement additional services to reach mutually				
		e@fourcornersrx.com					agreed upon goals. This could include, but not limited to, such services as in pateint pre-discharge consultation, bedside delviery of discharge medications, adherance program and scheduled out-reach in 3, 7, 14 and 30 days from discharge.				
i A cor	mmunity will	lowing VAP Exception: not be served without granti the community.	ing the exception b	ecause no other eligib	le provider	is willing or					
		iquely qualified to serve base or clear track record of succes			relationshi	ps within the					
O iii Anys	state-designa	ted health home or group of	health homes. **								
not indicate wh Information – S When choosing Care Managem CMS approval.	nat PPS you in Section II". <u>If</u> g VAP Except nent Agencies If your Healt	icion i & ii – Please indicate wh ntend to join, then you will be you are part of multiple PPSs icion iii – The Department has s (CMAs) that have already be h Home appears on this list a	e denied. Please inc , see section VII tab submitted a draft li een approved as sal s pending approval,	dicate the name of the o. ist of State Designated fety net providers as w , you will be granted a	PPS in the Health Hor vell as those VAP Except	"Appeal Applicant mes and Network e that are pending tion pending CMS					
another safety or on another a complete this fo	net list, you approved safe orm. List is a	o submit this form. If the orga do not need to submit this for ety net provider list, but your vailable on the DSRIP website f you are joining more than o	rm. If your organiza organization believ	ation does not appear ves that it should qual	on the draf	t Health Home list Ith Home, please					
V. Percentage	of Medicaid	& Uninsured members that	your facility serves	·							
	Me	dicaid (FFS & MC)	Uninsu	red	Data So	urce Year					
Percentage		7%	12%	S	RX FIL	ES 2013					
	and that this	he information and data pro information may be subject		be asked to provide			a.				
Nam		John Croc		● Yes	O No						
Tit	le	Pharmacist / C	Owner			_					

10/29/2014 G.S.P. LONGETRM CARE INC

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

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



					basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must				
		ication approval. Three allowed	d reasons for grantii	ng an exception a	re shown in Section IV.				
I. Are you a Medicaid					·				
Ansv	wer Yes			▼.	You have chosen the following VAP Exception:				
II. Appeal Applicant II	nformation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>				
Organization Na	me: G.S.P. LONGTERM CARE, INC	C.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
Joined I	PPS: Montefiore Medical Center			-	You chose the qualification i, in the space below please include:				
		<u>PPS</u> you are joining. If you are joining							
		well (if applicable). Please see the "	"VII_Additional PPSs'	' tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
	ion II and VII of the instructions f	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Provider Ty				•	without your organization's involvement given the PPS current configuration of network providers.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).				
Provider Type - Ot	ther: PHARMACY								
	Operating Certificate/	/License # MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
Unique Identifi	iers: 29024	3055589	125	55592457	c. Any supporting documentation to substantiate your narrative (attach as 15). In the cinal when submitting,				
Agency Co									
Billing Entity			T - T		Character Count: 1363				
Adds	Address	City	State	Zip	In the first round of approvals, we were not considered eligible because our Medicaid Fee for Service volume was approximately 15%. When				
Addre	ess 1567 CENTRAL PARK AVENU	JE YONKERS	NY	10710 * REQUIRED	Medicaid Dual Eligibles are allowed in the calculations, our total prescription volume is increased to above 75%.  A) We are a provider to multiple group homes where Medicaid eligible profoundly challenged children and adults reside. We provide these				
III. Appeal Point of Co	ontact			REQUIRED	services throughout the Bronx, Brooklyn, Manahattan, Roosevelt Island, Westchester and Rockland Counties to the profoundly challenged				
Contact Person	DANIEL MOLINO				services throughout the Bronx, Brooklyn, Manahattan, Roosevelt Island, Westchester and Rockland Counties to the profoundly challenged population. B) We also offer unique drug packaging in connect with specialized patient specific documentation to aid in drug administration and				
	PRESIDENT				drug regimen review. We offer various specialty services such as enteral nutrition through enteral pumps, as well as, various home health needs				
Contact Phone 8		Exte	ension	102	including durable medical equipment. C) Some of the agencies we currently service are CPW, Life Adjustment Center (LAC), NY Foundling, and				
Contact Email	dgrassy@aol.com				Young Adult Institue (YAI). Upon request, we can provide affadavits confirming the aforementioned services to the mulptiple agencies we are currently serving.				
of serving the community, a Any hospital is community, a When choosing VAP Excindicate what PPS you in Information – Section II' When choosing VAP Exc Care Management Ager CMS approval. If your H approval and do not net safety net list, you do not another approved safety complete this form. List ~ For Section	is uniquely qualified to serve base and/or clear track record of succe signated health home or group of ception i & ii – Please indicate whether to join, then you will be de ". If you are part of multiple PPSs ception iii.—The Department has success (CMAs) that have already be lealth Home appears on this list a ed to submit this form. If the org, or the ed to submit this form. If you sy net provider list, but your organt is available on the DSRIP website.	nat Performing Provider System (P nied. Please indicate the name of s, see section VII tab. submitted a draft list of State Desig seen approved as safety net provide is pending approval, you will be gra anization operating your Health Ho our organization does not appear o nization believes that it should qua e. one PPS, use second tab (Section)	riability, relationships ise.  PPS) you plan on joining the PPS in the "Appe gnated Health Homes is as well as those thanted a VAP Exception ome/CMA already appending as a Health Homes is a Health Homes is a second of the seco	within the  ng. If you do not al Applicant and Network at are pending n pending CMS opears on another me list or on e, please I PPSs.					
Percentage 15% IS	FFS AND 60% IS DUAL ELIGIBLE	0%	E COMPUTE						

10/29/2014 Gem Drug Corporation DBA Lincoln Pharmacy

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



Vital Access Pro	ovider Exception: The state will	consider exceptions to the safety r	et definition on	a case-by-case	pasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must				
be posted for publ	lic comment 30 days prior to appli	ication approval. Three allowed rea	sons for granting	an exception a	re shown in Section IV.				
I. Are you a Medic	caid Provider								
, and a second	Answer Yes			~	You have chosen the following VAP Exception:				
II. Appeal Applica	nt Information				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
Organization	Name: Gem Drug Corporation DBA	Lincoln Pharmacy			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼				
Join	ned PPS: Albany Medical Center Hospital			-	You chose the qualification i, in the space below please include:				
^^ The VAP Exception	on is evaluated in the context of the P	PPS you are joining. If you are joining m	ore than one PPS,	you have the					
option of applying fo	or the VAP Exception in that PPS as w	vell (if applicable). Please see the "VII_	Additional PPSs" t	ab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's. See S	Section II and VII of the instructions for	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Provide	er Type: Other			•	without your organization's involvement given the PPS current configuration of network providers.				
Provider Type	- Other: Pharmacy				b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
,,	Operating Certificate/	'License # MMIS*	N	IPI*	of services for the PPS in this community (ies).				
Unique Ide		1100201		895692	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
	cy Code:	1100201	1332	833032					
Billing E	•				Character Count: 849				
	Address	City	State	Zip	According to the data provided in the 9/2/2014 Safety Net Pharmacies List, there are no pharmacies that service Albany and Schenectady				
A	ddress 300 Morton Avenue	Albany	NY	12209	Counties. The inclusion of Gem Drug Corporation DBA Lincoln Pharmacy into Vital Providers list is essential so that Medicaid and uninsured				
		<u> </u>		* REQUIRED	customers in the region can continue to recieve pharmacy services. We were surprised to find that our pharmacy was not included on the list				
III. Appeal Point o					because our volume of Medicaid prescriptions is so high, and would be even higher when we consider Dual-Eligible Medicaid/Medicare				
	on Zarina Jalal				Customers (our volume is closer to 80% with dual eligibles). Lincoln Pharmacy provides many valuble services including prescription delivery,				
Tit					patient adherence programs, and compliance packaging. We are continually working to provide more value for our customers to help improve				
Contact Phor		Extensio	n		their outcomes.				
•	ail zarina.pharmd@gmail.com								
IV. Please choose	the following VAP Exception:								
Any hospicommunit  Any state-  When choosing VAF indicate what PPS ye information – Sectic When choosing VAF Care Management A CMS approval. If you approval and do not	ty, and/or clear track record of succest designated health home or group of P Exception i & ii — Please indicate whou intend to join, then you will be deron II". If you are part of multiple PPSs, P Exception IIi— The Department has sagencies (CMAs) that have already be ur Health Home appears on this list as tneed to submit this form. If the orgat	health homes. ** nat Performing Provider System (PPS) y nied. Please indicate the name of the I	you plan on joining PPS in the "Appeal ed Health Homes a well as those that d a VAP Exception CMA already appe	. If you do not Applicant nd Network are pending pending CMS ars on another					
complete this form.	List is available on the DSRIP website	one PPS, use second tab (Section VII)							
	Medicaid (FFS & MC)	Uninsured	Data Source	e Year					
Percentage	40%		harmacy Soft	war Jul-14					
understand th appeal.  Name		udeen ot							

10/31/2014 Great Neck Chemists Inc of NY

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



Vital Access	Provider	Exception: The state will	consider exceptio	ns to the safety n	et defi	inition on a c	ase-by-case	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
		ment 30 days prior to appli	ication approval. T	hree allowed reas	ons fo	or granting a	n exception a	rre shown in Section IV.
I. Are you a M								
	Answer	Yes					~	You have chosen the following VAP Exception:
II. Appeal App								VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	tion Name:	Great Neck Chemists Inc of I	NY					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		Long Island Jewish Medical Center					-	You chose the qualification i, in the space below please include:
		luated in the context of the F						
	-	'AP Exception in that PPS as was and VII of the instructions for		_	Additio	onai PPSs" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type:		or rarener clarification				•	without your organization's involvement given the PPS current configuration of network providers.
							•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider T	ype - Other:	PHARMACY						of services for the PPS in this community (ies).
		Operating Certificate/	License #	MMIS*		NPI		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Identifiers:	19602		1051674		138678	9543	
	gency Code: ng Entity ID:							Character Count: 952
Billi	ig citity iD.	Address		City	-	State	Zip	Great Neck Chemists Inc of NY is a combination Retail & Long Term Pharmacy that services Medicaid eligible clients in the 5 boroughs, Nassua,
	Address	665 Middle Neck Road	Gre	at Neck	_	NY	11023	Suffolk, Westchester & Rockland counties for their prescription needs. Our retail pharmacy currently services Great Neck and surrounding area.
							* REQUIRED	Our Long Term Care Pharmacy currently service Adult Homes, Assisted Living Facilities, ALPs, ICFs, IRA & Psychiatric Centers throughout our
III. Appeal Poi								other service areas. We currently offer our communities with the following services, free delivery, emergency deliveries, 24 hours service,
Contact P		k Longo RPh.						compliance packaging, forms & reports to increase compliance & adherence, and difficult to find medications. A large portion of these clients are
Contact	Title Own Phone 516-			Extension	,			either elderly or mentally ill & would benefit from a Saftey Net Pharmacy to work inconjuction with the PPS to improve outcomes. If Great Neck
		go@precisionltc.com		Extension				Chemists Inc of NY is not included in the program our clients will be excluded from the program.
		owing VAP Exception:						
of ser Any h comm When choosing indicate what PI Information – Se When choosing Care Manageme CMS approval. It approval and do safety net list, y another approve complete this for	ving the con- conspiration of the con- con- con- con- con- con- con- con-	not be served without grant numity.  iquely qualified to serve base or clear track record of succested health home or group of ion i & ii – Please indicate with discounties of the properties of the provider list, but your organ variable on the DSRIP website if you are joining more than & Uninsured members that y	d on services provides in reducing avoida health homes. ** that Performing Provinied. Please indicate, see section VII tab. submitted a draft list en approved as safe is pending approval, anization operating your organization does nization believes that is one PPS, use second	ed, financial viabilitible hospital use.  der System (PPS) yet the name of the P of State Designate ty net providers as you will be granted our Health Home/t not appear on the it should qualify as	ou plan PS in th d Healt well as a VAP CMA ali draft H s a Hea	n on joining. If he "Appeal Ap th Homes and t those that ar Exception per Iready appears Health Home I alth Home, ple	you do not plicant  Network e pending nding CMS on another ist or on ase	
		edicaid (FFS & MC)	Uninsu	ed	Г	Data Source	Year	
Percentage		25%	0%			Rxs	2014	
	d that this i	he information and data pro nformation may be subject to Frank Lon Presidaei eals from the CEO, CFO or	o audit and I may be go nt	asked to provide o		entation in su	_	

10/29/2014 Hillcrest Pharmacy

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

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



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

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

•		comment 30 days prior to	o application a	pproval. Three allo	wed r	easons for	r granting an e	exce	ptior	n are shown in Section IV.					
I. Are you a M															
	Answer								Ľ	You have chosen the following VAP Exception:					
II. Appeal App	-							_		. Restricted to 3500 Characters only! - Please read instructions for clarification!					
		Hillcrest Pharmacy IIc						_		The VAP Exception relies heavily on the statement you provide, so please be concise and thorough*					
		Refu Refuah Health Center							$\mathbf{v}$	You chose the qualification i, in the space below please include:					
option of apply	ing for the V	uated in the context of the P AP Exception in that PPS as v and VII of the instructions for	well (if applicab	le). Please see the <b>"V</b>						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					
Pro	ovider Type:	Oth Other							•	without your organization's involvement given the PPS current configuration of network providers.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network					
Provider T	ype - Other:	Pharmacy													
		Operating Certificate/I	License #	MMIS*			NPI*			of services for the PPS in this community (ies).					
Unique	e Identifiers:			276646		18	301817853			c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)					
A	gency Code:														
Billi	ng Entity ID:								<u> </u>	Character Count: 1212					
		Address		City		State	Zip			llcrest Pharmacy llc is a full service, independently owened, established pharmacy located on North Main street, Spring Valley, NY. The pharmacy					
	Address	1 Hillcrest Center Drive		Spring Valley		NY	10977			is been in operation for over 40 years and is open 6 days a week. Hillcrest Pharmacy services the town of Spring valley, which has a population					
III. Appeal Poi	int of Conta	rt					* REQUIF	KED		around 33,00 and surrounding areas in Rockland county., which has a population of over 145,000. The median houshold income is 48,386 and out 23 % are below poverty level. To our understanding, no pharmacy has been designated as a safety net provider in Spring Valley area. One					
	Person Harsh									the many PPS, Refuah Health center is less than 1 mile from the Pharmacy, thus there is a need for a pharmacy to provide medication therapy					
Contact	Title CEO									the many PPS, Refuah Health center is less than 1 mile from the Pharmacy, thus there is a need for a pharmacy to provide medication therapy lanagement. We offer unique services in the retail community which includes but not limited to dispensing prescription medications, drug					
Contact	Phone 845-3	356-7300		Extens	ion					anagement. We offer unique services in the retail community which includes but not limited to dispensing prescription medications, drug anagement programs, counseling by experienced pharmacist for rx and OTC items. By providing MTM, and adherence we can surely reduce the					
Contact	Email hrp14	122@hotmail.com							ho	ospital readmission. Our staff includes 2 experienced pharmacist and 3 technicians. We provide local free delivery. We will work closely with PPS of develope and execute any additional programs to bring about positive outcomes.					
Oi Any h comm	ole of serving nospital is uninunity, and/o tate-designat g VAP Excepti	not be served without granti the community.  quely qualified to serve base r clear track record of succes ed health home or group of on i & ii – Please indicate wh	ed on services pross in reducing a health homes.	rovided, financial vial voidable hospital use ** Provider System (PPS	bility, r	relationship plan on joir	os within the	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.								ng //S list							
V. Percentage	of Medicaid 8	& Uninsured members that y	your facility ser	ves	ĺ		•								
	Med	dicaid (FFS & MC)	Uni	insured		Data Sou	urce Year	•							
Percentage		40%		11%		store com	puter 20	013							
	and that this	ne information and data pro information may be subject Harshad Pa	to audit and I n	nay be asked to prov		cumentati	•	_							

## 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

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

I. Are you a M	ledicaid Provide	r			. 8		
	Answer Yes					~	You have chosen the following VAP Exception: i
II. Appeal App	olicant Informati	ion					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: Hom	netown Healthcare Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Ellis F	Hospital				-	You chose the qualification i, in the space below please include:
		ed in the context of the PPS you					
	-	xception in that PPS as well (if a VII of the instructions for furth		'II_Additio	onal PPSs"	' tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
			ier ciarincation:				include descriptions of the geographic area, the population, and how the services in this community are insufficient without your organization's involvement given the PPS current configuration of network providers.
	ovider Type: Other					▼	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider Ty	Type - Other: Phar	rmacy, Home Sleep Therapy, Ho		Iome Med			of services for the PPS in this community (ies).
		Operating Certificate/License				NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers: gency Code:	015710 (Pharmacy License)	00522647		114	14335183	
	ing Entity ID:						Character Count: 3478
Dilli	ing Entity ID.	Address	City		State	Zip	SECTION a.>>>> The definition of the communities that would otherwise not be served by the Ellis PPS unless Hometown Healthcare were
	Address 601		Watervliet		NY	12189	granted a VAP exception would be those counties that exist within our current service area for pharmacy programs that exist both today and
						* REQUIRED	those planned for the near future. In the context of the Ellis Hospital PPS, these counties would specifically include Schenectady, Albany, Greene
III. Appeal Poi	Person Casey Too	mailan					Saratoga, Rensselaer, & Columbia counties. The population served would be those individuals that meet the following criteria: 1) Currently takin
Contact P	Title CEO	Jilajiali					5+ maintenance medicatons, existence of one or more chronic conditions, identified as higher risk for medication non-adherence, and would benefit from home delivery of medications. Inherent in the criteria, this population would include those people that have mobility barriers and/
Contact F	Phone 518-328-0	0075	Extens	sion		105	a lack of caregiver support resulting in decreased access to the local pharmacy at the frequency needed to consistently secure their medications
Contact	t Email catoomaji	@hometownhealthrx.com	•	•			As I review the current list of providers it is my opinion that there are fewer pharmacy organizations than would be ideal to establish the robust
IV. Please cho	ose the followin	ng VAP Exception:				_	provider network that will optimize the success of the DSRIP program. Moreover, many pharmacies today have traditional retail models that
<b>●</b> i A con	mmunity will not l	he served without granting the	excention because no other e	eligihle nr	ovider is v	willing or canable	often fall short of having the kinds comprehensive medication managment programs WITH home delivery needed to reach desired levels of
<ul> <li>i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.</li> </ul>							population health improvement and a reduction in avoidable costs. SECTION b.>>> Hometown Healthcare Inc. is an organization that exists to keep people in their home and help them age gracefully. Today we accommplish this by providing products, services, and care management
	J	,					programs within the scope of pharmacy, oxygen therapy, sleep therapy, and basic home medical equipment. In the context of this PPS, the
		y qualified to serve based on se			tionships	within the	services provided will be a pharmacy model that is delivery intensive andgoes beyond transactional drug dispensing by delivering comprehensiv
comm	nunity, and/or cle	ar track record of success in rec	ducing avoidable hospital use	2.			medication therapy care managment. This would include adherence monitoring/coaching, Medication Synchronization w/delivery dispensing (se
O iii Any st	tate-designated h	ealth home or group of health	homes. **				attach#1), conducting comprehensive and targeted MTM patient cases, and increased Pharmacist-PCP collaboration including embedding
When shoosing	· VAD Evention i	& ii – Please indicate what Perf	forming Dravidar System (DDS	c) vou nlar	n on ioinir	ag If you do not	pharmcists in the PCP office, providing support with med reviews and consults, disease mgmt/trouble shooting, medication reconcilliation, at care transitions support (see attach#2 and #3). We believe the pharmacy organization should be a key provider responsible for solving the
_		join, then you will be denied. P			-		problems around a population of patients taking the right medications at the right times and we plan to focus on that as a primary goal over this
		are part of multiple PPSs, see se					broad and underserved multi-county community. We believe the pharmacy organization is a hub for the complex multi-prescriber envirnoment
When choosing	VAP Exception ii	i– The Department has submitte	ed a draft list of State Designa	ated Heal	th Homes	and Network	that is uniquely positioned as a healthcare organization to deliver new levels of care coordination neccessary to accomplish DSRIP goals. We
		As) that have already been appr					believe that Hometown Healthcare Inc. is the kind of forward thinking pharmacy organization that will significantly enhance the overall network
	•	me appears on this list as pendi					of services for the Ellis Hospital PPS in the aforementioned communities if given access to appropriate resources. Hometown Healthcare is currently engaged with a large health plan on two seperate innovative pharmacy-based pilots approved for implementation that, upon the
		mit this form. If the organizatio o submit this form. If your orga					successfull demonstration of targeted outcomes, will be able to be leveraged in the context of the DSRIP program.
		vider list, but your organization					
complete this fo	orm. List is availab	ole on the DSRIP website.					
~ For	r Section IV, if you	u are joining more than one PP	S, use second tab (Section VII	II) to add a	additional	I PPSs.	
V. Percentage o	of Medicaid & Un	insured members that your fac	cility serves				
	Medicai	id (FFS & MC)	Uninsured		Data Sour	rce Year	
Percentage	22.55% (F	Pharmacy only)	0%		PioneerR	2014 (so far)	
understan appeal.	nd that this inforn	formation and data provided o nation may be subject to audit Casey Toomajian	and I may be asked to provid	de docum Answer	entation i	-	
Title		from the CEO. CFO or compa	arable will be assested				
	Unity appeals	THORE CEO, CHO OF COMPA	arable will be accepted				

10/29/2014 John & Franco's Drugs Inc dba Stuarts Pharmacy

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

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



		Exception: The state will ment 30 days prior to appl					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 approved by CMS and must be set in the best interest of Medicaid members.
I. Are you a M	•		ication approvai.	inree allowed reasor	is for gran	ting an exception	are shown in section iv.
i. Are you a ivi	Answer					•	You have chosen the following VAP Exception:
II. Appeal App							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
		John & Franco's Drugs Inc d	/h/a Stuarte Bharma	201			The VAP Exception relies heavily on the statement you provide, so please be concise and thorough?
Organiza		Nassau University Medical Center	/b/a Stuarts Friarilla	icy			This field is populated when you select a VAP Exception in Section IV
ΛΛ The VΔP Evo		luated in the context of the F	PPS you are inining	If you are joining more	than one F	1000	This field is populated when you select a VAP Exception in Section IV
		AP Exception in that PPS as v					
		I and VII of the instructions f					
Pro	ovider Type:	Other				~	1
Provider T	Type - Other:	Pharmacy					
	Type Galeri	Operating Certificate	/License #	MMIS*		NPI*	1
Unique	e Identifiers:	20290	License #	1134849	1	.760569636	<del> </del>
	Agency Code:	20230		1134043		.700303030	
	ing Entity ID:						Character Count: 1437
		Address		City	State	Zip	Good Morning, We have been located here in Massapequa for over 28 years under the same ownership. We have grown our practice though
	Address	Our	Ma	ssapequa	NY	11758	out these turbulant times in health care providership. The reason for our growth has been because we focus on servicing the community with
						* REQUIRED	
III. Appeal Poi							located centrally on and we service clients literally from all parts of LOng Island. Especially those with special needs. There are ofter
Contact i	Person Franc Title Supe	rvising Pharmacist,Owner					prescriptions which are written for items that are difficult to find which we stock or have accsess to for fulfilling the requirments of a given prescription. As to our efficacy and Highest standards you need only refere to our recent (2010, May) office of Medicaid inspector General Audit
Contact	Phone 516-			Extension		14	to find that after the OMIG audit of 5 years of records we were found to have no(Zero) Issues. Our pharmacy is known by Hospitals and Doctors
		ovider@aol.com					though out Long Island as the place to go if you have special needs. (Rare anti-biotic, compounded medications and usually not stocked expensiv
IV. Please cho	ose the foll	owing VAP Exception:					Medications) Please review this application and understand that we wish to fill the void for those who participate in these benefit programs.
of ser	rving the com	not be served without grant nmunity. iquely qualified to serve base or clear track record of succe	ed on services provices	ded, financial viability,			Please allow those the opportunity for the very highest level of service available Franco Doria Owner Supervising Pharmacist, John Mezzetta Owner, Pharmacist
O iii Anys	state-designa	ted health home or group of	health homes. **				
indicate what P	PPS you inten	ion i & ii – Please indicate whod to join, then you will be de you are part of multiple PPSs	nied. Please indicat	te the name of the PPS			
Care Manageme CMS approval. I approval and do safety net list, y another approv complete this fo	ent Agencies If your Health o not need to you do not nee yed safety nee orm. List is an	ion iii— The Department has a (CMAs) that have already be in Home appears on this list a so submit this form. If the org, ed to submit this form. If yo t provider list, but your orgat vailable on the DSRIP website if you are joining more than	een approved as safe is pending approval, anization operating our organization doe nization believes that e.	ety net providers as we , you will be granted a , your Health Home/CN es not appear on the dr at it should qualify as a	ell as those VAP Except IA already a aft Health I Health Hor	that are pending ion pending CMS appears on another Home list or on me, please	
V. Percentage	of Medicaid	& Uninsured members that y	your facility serves				
	Me	dicaid (FFS & MC)	Uninsu	ıred	Data So	ource Year	
Percentage		2%	5%	•	Prescript	ion log 2013	
-	nd that this i	he information and data pro nformation may be subject t Franco Do	o audit and I may b	e asked to provide do		n in support of this	
Titl	le	Supervising Pha	armacist		_	1	

10/29/2014 Kings Park Slope, Inc

### 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

			consider exception				
be posted fo	or public com	ment 30 days prior to appl	ication approval. T	hree allowed rea	sons for grant	ing an exception	are shown in Section IV.
I. Are you a	Medicaid Pro	vider					
	Answer	Yes				~	You have chosen the following VAP Exception: i
II. Appeal A	pplicant Infor	mation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organ	nization Name:	Kings Park Slope, Inc					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
		SUNY Downstate Medical Center				~	You chose the qualification i, in the space below please include:
		luated in the context of the F					
		AP Exception in that PPS as value of the instructions for the instruction in the instruction i			Additional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provide	er Type - Other:	Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unic	que Identifiers:	19339		1014942	19	42311329	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:		•				
В	Billing Entity ID:						Character Count: 2312
	A al al a a a a	Address		City	State	Zip	Kings Pharmacy is located in close proximity to SUNY Downstate Medical Center, which serves a large number of uninsured and underinsured
	Address	357 Flatbush ave	Bro	oklyn	NY	11238 * REQUIRED	patients. Most patients are African Americans from the Caribbean and in need of specialized care. Kings Pharmacy employees speak multiple languages, including Créole, Spanish, and French. Kings Pharmacy has been a vital part of the community for almost 30 years. We provide a wide
III. Appeal P	Point of Conta	ct				REQUIRED	range of services, including medication dispensing and specific disease state management.
Contac	ct Person Dmit	ry Vagman, RPh					Besides being a full service Pharmacy we are ACHC and URAC accredited. These difficult to obtain accreditations position us as an essential
		macist in Charge, Vice Presid	ent				partner to physicians and hospitals to educate, manage and dispense to patients that otherwise would be without professional help.
	oct Phone 718-			Extensio	n		Kings Pharmacy helps physicians obtain specialty medications and most importantly, manage patients' complex therapies in disease states such as Hepatitis C, Hemophilia, Diabetes, Infertility and others.
		ry.v@kingsrx.com					Many hospitals have grown accustomed to our high level of service and expect no less in the future.
_		owing VAP Exception:					We have clinical pharmacists available 24/7 to answer any questions that our patients may have, and provide in-home teaching for self-
		not be served without grant	ing the exception be	ecause no other elig	gible provider is	willing or capable	administration of injectable medications, such as Humira, Pegasys, Serostim and others.
of serving the community.							In addition, we hold Diabetes classes to educate and provide vital information to our patients to help them get on the right path to managing
O ii Anv	v hospital is uni	quely qualified to serve base	d on services provid	led. financial viabili	tv. relationship	s within the	their conditions.  We take pride in being a Clinical site for Long Island University Arnold and Marie Schwartz College of Pharmacy and Health Sciences, where we
community, and/or clear track record of success in reducing avoidable hospital use.							have the privilege to traine future pharmacists to be professional, knowledgeable and compassionate experts in their field.
O iii Anv			hlab b **				We are also the only ASHP accredited PGY-1 Community Residency program in NY Metropolitan Area where a clinical pharmacist is responsible
		ted health home or group of					for MTM and patient education.
		on i & ii – Please indicate wh	_				Moreover, we have recently become a 503B Outsourcing facility which will save hospitals and clinics resources by outsourcing preparations of their sterile compounds to Kings Pharmacy. Being licensed by FDA and NY state to do this, gives many facilities an opportunity to have additional
		d to join, then you will be de you are part of multiple PPSs			PS in the "App	eai Applicant	options for their patients and assures them of the highest quality compounding service that Kings Pharmacy would provide.
	·	on iii – The Department has			ed Health Home	s and Network	
		(CMAs) that have already be		-			
		n Home appears on this list a			-		
		submit this form. If the orga				•	
		eed to submit this form. If yo t provider list, but your organ	-				
		railable on the DSRIP website		t it snould quality a	is a ricaltificin	e, piease	
~ [	For Section IV,	f you are joining more than	one PPS, use second	d tab (Section VII) 1	to add addition	al PPSs.	
V. Percentag	ge of Medicaid	& Uninsured members that y	our facility serves				
	Me	dicaid (FFS & MC)	Uninsu	red	Data Sou	ırce Year	
Percentage	,	45%	13%		Opus IS	M 2013-14	
underst	e by Certify that t	45%  45%  he information and data pro	13%	s accurate and corr	Opus IS	M 2013-14	
appeal.	•				Answer		
Na	ame	Dmitry Vag	man	[@]			
	Title	Vice presid			-		
		eals from the CEO, CFO or	comparable will b	e accepted			

10/29/2014 **KPH Healthcare Services** 

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

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



					oasis it it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
	comment 30 days prior to appli	ication approval. Three allowed	reasons for grant	ing an exception a	re shown in Section IV.
I. Are you a Medica					
	swer Yes			▼	You have chosen the following VAP Exception: i
II. Appeal Applicant	Information				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organization N	ame: KPH Healthcare Services, Inc	i.			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined	PPS: St. Joseph's Hospital Health Center	3		~	You chose the qualification i, in the space below please include:
	is evaluated in the context of the P				
	the VAP Exception in that PPS as v		VII_Additional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	ction II and VII of the instructions for	or further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider	Type: Other			•	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - 0	Other: Pharmacy				b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
	Operating Certificate/	License # MMIS*		NPI*	· · ·
Unique Ident	ifiers: NYS Pharmacy license	031874 3585339	14	187996377	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency	Code:	·			
Billing Ent	ity ID:				Character Count: 2047
	Address	City	State	Zip	Delivery at Discharge is a comprehensive, mulitchannel transition of care program. Designed to significantly reduce preventable hospital
Add	Iress 2912 James Street	Syracuse	NY	13026	readmissions, this initiative also bridges the gap between health care providers and patients through innovative technology and communication
III. Appeal Point of	Contact			* REQUIRED	efforts. Developed by Kinney Drugs (a division of KPH Healthcare Services located in Syracuse, NY), Delivery at Discharge provides patients with
Contact Person					bedside delivery of medication and supplies prior to discharge as well as a comprehensive consultation process designed to properly educate an
	VP of Business Development and	Strategic Relations			prepare patients / caregivers for a successful transition to their residence or nursing home setting. Through implementation of Delivery at Discharge, hospitals, nursing homes and payers have realized a significant reduction in preventable readmissions in their targeted patient populations. No other pharmacy offers this unique service within the operating area of this PPS, specifically the Central New York region starting.
	315-276-5516		nsion		
Contact Email	mikeduteau@kinneydrugs.com				in Syracuse but also emcompassing those communities in a 45 mile radius in any direction. We are asking for an exception based on the
IV. Please choose th	e following VAP Exception:			_	provision of this service rather than traditional filling of prescriptions. Our pharmacists ensure that the patient receives all necessary medicatio prior to discharge, and counsels the patient and / or caregivers on proper use and importance of each medication. Once the patient is
of serving the Any hospita community,  iii Any state-downer choosing VAP E	ty will not be served without grant to community.  I is uniquely qualified to serve base and/or clear track record of successignated health home or group of exception i & ii – Please indicate which is the server of the server	ed on services provided, financial vi ss in reducing avoidable hospital us health homes. ** hat Performing Provider System (PF	ability, relationship se. PS) you plan on join	is within the	discharged to the home or nursing home setting, our Kinney Drugs Pharmacist calls him or her three times within the next 30 days to ensure medication adherence, determine if side effects of the medication are a barrier to successful therapy and also perform a disease state prognosis assessment. Any concerns, or "red flags", are immediately conveyed to the attending or primary care physicians in an attempt to intervene and avoid readmission to the hospital. To date, we have been able to demonstrate a 100% reduction in preventable readmissions for heart failure patients at St. Joseph's Hospital in Syracuse, New York.
Information – Section When choosing VAP E Care Management Ag: CMS approval. If your approval and do not n safety net list, you do another approved safe complete this form. Li	intend to join, then you will be det II". If you are part of multiple PPSs, xception iii— The Department has sencies (CMAs) that have already be Health Home appears on this list as eed to submit this form. If the orga not need to submit this form. If you ety net provider list, but your orgar st is available on the DSRIP website on IV, if you are joining more than	, see section VII tab. submitted a draft list of State Desig sen approved as safety net provider s pending approval, you will be gra anization operating your Health Ho ur organization does not appear or nization believes that it should qual 2.	nated Health Home rs as well as those t nted a VAP Excepti me/CMA already a n the draft Health H ify as a Health Hom	es and Network hat are pending on pending CMS opears on another ome list or on ne, please	
	licaid & Uninsured members that y		, 10 au au au aire		
	Medicaid (FFS & MC)	Uninsured	Data So	urce Year	
Percentage	12%	2%	l Prescript	ion Re 2014	
	that the information and data pro this information may be subject to Steve McC	o audit and I may be asked to prov		-	

10/29/2014 Lindsay Drug Co., Inc.

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

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



VILAI ACCESS FIOVILLEI	Exception. The state will consider	exceptions to the safety het	deminition (	on a case-by-case i	basis in it is deemed in the best interest of Medicald members. Any exceptions that are considered must be approved by CM3 and must
be posted for public com	ment 30 days prior to application ap	proval. Three allowed reaso	ns for grant	ing an exception a	are shown in Section IV.
I. Are you a Medicaid Pro	ovider				
Answer	Yes			~	You have chosen the following VAP Exception: i
II. Appeal Applicant Info	mation			<u>.</u>	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name:	Lindsay Drug Co., Inc.				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Albany Medical Center Hospital			-	You chose the qualification i, in the space below please include:
^^ The VAP Exception is eva	luated in the context of the PPS you are	joining. If you are joining more	e than one P	PS, you have the	
option of applying for the \	/AP Exception in that PPS as well (if appl	licable). Please see the "VII_Ad	ditional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. See <u>Section</u>	I and VII of the instructions for further of	clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Type:	Other			•	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Other:	Pharmacy				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate/License #	MMIS*		NPI*	of services for the PPS in this community (ies).
Unique Identifiers:	18848	918649	10	073598397	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Code:	100.10	310013		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Billing Entity ID:					Character Count: 3158
	Address	City	State	Zip	Lindsay Drug Co., Inc. is a full service Home Health Care Pharmacy and Durable Medical Equipment supplier offering services to our Rensselaer
Address	416 -5th Ave	Troy	ny	12182	County community since 1922. Rensselaer County has a population of about 160,000 people and is located across the Hudson River and runs
III. A I Daint of Court				* REQUIRED	North East of the Albany Medical Center Hospital. We would like to be included in the redesign project because we are an asset to our
III. Appeal Point of Contact Contact Person Kath					community and surrounding counties and there are currently no Safety Net Pharmacies listed in Rensselaer County. We are one of the top three
Title Pres					Medicaid Providers in our county. We are an information source for local health care providers for product availability, dosage forms, manufacturer specifications for use, formulary options, patient adherence and insurance product coverage. We carry a large inventory of medications and home health care products that are hard to find or not found in "help yourself" department stores with little or no staff knowledge or assistance. Lindsay Drug Company bases procedures of operation on problem solving, patient medical health care issues and
Contact Phone 518-		Extension		3	
Contact Email phar	macy@lindsaydrug.com	•	•		
IV. Please choose the fol	owing VAP Exception:				accommodating their needs to achieve the goal of patient satisfaction and well-being. We use the old fashioned idea of increased staffing to
of serving the cor Any hospital is un community, and/ iii Any state-designa When choosing VAP Except indicate what PPS you inter Information – Section II". If When choosing VAP Except Care Management Agencies CMS approval. If your Healt approval and do not need to safety net list, you do not n another approved safety net complete this form. List is a refor Section IV,	I not be served without granting the exc nomunity.  iquely qualified to serve based on servic or clear track record of success in reduc- ted health home or group of health hor ion i & ii – Please indicate what Perford d to join, then you will be denied. Pleas you are part of multiple PPSs, see sectic ion iii— The Department has submitted is i (CMAs) that have already been approve h Home appears on this list as pending it o submit this form. If the organization of each to submit this form. If your organizat t provider list, but your organization be vailable on the DSRIP website. if you are joining more than one PPS, u & Uninsured members that your facility	ces provided, financial viability, ing avoidable hospital use.  mes. **  ming Provider System (PPS) you se indicate the name of the PPS on VII tab.  a draft list of State Designated ad as safety net providers as wapproval, you will be granted a perating your Health Home/CN ation does not appear on the dilieves that it should qualify as a suse second tab (Section VII) to a suse second tab (Section VIII) to a suse suse second tab (Section VIII) to a suse suse suse suse second tab (Section VIII) to a suse suse suse suse suse suse suse su	relationship I plan on join I in the "App Health Home ell as those t VAP Excepti 4A already a raft Health Hom	ing. If you do not eal Applicant es and Network that are pending on pending CMS opears on another one list or on he, please	allow more pharmacist and staff contact with patients and more individual attention. We offer private and semi-private consultation areas for routine medication information and for other services of medication management and scheduling. We offer patient education materials in the form of specific drug monographs and also education materials on specific disease states to encourage healthy lifestyle and adherence to medication therapies. Lindsay Drug Co. is one of the few durable medical equipment suppliers in our county that actually helps people find and choose appropriate aids to daily living, soft surgical bracing items, bathroom safety equipment and self-mobility equipment. We are a Board of Certified Prosthetics and Orthotics (BOC) accredited supplier and employ certified fitters for post-mastectomy and surgical compression therapy patients. We offer home delivery service and routine telephone consultation for patients unable to leave their homes to come to the pharmacy in person. Lindsay Drug Co. is committed to supply the most professional pharmacy care possible. By staying up to date on legal and clinical changes, we carry out our daily activities to the best of our ability. We act honestly and ethically interacting with our patients, prescribers and their staff. We maintain accurate patient information and update it routinely. We follow the requirements of federal, state and private third parties and help their members understand rules and restrictions. We submit accurate member claims that have been ordered by a qualified prescriber. We help beneficiaries find less expensive therapy that will be effective. With integrity we look for fraud during our work activities and set examples in ethical behavior. We have been a Medicaid and Medicare Provider since the 1980's and would like to continue to be included in the Delivery System Reform Incentive Payment Program.
, T	· ·		Deta C	V	
	edicaid (FFS & MC)	Uninsured	Data So		
Percentage	27%	<5	Rx Reco	ords 08/13 -07/14	
	he information and data provided on the information may be subject to audit and Kathleen M Bonnier	d I may be asked to provide do			

### 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 post	ed for public								eption are shown in Section IV.
I. Are you a N	Medicaid Pro	ovider							
	Answer	Yes						•	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Info	rmation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	ation Name:	Madison Avenue Pharmacy	1						∼ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼
	Joined PPS:	Mount Sinai Hospitals Group						•	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is eva	luated in the context of the	PPS you are joinin	g. If you are jo	oining mor	e than one F	PPS, you h	ave the	
	-	'AP Exception in that PPS as			he <b>"VII_Ac</b>	lditional PPS	Ss" tab to	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		I and VII of the instructions	for further clarifica	ation!				include descriptions of the geographic area, the population, and how the services in this community are insufficient	
	rovider Type:							~	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other:	Pharmacy							b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
		Operating Certificate,	/License #	MMIS	5*		NPI*		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers:			01123	775	18	881712271	1	c. Any supporting documentation to substantiate your narrative (attach as FDF in the email when submitting)
	Agency Code:								Sharet a Santa 2000
Bill	ling Entity ID:	Address		City		State	Zip	2	Character Count: 3498
	Address	1407 Madison Ave	N	lew York		NY	100		Madison Avenue Pharmacy has been serving the community for over 25 years and has worked closely with Mount Sinai Hospital Manhattan
	Address	1407 Madison Ave	114	IEW TOTK		INI		EQUIRED	over these years. It is our intention to continue this relationship and partner with the Mount Sinai Hospital Group PPS. While Manhattan is a
III. Appeal Po	oint of Conta	act							very provider dense area, our proximity to the hospital and the services we provide make us unique. Madison Avenue Pharmacy is located ½ a
Contact	Person Marc								city block away from Mount Sinai Hospital Manhattan. Mount Sinai Manhattan currently services 45,557 Unique Medicaid Members with Services.  Please note the following services that we provide:
C		rvising Pharmacist							
	Phone 212-	/22-3200 isonrx@verizon.net		E	xtension				
									rease note the following services that we provide.
i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS 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.							ps within t ining. If yo "Appeal A mes and Ne that are p tion pendin appears or t Health Hu th Home,	etwork pending ng CMS nome list	Community Based Outcome Techniques has been our practice for years, well before it became the hot topic of Healthcare.  Medication Therapy Management Services (MTM), we identify our high risk patients by their insurance company. The insurance company alerts us of the patient's risks then we perform the required MTM service. We insure that these patients understand why they are taking their medications and the importance of taking them correctly.  Compliance Blister Packaging, a packaging system in which all meds that are taken the same time of day are packaged together. The blister pack has 28 sealed compartments that organizes four doses/day for a full week. Our pharmacists arrange the doses exactly as prescribed. This allows the patient to knows exactly when to take the medications. This packaging, because of its design, will alert caregivers immediately if a patient is non-compliant.  Medication Synchronization, we synchronize all the patients' refills so they are filled on the same day. This avoids multiple trips to the pharmacy and/or forgetting to refill a prescription, therefore increasing compliance.  Refill Reminder, a system that will contact all of our patients via telephone, email or smartphone to remind them to refill their prescriptions.  These are some of the unique services that we provide to keep our patients adherent, setting us apart from other pharmacies.  Adding to our importance to the community, we are currently working with Mount Sinai on an array of Clinical Based projects as noted:  We are Mount Sinai's 340B Pharmacy  We support Mount Sinai's Sexual Assault and Violence Intervention Program (SAVI)  We were chosen to be the exclusive control pharmacy when Mount Sinai was conducting the research on the effects of the toxic dust on the 911 responders.  Mount Sinai's Department of Psychiatry has identified patients with high readmission rates and discovered that some of these readmissions are due to the patient not filling their prescriptions upon discharge. Due to our close proximity to
	Me	dicaid (FFS & MC)	Unins	sured		Data Sou	urce	Year	provide, the Department has contacted us to fill these prescriptions. Now upon discharge a Med Reconciliation can be done insuring the patien has their meds therefore reducing readmission.  • Our Pharmacy works in conjunction with the Mount Sinai Resource Entitlement & Advocacy Program (REAP), identifying non-insured patients
Percentage		27%	29	%		harmacy S	Systen	2013	that are Medicaid eligible. If these patients need medication before their Medicaid is active, we fill their prescriptions as needed and then bill Medicaid once they become active. This insures that the patients get their medications so they can be successfully discharged from the hospita
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.  Answer									and avoid readmission or Emergency room visits.  These services are proven to drive positive outcomes within health care, making us a perfect partner for any PPS.
Nan	ne	Richard Sch	irripa		Yes		1		
	tle	CEO					]		
		eals from the CEO, CFO o	r comparable wil	II be accepte	d				

10/29/2014 Marg Pharmacy, Inc DBA Katz Drugs 1

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



							basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
•	•	ment 30 days prior to appli	ication approval. Thre	e allowed reaso	ns for grantin	g an exception	are shown in Section IV.
I. Are you a M	ledicaid Pro	vider					
	Answer	Yes				~	You have chosen the following VAP Exception:
II. Appeal App	licant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Marg Pharmacy, Inc DBA Ka	itz Drugs				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Select PPS				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is eva	luated <u>in the context of the P</u>	P <u>PS</u> you are joining. If yo	u are joining more	e than one PPS	, you have the	
	-	AP Exception in that PPS as v		e see the "VII_Ad	ditional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/	License #	MMIS*		NPI*	of services for the PPS in this community (ies). c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique	e Identifiers:	22684		1578078	1932	2185352	
A	gency Code:		•				
Billi	ing Entity ID:						Character Count: 299
		Address		City	State	Zip	This is Community Based Pharmacy serving community since 1898, We are one of the oldest location in this area, and serve large and verity of
	Address	76 Graham Avenue	Brookly	/n	NY	11206	people in this area, we monitor compliance, MTM and drug adherance and we are participatioing pharmacy for 340 B program with Woodhull
III. Appeal Poi	int of Conta					* REQUIRED	Hospital (HHC) Fecility,
	Person Hem						ill
Contact		pliance Officer					
Contact	Phone 718-			Extension			
Contact	t Email Kdru	gs@gmail.com					
IV. Please cho	ose the foll	owing VAP Exception:					
of ser Any h comm iii Any s When choosing indicate what P Information – S When choosing Care Managem CMS approval. approval and de safety net list, y	rving the connospital is un nunity, and/o tate-designa s VAP Except PS you inten- iection II". If: s VAP Except ent Agencies if your Healti o not need to you do not need to	not be served without grant immunity.  iquely qualified to serve base or clear track record of succested health home or group of the sum of the	ed on services provided, ss in reducing avoidable health homes. ** nat Performing Providen nied. Please indicate the see section VII tab. submitted a draft list of een approved as safety respending approval, you anization operating you ur organization does no	financial viability, hospital use.  System (PPS) you e name of the PPS State Designated I et providers as we will be granted a ' Health Home/CM t appear on the dr	relationships v plan on joinin, in the "Appea Health Homes is ell as those tha VAP Exception 1A already appraft Health Hon	g. If you do not all Applicant and Network at are pending cms ears on another me list or on	
complete this fo	orm. List is a	vailable on the DSRIP website if you are joining more than & Uninsured members that y	e. one PPS, use second ta				
	Me	dicaid (FFS & MC)	Uninsured		Data Source	ce Year	
Percentage		3900%	5%		pharmacy	2014	
	nd that this in	he information and data pro nformation may be subject to Sahaj Pat Presiden	o audit and I may be as el	ked to provide do	cumentation in		
110		eals from the CEO, CFO or		ccepted			

10/29/2014 Marg Pharmacy, Inc . DBA Katz Drugs 2

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

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



			·			•	basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
	•	ment 30 days prior to appli	ication approval. Three	allowed reaso	ns for granti	ing an exception a	re shown in Section IV.
I. Are you a	Medicaid Pro						
	Answer	Yes				~	You have chosen the following VAP Exception: i
II. Appeal A	pplicant Infor	rmation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organ	nization Name:	Marg Pharmacy, Inc . DBA Ka	atz Drugs				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Health & Hospital Corportation				•	You chose the qualification i, in the space below please include:
		luated in the context of the P					
		/AP Exception in that PPS as w		ee the "VII_Ad	ditional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:	Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provide	r Type - Other:	Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
		Operating Certificate/I	License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unio	que Identifiers:	22684	1	.578078	19	32185352	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:						
В	Billing Entity ID:						Character Count: 347
		Address		City	State	Zip	We are Community Based pharmacy serving community since 1898, we work closley with community Clinic and Hospital, we monitor compliance
	Address	76 Graham Avenue	Brooklyn		NY	11206 * REQUIRED	and drug adherence ,we are working with various patient for achiving their goal on drug adherence and comply with their treatment, we train patient to use various medicine to achive gola in their treatment plan,
III. Appeal P	Point of Conta	ıct				REQUIRED	patient to use various medicine to achive gold in their treatment plant,
	ct Person Hem						
		pliance Officer					
	ct Phone 718-			Extension			
Conta	act Email kdru	gs@gmail.com					
i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii—The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.						ing. If you do not eal Applicant are pending CMS oppears on another ome list or on e, please	
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	ırce Year	
Percentage	!	75%	5%		Pharmacy S	systen 2014	
underst appeal.	tand that this i	the information and data prov nformation may be subject to	o audit and I may be asked	d to provide do	cumentation swer		
Name Sahaj Patel  Title President							

10/29/2014 Marra's Pharmacy

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



You have chosen the following VAP Exception:  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:	
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~	
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~	
~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~	
You chose the qualification i, in the space below please include:	
The state of the s	
a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to	
include descriptions of the geographic area, the population, and how the services in this community are insufficient	
without your organization's involvement given the PPS current configuration of network providers.	
b. A description of the applicant's organization, the services provided, and how the services will enhance the network	
of services for the PPS in this community (ies).	
c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)	
Character Count: 1232	
Marra's Pharmacy has been serving the Medicaid and uninsured population for over 84 years. In as much as Medicaid in its current state did not	
come into existence until the mid 1960's, we at Marra's, now in our third generation of the same family ownership, believe that all individuals are	
deserved of the best and equal care, no matter their financial situation. For the past twenty years Marra's Pharmacy has provided both	
pharmacy and durable medical equipment/home care services. We serve the four county region of Albany, Rensselaer, Saratoga and	
Schenectady county and our service is either in the business or in the home. We continue to see an increase in deliveries to the point that we deliver average 75-100 deliveries on a typical business day. The majority if not all patients we deliver to today vs twenty years ago are infirmed and are on Medicaid or some other public assistance. Additionally Marra's also provides services to the developmentally disabled population of which we serve in the business and by delivery. We have become the sole provider in many circumstances for thousands of patients and caregivers due to our services we provide and we would like to be considered for the proper exception.	

10/29/2014 Moden-Giroux, Inc. dba Transit Hill Pharmacy

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



Vital Access	<u>Provider</u>	Exception: The state will	consider exceptions	to the safety	net def	finition 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 comi	ment 30 days prior to appli	ication approval. The	ee allowed re	easons f	or granting	g an exception a	are shown in Section IV.
I. Are you a N	1edicaid Pro	vider						
	Answer	Yes					-	You have chosen the following VAP Exception: i
II. Appeal App	olicant Infor	mation						VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Moden-Giroux, Inc. d/b/a Tr	ansit Hill Pharmacy					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
8	Joined PPS:	Erie County Medical Center Corpora	· ·				~	You chose the qualification i, in the space below please include:
ΛΛ The VΔP Evo		luated in the context of the P	1201000	νου are injuing r	more th:	an one PPS	you have the	Too chose the quantitation i, in the space below please mediae.
		'AP Exception in that PPS as v						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	-	I and VII of the instructions for					tab to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type:	Other					•	without your organization's involvement given the PPS current configuration of network providers.
	- ''						•	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider 1	Гуре - Other:	Pharmacy						of services for the PPS in this community (ies).
		Operating Certificate/	License #	MMIS*		1	VPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	e Identifiers:	19919		1092286		1518	3058106	e Any supporting declarication to substantiate your narrative (attach as 1.5) in the critical which substantiately
А	Agency Code:							
Billi	ing Entity ID:							Character Count: 2809
		Address		City		State	Zip	a. Moden-Giroux, Inc. d/b/a Transit Hill Pharmacy is applying for the VAP Exception to join the Erie County Medical Center PPS in meeting the
	Address	6344 Transit Road	Depe	N		NY	14043	needs of patients in Erie County. Through partnerships with local primary care providers and companies, clinical pharmacists from Transit Hill
							* REQUIRED	Pharmacy provide services to this population including medication therapy management, diabetes self-management education and training,
III. Appeal Poi								medication adherence services, immunization services, and insulin pump training and management.
Contact I		hen L. Giroux						b. Moden-Giroux, Inc. d/b/a Transit Hill Pharmacy is part of an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-
		er and President						Management Education and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29, 2012 – March 29, 2016.
	Phone (716			Extensi	ion			The DSME/T program at Transit Hill Pharmacy following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-
Contact	t Email girou	ıxmf@rochester.rr.com						Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively
IV. Please cho	ose the foll	owing VAP Exception:					_	manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks
Men choosing indicate what P Information – S When choosing Care Managem Care Managem approval. approval and disafety net list, y another approcomplete this for Formation – Fo	state-designa g VAP Except PPS you inten Section II". If: g VAP Except ent Agencies Iff your Healt! o not need to you do not need ved safety ne orm. List is a'r r Section IV,	iquely qualified to serve base or clear track record of succes ted health home or group of ion i & ii – Please indicate who do to join, then you will be detayou are part of multiple PPSs, ion iii—The Department has so (CMAs) that have already be in Home appears on this list are so submit this form. If the orgated to submit this form. If you to provider list, but your organ vailable on the DSRIP website if you are joining more than & Uninsured members that y	health homes. **  nat Performing Provid nied. Please indicate t , see section VII tab. submitted a draft list of ten approved as safety s pending approval, yo anization operating yo ur organization does n nization believes that i one PPS, use second t	er System (PPS) he name of the if State Designal net providers a nu will be grante ur Health Home ot appear on th e should qualify	) you pla e PPS in t sited Heal as well a ed a VAF e/CMA a he draft / as a Hea	in on joining the "Appeal lith Homes a s those that P Exception liready appe Health Home,	g. If you do not Applicant and Network t are pending pending CMS ears on another ne list or on please	we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently.  Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C.  In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonist (RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%).  These and other services will enhance the services offered by the Eric County Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved patient outcomes.
	Me	edicaid (FFS & MC)	Uninsure	d		Data Sourc	e Year	
Percentage		13%	4%			Internal	2013	
Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge. I understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.  Name  Stephen L. Giroux  Title  Owner and President  Only appeals from the CEO, CFO or comparable will be accepted								

10/29/2014 New Utrecht Pharmacy Inc.

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



er Exception: The state will	consider exceptions to the	e 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
mment 30 days prior to appl	ication approval. Three allo	owed reasor	ns for grantin	ng an exception	are shown in Section IV.
Provider					
er Yes				-	You have chosen the following VAP Exception: i
formation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
ne: New Utrecht Pharmacy Inc.					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
PS: Maimonides Medical Center				•	You chose the qualification i, in the space below please include:
evaluated in the context of the F	PPS you are joining. If you are	joining more	than one PPS	S, you have the	
e VAP Exception in that PPS as v	well (if applicable). Please see	the "VII_Add	ditional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
on II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
pe: Other				•	without your organization's involvement given the PPS current configuration of network providers.
er: Independent Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	/License # MA	MIS*		NDI*	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)
	310	5096	198	2730029	
					Character Count: 889
	С	itv	State	Zip	New Utrecht Pharmacy Inc is a community bases pharmacy located in the heart of Borough Park, Brooklyn. As an independent pharmacy in our
		,			39th year we are dedicated to promoting and fostering our unique pharmacy programs to the growing culturally diverse community. We provide
					community. Our pharmacy programs improve the lives of patients and we remain uniquely committed to serving the special pharmacy needs of
					our culturally diverse community.  New Utrecht Pharmacy offers many distinct and unique medication adherence programs that have enhanced the lives of patients and their caregivers. The following programs further improve the quality and value of the PPS in our community.  Please read attached pdf in email about our programs. Thank You.
•		Extension			
IMALTZ@GMAIL.COM					
following VAP Exception:				_	
uniquely qualified to serve base ad/or clear track record of successated health home or group of eption i & ii – Please indicate when the deption is a ii – Please indicate when the deption iii – The Department has spetion iii – The Department has so clies (CMAs) that have already be alth Home appears on this list and to submit this form. If the orgate need to submit this form. If yonet provider list, but your orgars is available on the DSRIP website IV, if you are joining more than	health homes. **  nat Performing Provider Syste nied. Please indicate the nam i, see section VII tab. submitted a draft list of State sen approved as safety net pr is pending approval, you will t anization operating your Heal ur organization does not app nization believes that it shoule one PPS, use second tab (Sec	em (PPS) you ne of the PPS Designated H oviders as we be granted a ' th Home/CM ear on the dr d qualify as a	plan on joinin in the "Appea Health Homes Ill as those tha VAP Exception A already app aft Health Hone Health Home	ng, If you do not al Applicant and Network at are pending n pending CMS ears on another me list or on , please	
	•	_			
Medicaid (FFS & MC)	Uninsured		Data Sour	ce Year	
69%	2%		Y MANAGE	MEN 2013	
is information may be subject to NATHAN MA PRESIDEN	o audit and I may be asked to ALTZ NT	Ans Yes	umentation i		
of the feet of the second of t	provider  rer   Yes  formation  ne:   New Utrecht Pharmacy Inc.  PS:   Maimonides Medical Center  evaluated in the context of the I  every Provider  rer   Independent Pharmacy  Operating Certificate,  rer:   Independent Pharmacy  Operating Certificate,  rer:   Independent Pharmacy  Operating Certificate,  rer:   Independent Pharmacy  Address  sss   4624 NEW UTRECHT AVENUMATER  MAYER MALTZ  HARMACY MANAGER  RAYER  RAYER MALTZ  HARMACY MANAGER  RAYER MAL	provider rer   Yes   formation   ne:   New Utrecht Pharmacy Inc.   PS:   Maimonides Medical Center   revaluated in the context of the PPS you are joining. If you are evaluated in the context of the PPS you are joining. If you are evaluated in the context of the PPS as well (if applicable). Please see on II and VII of the instructions for further clarification!  pe:   Other   ner:   Independent Pharmacy	promient 30 days prior to application approval. Three allowed reason Provider  er   ves   formation   ne: New Utrecht Pharmacy Inc.   PS: Maimonides Medical Center   evaluated in the context of the PPS you are joining. If you are joining more e VAP Exception in that PPS as well (if applicable). Please see the "VII_Add on II and VII of the instructions for further clarification! pe: Other   operating Certificate/License #   MMIS*   ers: 16931   518098   de:   IID:   Address   City   sss 4624 NEW UTRECHT AVENUE   BROOKLYN    INTACT   HARMACY MANAGER   HARMACY MANAGE	Address   City   State	mment 30 days prior to application approval. Three allowed reasons for granting an exception Provider    Provider   Provi

10/29/2014 P & S Pharmacy, Ilc dba Wurtsboro Pharmacy 1

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

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



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

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

must be poste	ed for public comment 30 days prior	to application appro	oval. Three allowe	d reasons for	granting an exce	ption are shown in Section IV.			
I. Are you a N	ledicaid Provider								
	Answer Yes Yes					You have chosen the following VAP Exception: i			
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!			
Organiza	ation Name: P & S Pharmacy, Ilc dba W	urtsboro Pharmacy				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~			
	Joined PPS: Wes Westchester Medical Center	ч				You chose the qualification i, in the space below please include:			
^^ The VAP Exc	eption is evaluated in the context of the	<u>e PPS</u> you are joining. I	If you are joining m	ore than one P	PS, you have the				
	ing for the VAP Exception in that PPS a		_	Additional PPS	s" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to			
	See Section II and VII of the instruction	s for further clarification	on!			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.			
Pr	ovider Type: Othe Other								
Provider T	ype - Other: Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).			
	Operating Certificat	e/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)			
Uniqu	e Identifiers:		2459772	15	88694483	c. Any supporting documentation to substantiate your narrative (attach as 1 or 11 the email when substantially)			
	gency Code:								
Billi	ng Entity ID:					Character Count: 1202			
	Address	144	City	State	Zip	P & S Pharmacy, Ilc, dba Wurtsboro Pharmacy is a full service, independently owned, located in Wurtsboro, NY. (Sullivan County). Pharmacy is			
<u> </u>	Address 2930 rt 209/ PO Box 897	wur	rtsboro	NY	12790 * REQUIRED	opened 6 days a week and has been in its present location for 11 years. Pharmacy serves the village of Wurtsboro and surrounding rural area with population of around 5000 or so of the total population of 76,665. The median income per houhold in Sullivan County is 36,998 and about			
III. Appeal Po	int of Contact				NEQUINED	11.6% and 17.4% of population were below poverty line. Estimated 46% of population fall in to low income category and are serviced by			
Contact I	Person Rahulkumar M Patel					medicaid, managed care or dual eligible. No pharmacy has been designated as a safety net provider in pharmacy's 15 mile radius. Therefore out			
	Title CEO					of the current configuaration of the PPS used by resident of Sullivan county with regard to MTM is not served. We will try to reduce the hospital readmission by educating people about adherence and MTM. We are capable of customized medication packaging to help adherence. Right now we work with Westchester Medical center and provide their pediatric oncology patient with specialised compunded medications. We will work with PPS to develop and execute additional programs to bring positive outcomes or goal.			
	Phone 845-888-2614		Extension						
Contact									
	nose the following VAP Exception: mmunity will not be served without gra	nting the avecation be	anusa na athar alia	ible provider i	. willing or				
	mmunity will not be served without gra ble of serving the community.	nting the exception be	ecause no otner elig	ible provider is	s willing or				
	or serving the community.								
Oi Any h	nospital is uniquely qualified to serve ba	sed on services provid	led, financial viabili	ty, relationship	s within the	<b>'</b>			
1	nunity, and/or clear track record of suc	cess in reducing avoida	able hospital use.						
Q <sub>ii</sub> Any s	tate-designated health home or group	of health homes. **							
	VAP Exception i & ii – Please indicate	what Performing Prov	vider System (PPS) y	ou plan on joir	ning. If you do not				
indicate what P	PS you intend to join, then you will be	denied. Please indicate	e the name of the P	PS in the "App	eal Applicant				
	Section II". <u>If you are part of multiple PP</u>								
_	y VAP Exception iii – The Department ha		_						
	ent Agencies (CMAs) that have already If your Health Home appears on this list								
	o not need to submit this form. If the o								
• •	net list, you do not need to submit this				• •				
or on another a	approved safety net provider list, but yo	ur organization believe	es that it should qu	alify as a Healt	h Home, please				
•	orm. List is available on the DSRIP webs								
~ For	Section IV, if you are joining more tha	n one PPS, use second	tab (Section VII) to	o add addition	al PPSs.				
V. Percentage	of Medicaid & Uninsured members tha	t your facility serves							
	Medicaid (FFS & MC)	Uninsur	red	Data Sou	irce Year				
Percentage	46%	12%		county so	urce 2010				
				ı		4			
	Certify that the information and data p				-				
appeal.	and that this information may be subje	ct to audit and I may t	ue asked to provide	uocumentatio	on in support of thi	5			
appeal.  Answer									
Nam			<u> </u>	es <b>O</b> No					
Tit	le CEO								

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

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



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

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

must be poste	ed for public	comment 30 days prior t	o application ap	pproval. Th	ree allowed i	reasons for	granting an exc	eptior	on are shown in Section IV.
I. Are you a N	ledicaid Pro	vider							
	Answer	Sele Select One						•	You have chosen the following VAP Exception: i
II. Appeal App	plicant Infor	mation						VI.	/I. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name:	P & S Pharmacy,llc dba Wur	tsboro Pharmacy	у				~ 1	The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Sele Select PPS						•	You chose the qualification i, in the space below please include:
		luated in the context of the AP Exception in that PPS as							a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See Section II	and VII of the instructions t	for further clarifi	ication!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Sele Select One						•	without your organization's involvement given the PPS current configuration of network providers.
		Pharmacy						1	b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate	/License #	M	IMIS*		NPI*	1	of services for the PPS in this community (ies).
Unique	e Identifiers:	operating dertineates	, Election ii		59772	15	88694483	ł	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:				33772	1	00031103	il	
	ing Entity ID:							1	Character Count: 1369
		Address			City	State	Zip	Р 8	& S Pharmacy Ilc, dba Wurtsboro Pharmacy is a full service, independently owned pharmacy, located in Wurtsboro, NY. (Sullivan County).
	Address	2930 route 209, PO Box 897	7	Wurtsboro		NY	12790	Ph	harmacy is opened 6 days a week and has been in present location for 11 years. Pharmacy serves the village of Wurtsboro and surrounding rura
							* REQUIRED		rea with population of around 5000 or so of the total population of 76,665. (Sullivan county census). The median income per houshold in
III. Appeal Po		t I kumar M Patel							ullivan county is 36,998 and about 11.6% of families and 17.4% of population were below poverty line. Estimated, 46 % of population fall in to
Contact i	Title CEO	i kumar ivi Patei							ow income category and are serviced by medicaid, managed care or dual eligible. No Pharmacy has been designated as a safety net provider in Vurtsboro Pharmacy's 15miles radius. Therefore the current configuration of the three PPS covering Sullivan county with regard to MTM is not
Contact	Phone 845-8	388-2614			Extension		4	111	erved. We try hard to reduce the hospital readmission by educating people about adherence and help elderly in reminding if needed of their
		ofsbp@hotmail.com, / wurt	tsboropharmacy(	@gmail.com				111	efill, doctors appointment and deliver medication. We also do non sterile compounding. We are capable of customized medication packaging to
IV. Please cho	ose the follo	owing VAP Exception:						he	elp adherence. If needed we provide translation servicein spanish and russian. We provide extensive patient counseling on a regular basis and
Capat Oi Any h comn	ble of serving nospital is uni- munity, and/o state-designat	not be served without grant the community. quely qualified to serve base or clear track record of succe sed health home or group of	ed on services pr ess in reducing av f health homes. *	rovided, fina voidable hos	ncial viability, spital use.	relationship	s within the		ould work with PPS to develop and execute additional programs to bring positive outcomes, or goals.
indicate what P Information – S When choosing Care Managem CMS approval. approval and d another safety or on another a complete this fo	PPS you intend Section II". If y g VAP Excepti ent Agencies If your Health o not need to net list, you capproved safe form. List is av	on i & ii – Please indicate w d to join, then you will be do you are part of multiple PPS: on iii— The Department has (CMAs) that have already be a Home appears on this list a submit this form. If the org to not need to submit this fot yet ynet provider list, but you vailable on the DSRIP websit f you are joining more than	enied. Please ind s, see section VII submitted a drat een approved as as pending appro ganization operat orm. If your orga ar organization be ee.	dicate the notate the notate the notate the notate that the no	te Designated Horoviders as we I be granted a salth Home/CM es not appear of it should qualif	in the "App Health Home ell as those t VAP Excepti IA already ap on the draft fy as a Healt	eal Applicant es and Network hat are pending opending CMS opears on Health Home list h Home, please		
V. Percentage	of Medicaid 8	& Uninsured members that	your facility serv	ves				,	
	Med	dicaid (FFS & MC)	Uni	nsured		Data Sou	rce Year		
Percentage		46%	1	12%		county so	urce 2010		
	and that this	he information and data pro information may be subject Rahulkumar N	t to audit and I m			ocumentatio wer			

10/29/2014 PURTI DRUGS CORPORATION

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

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



			·	•	•	asis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted fo	r public comm	nent 30 days prior to applicat	tion approval. Three allowed i	reasons for gran	ting an exception a	re shown in Section IV.
I. Are you a I	Medicaid Prov	vider				
	Answer	Yes			▼	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Inforn	nation				VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organi	zation Name: F	PURTI DRUGS CORPORATION				<sup>∼</sup> The VAP Exception relies heavily on the statement you provide, so please be concise and thorough <sup>∼</sup>
_	Joined PPS:	Select PPS			-	You chose the qualification i, in the space below please include:
^^ The VAP Ex	ception is evalu	uated in the context of the PPS	you are joining. If you are joining	g more than one F	PPS, you have the	
			l (if applicable). Please see the "V			a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's	. See <u>Section II</u>	and VII of the instructions for f	further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
F	rovider Type:	Other			•	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other: F	PHARMACY				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	.,,,,,	Operating Certificate/Lice	ense # MMIS*		NPI*	of services for the PPS in this community (ies).
Unio	ue Identifiers:	18315	868864	1	578645875	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	10313	808804		3/80438/3	
	ling Entity ID:					Character Count: 350
		Address	City	State	Zip	HI, I AM SERVING THIS COMMUNITY SINCE 1984. WYANDANCH IS POOR NEIGHBOURHOOD.WE HELPED THE COMMUNITY SEVERAL WAYS-
	Address 1	1537 STRAIGHT PATH	WYANDANCH	NY	11798	HELPING TO UNDERSTAND THE MEDICINE ,SIDE EFFECTS OF IT ,TAKING IT RIGHT WAY SO THEY CAN HAVE LESS HOSPITAL VISIT AND BETTER
	•		•	•	* REQUIRED	QUALITY OF LIFE.AS PER MY KNOWLEDGE THERE IS NO OTHER PHARMACY IN THIS D S R I P PROGRAMME IN OUR GEOGRAPHIC AREA.
<del></del>	oint of Contac					
Contact	Person AMAR					
		URTI DRUGS CORP. AND SUP. P				
	t Phone 631 64		Exten	ision		
	ct Email purtid	owing VAP Exception:				
Mhen choosir indicate what Information – When choosir Care Manager CMS approval approval and of safety net list, another approcomplete this ~ For Forest Proceedings of the complete complete this complete this representation.	state-designate  Ig VAP Exceptic  PPS you intend Section II". If yı  Ig VAP Exceptic  In YAP Exceptic  In Hyour Health  do not need to  you do not nee  tory ou do not nee  tory ou do not nee  you do not nee	quely qualified to serve based o or clear track record of success in ed health home or group of hea on i & ii – Please indicate what to join, then you will be denied ou are part of multiple PPSs, se on iii— The Department has sub (CMAs) that have already been in Home appears on this list as pe submit this form. If the organization ed to submit this form. If your corprovider list, but your organization ailable on the DSRIP website.	Performing Provider System (PP d. Please indicate the name of the section VII tab. mitted a draft list of State Design approved as safety net providers ending approval, you will be grar tation operating your Health Hor organization does not appear on attion believes that it should qualities PPS, use second tab (Section V	e.  S) you plan on join he PPS in the "App nated Health Hom s as well as those thed a VAP Except arc/CMA already a the draft Health Hor fy as a Health Hor	ning. If you do not be all Applicant es and Network that are pending from pending CMS prears on another tome list or on ne, please nal PPSs.	
	Med			<b> </b>		
Percentage		75%	3%	ARMACY S	OFTW. 2012	
understa appeal.	and that this in	formation may be subject to au	led on this form is accurate and oudit and I may be asked to provi	de documentatio Answer		
Na	me	amarish kachhy		Yes O No	<u> </u>	

10/29/2014 RG Drug Corp\_Apthorp Pharmacy

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



Vital Access Provide	r Exception: The state will	consider exceptions to th	ne safety net o	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 cor	mment 30 days prior to appli	ication approval. Three all	lowed reason	s for granting	g an exception a	are shown in Section IV.
I. Are you a Medicaid P	rovider					
Answe	Yes Yes				~	You have chosen the following VAP Exception: i
II. Appeal Applicant Inf	ormation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organization Name	e: RG Drug Corp					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Joined PP	S: The New York and Presbyterian Hos	spital			-	You chose the qualification i, in the space below please include:
^^ The VAP Exception is e	valuated in the context of the P	PPS you are joining. If you are	e joining more	than one PPS,	, you have the	
option of applying for the	VAP Exception in that PPS as v	vell (if applicable). Please se	e the <b>"VII_Add</b>	itional PPSs"	tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's. See Section	n II and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Provider Typ	e: Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider Type - Othe	r: Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate/	License # M	IMIS*	1	NPI*	of services for the PPS in this community (ies).
Unique Identifier		** **	72729	1225	5070857	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Agency Cod		1 13	, , , , ,	1223	3070037	
Billing Entity I						Character Count: 467
	Address		City	State	Zip	We have been servicing the Upper West Side Manhattan Community since 1910. We are open 365 days a year Monday-Friday 8AM - 9PM,
Address	2201 Broadway	NY		NY	10024	Saturday from 9AM - 7PM and Sunday from 9AM - 6PM. We have a large inventory of prescription medications and a staff of five full-time
					* REQUIRED	Pharmacists. We have been a long standing vendor for the IVF programs at Cornell and Columbia Medical Centers. To improve compliance we
III. Appeal Point of Con						particape in MTM programs and have a refill reminder program.
Contact Person Ru Title Pro	esident					
	7-578-4835		Extension			
Contact Findle 91			EXCENSION			
	ollowing VAP Exception:					
of serving the community, and Any hospital is a community, and Any state-design  When choosing VAP Exceindicate what PPS you into Information – Section II".  When choosing VAP Exceindicate what PPS you into Information – Section II".  When choosing VAP Exceindicate what PPS you into II will be a provention of the community of t	will not be served without grant community.  uniquely qualified to serve base dor clear track record of success and the least home or group of potion i & ii – Please indicate when to join, then you will be detend to join, then you will be detend to join, then you will be detend to join, then you will be detended to submit iii – The Department has sees (CMAs) that have already be alth Home appears on this list at to submit this form. If the organization of the submit this form. If you et provider list, but your organ available on the DSRIP website V, if you are joining more than d & Uninsured members that yet.	d on services provided, final ss in reducing avoidable hos health homes. **  that Performing Provider Systemed. Please indicate the naily see section VII tab.  submitted a draft list of State en approved as safety net per spending approval, you will suit an interest of the performance of the perfo	ncial viability, r pital use. tem (PPS) you p me of the PPS i e Designated H roviders as wel be granted a V alth Home/CM. bear on the dra Id qualify as a l	plan on joining in the "Appeal ealth Homes a ll as those that 'AP Exception A already appetft Health Home,	g. If you do not I Applicant and Network t are pending pending CMS ears on another ne list or on please	
	Medicaid (FFS & MC)	Uninsured		Data Sourc	ce Year	
Percentage	1%	11%		nacy Compute	er S 2013	
understand that this appeal.  Name  Title	t the information and data prosing information may be subject to Russell Ge CEO Opeals from the CEO, CFO or	o audit and I may be asked 1	Ansv	umentation in		

10/29/2014 Rosenkran's Pharmacy Inc. dba Oakfield Family Pharmacy

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

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



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

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

be posted for	public comment 30 days prior to ap	plication approval. Thre	e allowed reaso	ns for granti	ng an exception a	re shown in Section IV.
I. Are you a M	ledicaid Provider					
	Answer Yes				•	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	ation Name: Rosenkran's Pharmacy Inc	. d/b/a Oakfield Family Ph	armacy			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Niagara Falls Memorial Medical C	Center			-	You chose the qualification i, in the space below please include:
	eption is evaluated in the context of the					
	ing for the VAP Exception in that PPS as		e see the "VII_Ad	ditional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	See Section II and VII of the instructions	for further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
	ovider Type: Other				▼	without your organization's involvement given the PPS current configuration of network providers.  b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Provider T	ype - Other: Pharmacy					of services for the PPS in this community (ies).
	Operating Certificat	e/License #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	e Identifiers: 26915		2632906	19	72696300	
	gency Code:					Character County, 2305
BIIII	ng Entity ID: Address		City	State	Zip	Character Count: 3395  a. Rosenkran's Pharmacy Inc. d/b/a Oakfield Family Pharmacy is applying for the VAP Exception to join the Niagara Falls Memorial Medical Cente
	Address 40 Main Street	Oakfield		NY	14125	PPS in meeting the needs of patients in Genesee, Niagara, and Orleans counties. As an integral part of a rural population in Genesee County,
		122	-		* REQUIRED	Oakfield Family Pharmacy provides pharmacy and clinical services in an area with a primary care health professional shortage adjunct to several
III. Appeal Poi						medically underserved areas including Orleans Service area and Niagara Falls Service area which also have primary care health professional
Contact F	Person Stephen L. Giroux					shortages. Through partnerships with local primary care providers and companies, clinical pharmacists from Oakfield Family Pharmacy provide
Contact	Title Owner Phone (716) 735-3261		Extension			services to this population including medication therapy management, diabetes self-management education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have met the needs of patients who would otherwise
	Email girouxmf@rochester.rr.com		Extension			need to travel 50 miles or more to receive care or if unable to travel so travel so these services.
IV. Please cho	ose the following VAP Exception:					b. Rosenkran's Pharmacy Inc. d/b/a Oakfield Family Pharmacy has a partnership with an American Association of Diabetes Educators (AADE)
of ser Any h comn  iii Any s  When choosing indicate what P Information – S When choosing care Managem CMS approval. I approval and de safety net list, y another approv complete this fe	mmunity will not be served without granding the community.  Inospital is uniquely qualified to serve bath anunity, and/or clear track record of succeptated designated health home or group of the served of the ser	sed on services provided, cess in reducing avoidable of health homes. ** what Performing Provider denied. Please indicate the Ss, see section VII tab. s submitted a draft list of the been approved as safety in as pending approval, your organization does not anization believes that it stite.	financial viability, hospital use.  System (PPS) you e name of the PPS State Designated let providers as wwill be granted a Health Home/CN tappear on the dihould qualify as a	relationships  plan on joini in the "Appe  Health Home ell as those th  VAP Exceptio 4A already ap raft Health Hom in Health Hom	ng. If you do not all Applicant s and Network that are pending in pending CMS pears on another ome list or on e, please	Accredited Diabetes Self-Management Education and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29 2012 – March 29, 2016. The DSME/T program following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently.  Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C.  In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonis (RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services, improved adherence to medication regimens, and improved patient outcomes.
	Medicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage	17%	6%		Interna	al 2013	
-	Certify that the information and data print that this information may be subject					
appeal.	und mormation may be subject	. to duals und I may be don		swer	support or tills	
Nam	ne Stephen L.	Giroux	( Yes	s O No		
Titl	le Owne	er				

10/29/2014 Rosenkran's Pharmacy Inc.

### 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 comr	nent 30 days prior to appl	lication approval.		,				, , , , , , , , , , , , , , , , , , , ,
I. Are you a M							0		
	Answer	Yes						-	You have chosen the following VAP Exception: i
II. Appeal App	licant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Rosenkran's Pharmacy Inc.							~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Niagara Falls Memorial Medical Ce	nter					-	You chose the qualification i, in the space below please include:
^^ The VAP Exc		uated in the context of the I	PPS you are joining.	. If you are joini	ing more	than one PF	PS, you hav	e the	
		AP Exception in that PPS as			"VII_Add	itional PPSs	s" tab to se	lect	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section I</u>	and VII of the instructions f	or further clarificati	tion!					include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:	Pharmacy							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate,	/License #	MMIS*			NPI*		of services for the PPS in this community (ies).  c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Unique	e Identifiers:	7943		453338		13	86733079		e. Any supporting documentation to substantiate your narrative (attach as 101 in the cinan when submitting)
	gency Code:								
Billi	ng Entity ID:			<b></b>		1 1			Character Count: 3261
	Address	Address 526 Main Street	NA:	City		State NY	Zip 1410		a. Rosenkran's Pharmacy Inc. is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center PPS in meeting the needs of patients in Niagara and Orleans counties. As an integral part of a rural population in Orleans County, Rosenkran's Pharmacy Inc. provides
	Audress	520 Maiii Street	IVIE	euma		INT		QUIRED	pharmacy and clinical services in a medically underserved area (Orleans Service area) and adjunct to the Niagara Falls Service area which both
III. Appeal Poi	int of Conta	ct							also have primary care health professional shortages. Through partnerships with local primary care providers and companies, clinical pharmacist
Contact I		nen L. Giroux							from Rosenkran's Pharmacy Inc. provide services to this population including medication therapy management, diabetes self-management
	Title Own			1					education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have
	Phone (716)	xmf@rochester.rr.com		EXT	ension				met the needs of patients who would otherwise need to travel 50 miles or more to receive care or if unable to travel were denied access to thes services.
	•								b. Rosenkran's Pharmacy Inc. has partnership with an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-Managemen
IV. Please choose the following VAP Exception:  A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval. If your Health Home appears on this list as pending approval, you will be granted a VAP Exception pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, If you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.								do not nt vork ading a CMS another	Education and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently.  Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C.  In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonic (RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services offered by the Niagara Falls Memorial Medical Center PPS by contributing to improved patient access to clinical s
v. Percentage (		& Uninsured members that	-						
	Me	dicaid (FFS & MC)	Uninsu	ured		Data Sou	urce \	Year	
Percentage		17%	7%	%		Interna	al	2013	
-	n <b>d that this in</b>	he information and data pro information may be subject to Stephen L. C Owner eals from the CEO, CFO or	o audit and I may b Siroux	be asked to pro		umentation wer	-	_	

11/10/2014 S & T PHARMACY

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

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							basis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and mus
		ent 30 days prior to applic	cation approval.	Three allowed reas	ons for gran	ting an exception	are shown in Section IV.
I. Are you a N	Nedicaid Provi						
	Answer Ye	es				▼	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Inform	ation					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name: S	& T PHARMACY					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Se	elect PPS				~	You chose the qualification i, in the space below please include:
		ated in the context of the PP					
		P Exception in that PPS as we			dditional PPS	is" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
		nd VII of the instructions for	r turtner clarificati	ion!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
P	rovider Type: 0	ther				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other: Pl	HARMACY					b. A description of the applicant's organization, the services provided, and how the services will enhance the network of services for the PPS in this community (ies).
		Operating Certificate/Li	icense #	MMIS*		NPI*	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Uniqu	e Identifiers:	27764		2998236	1	972518512	c. Any supporting documentation to substantiate your manative (attach as FDF in the email when submitting)
,	Agency Code:						
Bill	ing Entity ID:						Character Count: 1647
		Address		City	State	Zip	Previously we only submitted the FFS data that was required which was NY Medicaid patients only. Since the definition has changed to include
	Address 39	91 EASTERN PARKWAY	BR	OOKLYN	NY	11216	dual eligible Medicaid and managed care prescriptions, we are updating our data to reflect the current adjusted criteria which shows we satisfy
III Anneal Po	int of Contact					* REQUIRED	the 35% criteria. We do not belong or are directly affiliated with any PPS facilities but indirectly we work closely with many physicians in some of the optioned facilities and beyond. We service a community that is largely West Indian (particularly immigrants from Haiti) and West Africans,
<del></del>	Person DONAL						where English isnt their primary languange. Because of the language barrier, many patients face complications from medication adherence and
	Title OWNE						compliance. Because our phamacy is a multi-lingual facility, we create a link in collaborating with physicians and patients on these common
Contact	Phone 718-75	6-6026		Extension			issues. With time restraints on office visits and lack of proper communication/understanding, many patients suffer from preventable adverse
Contac	t Email SNTPH	ARMACIE@OPTONLINE.NET					effects or ineffective therapy which leads to noncompliance. We serve as a healthy mediator to both parties, essentially correcting avertible
IV. Please cho	ose the follow	ving VAP Exception:					errors in healthcare. We also participate in Mylan's CLozapine monitoring program. We service a fair amount of AIDS patients, where compliance is a big concern in their overall health/prognosis. We work closely with physicians, even notifying them of prescrition refills for certain patients
O iii Any comi	munity, and/or state-designated g VAP Exception	nunity.  July qualified to serve based clear track record of success dhealth home or group of himates in Please indicate what to join, then you will be denited to join.	s in reducing avoid health homes. ** at Performing Prov	dable hospital use. vider System (PPS) yo	ou plan on joi	ning. If you do not	who are suspected of noncompliance. Taking the extra step in assuring efficiant healthcare practices has become the core of our facility's practic and excluding us from the DSRIP program would hugely impact that.
When choosing Care Managem CMS approval. approval and d safety net list, another appro- complete this	g VAP Exception nent Agencies (C If your Health H lo not need to s you do not need ved safety net p form. List is avai	u are part of multiple PPSs, s n iii—The Department has su MAs) that have already beer dome appears on this list as l ubmit this form. If the organ d to submit this form. If your provider list, but your organiz ilable on the DSRIP website.	abmitted a draft list on approved as saft pending approval, nization operating or organization doe zation believes tha	st of State Designated ety net providers as v , you will be granted your Health Home/C es not appear on the at it should qualify as	well as those to a VAP Excepti MA already a draft Health Hor a Health Hor	that are pending ion pending CMS ppears on another dome list or on ne, please	
V. Percentage	of Medicaid &	Uninsured members that yo	our facility serves				
	Medi	caid (FFS & MC)	Uninsu	ured	Data So	urce Year	
Percentage		36%	129	%	QS1	2011	
	nd that this info	information and data provi ormation may be subject to DONALL ST.FLI	audit and I may b	e asked to provide d			

10/29/2014 SRK PHARMACY INC DBA V&K PHARMACY

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

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		· · · · · · · · · · · · · · · · · · ·		•	oasis if it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
be posted for	public comment 30 days prior to appl	lication approval. Three allowed rea	sons for granti	ing an exception a	re shown in Section IV.
I. Are you a M	ledicaid Provider				
	Answer Yes			▼	You have chosen the following VAP Exception: i
II. Appeal App	olicant Information			<u>.                                      </u>	VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: SRK PHARMACY INC DBA V8	&K PHARMACY			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Select PPS			-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	eption is evaluated in the context of the I	PPS you are joining. If you are joining m	ore than one PP	S, you have the	
option of apply	ing for the VAP Exception in that PPS as v	well (if applicable). Please see the "VII_	Additional PPSs	" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See <u>Section II and VII</u> of the instructions f	for further clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	ovider Type: Other			•	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other: PHARMACY				b. A description of the applicant's organization, the services provided, and how the services will enhance the network
	Operating Certificate	/License # MMIS*		NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers: 31753	3530792	14	87907697	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:	3330732		0,30,03,	
	ing Entity ID: AJPI				Character Count: 0
	Address	City	State	Zip	
	Address 1227 OGDEN AVE	BRONX	NY	10452	
				* REQUIRED	
III. Appeal Poi					
Contact	Person SRINIVASA KOLLI Title SUPERVISING PHAMACIST/PRESID	DENT			
Contact	Phone 718-293-8777	Extensio	n		
	Email RXKOLLI@HOTMAIL.COM				
	ose the following VAP Exception:				
When choosing indicate what P Information – S When choosing Care Managem CMS approval. I approval approval expression of the complete this for possible complete complete this for possible complete complete this for possible complete comp	rving the community.  rospital is uniquely qualified to serve base nunity, and/or clear track record of succe tate-designated health home or group of g VAP Exception i & ii – Please indicate where you intend to join, then you will be dection II". If you are part of multiple PPSs y VAP Exception iii—The Department has sent Agencies (CMAs) that have already be fif your Health Home appears on this list a on on theed to submit this form. If the orgoud on ont need to submit this form. If you ded safety net provider list, but your organorm. List is available on the DSRIP websiter Section IV, if you are joining more than of Medicaid & Uninsured members that y Medicaid (FFS & MC)	ess in reducing avoidable hospital use.  If health homes. **  hat Performing Provider System (PPS) enied. Please indicate the name of the see section VII tab.  submitted a draft list of State Designateen approved as safety net providers as as pending approval, you will be granteaprization operating your Health Home, our organization does not appear on the nization believes that it should qualify is.  If one PPS, use second tab (Section VII)	you plan on joini PPS in the "Appe ed Health Home; well as those th 1 a VAP Exceptic (CMA already ap e draft Health Ho as a Health Hom	ing. If you do not eal Applicant s and Network nat are pending on pending CMS pepars on another ome list or on e, please al PPSs.	
			-		
Percentage	3500%	7%	ERNAL COI	MPUT 2013	
-	Certify that the information and data pro nd that this information may be subject t ne SRINIVASA I	to audit and I may be asked to provide			
Tit	le PRESIDEN				

10/29/2014 Sullivan Pharmacy - VAP

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

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



Vital Access	<u>s Provider l</u>	Exception: The state will	consider exceptions to the	safety net o	definition of	on a case-by-case b	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	r public comr	nent 30 days prior to appli	ication approval. Three allo	wed reason	s for grant	ting an exception a	re shown in Section IV.
I. Are you a N	Medicaid Pro	vider					
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	zation Name:	Sullivan Pharmacy Inc					~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Westchester Medical Center				~	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is eval	uated in the context of the P	PPS you are joining. If you are j	joining more	than one P	PS, you have the	
			well (if applicable). Please see				a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	. See <u>Section II</u>	and VII of the instructions for	or further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
P	rovider Type:	Other				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider	Type - Other:	Pharmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
11011461	Type Other	Operating Certificate/	/License # MN	11C*		NPI*	of services for the PPS in this community (ies).
llaia.	ue Identifiers:	Operating Certificate/	2632		1.	194810770	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:		2632	2740	1.	194810770	
	lling Entity ID:						Character Count: 2180
	ing Energy ID.	Address	Ci	tv	State	Zip	Sullivan Pharmacy is a full-service, independently owned pharmacy located in Liberty, NY. The pharmacy is open 7 days per week, and has been
	Address	267 North Main Street	Liberty	-1	NY	12754	in operation for 10 years.
		207 Horar Main Screet	Liberty			* REQUIRED	Sullivan services the city of Liberty, which has a population of 5000, and surrounding areas in rural Sullivan county, which has a total population
III. Appeal Po	oint of Conta	ct					of 76,658. The median household income in Sullivan County is \$ 32,000 . Approx. 17.5% are below the poverty level. Of Sullivan's current
Contact	Person Sona	Trivedi					patient population, we estimate 46% fall into the low income category, and are Medicaid, Managed Care or dual eligible. No pharmacy has been
	Title Supe	rvising Pharmacist/Owner					designated as a safety net provider in Sullivan's service area; therefore the current configuration of the three PPS covering Sullivan County with
		799-0199 cell 845-295-545	66 Pharmacy	Extension			regard to support of medication therapy management is insufficient.
Contac	ct Email 1son	altrivedi@gmail.com					Sullivan Pharmacy offers several services that are unique to pharmacies in its trading area (Sullivan County), which can enhance patient care and support the reduction of hospital readmission by improving patient access to medication and adherence to regimens. Such services include
i A coordinate of see o	hospital is uninumity, and/o state-designat g VAP Excepti PPS you intens Section II". If y gr VAP Excepti gent Agencies If your Health do not need to you do not nee wed safety net form. List is av or Section IV, i of Medicaid &	quely qualified to serve base or clear track record of success and health home or group of on i & ii – Please indicate what to join, then you will be derivou are part of multiple PPSs, on iii—The Department has se (CMAs) that have already be a Home appears on this list as submit this form. If you provider list, but your organialiable on the DSRIP website if you are joining more than as a Uninsured members that y	nat Performing Provider Syste nied. Please indicate the nam s, see section VII tab. submitted a draft list of State I sen approved as safety net pro s pending approval, you will b anization operating your Healt ur organization does not appe nization believes that it should b. one PPS, use second tab (Sect your facility serves	m (PPS) you pe of the PPS i Designated Hividers as well e granted a Vel Home/CM/ear on the draid qualify as a light	plan on joir in the "App ealth Home Il as those t 'AP Excepti A already a jft Health H Health Hom	os within the  ning. If you do not eal Applicant es and Network that are pending on pending CMS oppears on another tome list or on ne, please hal PPSs.	home delivery, customized medication packaging designed to increase compliance/adherence, and compounding of non-sterile medications. Sullivan Pharmacy gives influenza, pneumococcal and shingles immunizations, and collaborates with Liberty schools to present a medicine safety/poison control program. Sullivan's staff includes 4 pharmacy technicians, and includes multi-lingual employees (Spanish). In addition, translation services are offered to patients of limited English proficiency. Sullivan's pharmacists provide extensive patient counseling on a regular basis, and would work with the PPS to develop and execute additional programs to drive positive outcomes. Some examples of programs that could possibly be developed include pre-discharge counseling, bedside delivery of discharge medications, medication reconciliation, post-discharge counseling and adherence monitoring through scheduled patient contacts at designated time intervals. Sullivan would work with the PPS to develop attainable goals, and would work toward achieving them.
	Me	dicaid (FFS & MC)	Uninsured		Data So	urce Year	
Percentage		46%	12%		CountyCe	ensus 2010	
understa appeal.	and that this ir	•	vided on this form is accurate o audit and I may be asked to	provide doci	umentation wer		
Nar Tit	me itle	CEO/Owner/Supervisi		Tes Yes	O No		

10/29/2014 Summit Park Pharmacy, Inc.

### 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 comr	nent 30 days prior to appli	ication approval. Thre	e allowed rea	asons for	granting a	n exception a	are shown in Section IV.
I. Are you a N		vider						
	Answer	Yes					~	You have chosen the following VAP Exception: i
II. Appeal Ap	plicant Infor	mation						VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiz	ation Name:	Summit Park Pharmacy, Inc.						~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Niagara Falls Memorial Medical Cen					•	You chose the qualification i, in the space below please include:
		uated in the context of the P						
		AP Exception in that PPS as was and VII of the instructions for		e see the "VII_	_Additiona	al PPSs" tab	to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to include descriptions of the geographic area, the population, and how the services in this community are insufficient
	rovider Type:		or rurtiner clarifications				•	without your organization's involvement given the PPS current configuration of network providers.
		Pharmacy						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Flovidei	Type - Other.	•	11:	MMIS*		NP	1*	of services for the PPS in this community (ies).
Uniqu	ıe Identifiers:	Operating Certificate/ 27337	License #	2728921		106342		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	2/33/		2/20921		100342	27030	
	ling Entity ID:							Character Count: 3287
		Address		City	Sta	ate	Zip	a. Summit Park Pharmacy, Inc. is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center PPS in meeting the needs of
	Address	2578 Niagara Falls Blvd	Niagara	Falls	N	1Y	14304	patients in Niagara and Orleans counties. As an integral part of a rural population in Niagara County, Summit Park Pharmacy provides pharmacy
III. Appeal Po	int of Conta	rt					* REQUIRED	and clinical services in an area that adjunct to several medically underserved areas including Niagara Falls Service area and Orleans Service area which also have primary care health professional shortages. Through partnerships with local primary care providers and companies, clinical
	Person Steph							pharmacists from Summit Park Pharmacy provide services to this population including medication therapy management, diabetes self-
	Title Own							management education and training, medication adherence services, immunization services, and insulin pump training and management. Our
	Phone (716)			Extensio	n			services have met the needs of patients who would otherwise need to travel 30 miles or more to receive care or if unable to travel were denied
		xmf@rochester.rr.com						access to these services.  b. Summit Park Pharmacy, Inc. is part of an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-Management Education
IV. Please cho	oose the foll	owing VAP Exception:						and Training (DSME/T) Program – 'Western New York Diabetes Solutions', ID#207980, March 29, 2012 – March 29, 2016. The DSME/T program at
		not be served without granti	ing the exception becau	se no other eli	igible prov	vider is willi	ng or capable	Summit Park Pharmacy following the AADE Diabetes Education Curriculum: Guiding Patients to Successful Self-Management, focuses on
	rving the com	munity.						educating patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients'
O ii Any	hospital is uni	quely qualified to serve base	ed on services provided,	financial viabil	lity, relatio	onships witl	hin the	Imedication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications.
com	munity, and/o	r clear track record of succes	ss in reducing avoidable	hospital use.				Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and
O iii Any	state-designat	ed health home or group of	health homes. **					conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem
When choosin	g VAP Excepti	on i & ii – Please indicate wh	nat Performing Provider	System (PPS)	you plan o	on joining. I	f you do not	solving and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hou
		d to join, then you will be der		e name of the	PPS in the	"Appeal A	pplicant	long classes, every 2 weeks for 2 months, if completed consistently.
	·	ou are part of multiple PPSs,						Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C.
		on iii– The Department has s (CMAs) that have already be		_				In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the
		Home appears on this list as		•				accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagonis
approval and d	lo not need to	submit this form. If the orga	anization operating your	Health Home	/CMA alre	ady appear	s on another	(RASA) mechanism (91.7%), agents with an HMG-CoA reductase inhibitor mechanism (89.7%). These and other services will enhance the services
	•	ed to submit this form. If you	•					offered by the Niagara Falls Memorial Medical Center PPS by contributing to improved patient access to clinical services, improved adherence to medication regimens, and improved patient outcomes.
		provider list, but your organ ailable on the DSRIP website		should quality a	as a Healti	h Home, ple	ease	medication regiments, and improved patient outcomes.
		f you are joining more than		(Section VII)	to add ad	ditional PP	Ss.	
				,				
v. Percentage	of Medicaid	& Uninsured members that y	our facility serves				1 1	
	Me	dicaid (FFS & MC)	Uninsured		Da	nta Source	Year	
Percentage		15%	5%			Internal	2013	
-	nd that this in	ne information and data pro iformation may be subject to Stephen L. G Owner	o audit and I may be asl iroux	ked to provide		tation in su		

VIII.

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

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



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

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

I. Are you a M	•	nient 30 days prior to appr wider	ication approvai. 11	ii ee aiiow	eu reasons	s ioi giaiit	ing an exc	ериона	le shown in Section IV.				
you u	Answer	Yes						~	You have chosen the following VAP Exception:				
II. Appeal App	olicant Infor	mation							VI. Restricted to 3500 Characters only! - Please read instructions for clarification!				
		Vascuscript, Inc., d/b/a Mol	oile Pharmacy Solution	ns				T	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~				
- 0-	Joined PPS:	Erie County Medical Center Corpor	ation					-	You chose the qualification i, in the space below please include:				
		luated in the context of the		f you are jo	oining more	than one	PPS, you ha	eve the					
option of apply	ing for the V	'AP Exception in that PPS as	well (if applicable). P	lease see t	he "VII_Ado	ditional PP	Ss" tab to s	select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to				
multiple PPS's.	See <u>Section I</u>	I and VII of the instructions	for further clarification	on!					include descriptions of the geographic area, the population, and how the services in this community are insufficient				
Pr	rovider Type:	Other						•	without your organization's involvement given the PPS current configuration of network providers.				
Provider 1	Type - Other:	Pharmacy							b. A description of the applicant's organization, the services provided, and how the services will enhance the network				
		Operating Certificate,	/License #	MMI	S*		NPI*		of services for the PPS in this community (ies).				
Unique	e Identifiers:	29447		31246	i23	1	568603124		c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)				
A	Agency Code:												
Billi	ing Entity ID:								Character Count: 3499				
		Address		City	'	State	Zip		ECMCC as a certified DSRIP PPS has created an extensive network of partner organizations providing services to 8 WNY counties. Medical and				
	Address	644 Ellicott Street, Suite 104	4 Buff	alo		NY	1420	OUIRED	community-based services have been selected to encompass primary and specialty care, pediatric and family care, hospital and long-term care,				
III. Appeal Poi	int of Conta	ct					* RE	QUIRED	and the very challenging areas of behavioral health and substance abuse. The partnership network is impressive, but incomplete without a dynamic community pharmacy presence to facilitate care planning efforts of the respective partners. Medical literature is expansive on reasons				
		Trzewieczynski, RPh							for poor medication use. There is overlap of clinical and logistic reasons for patient inability to adhere to provider recommendation. The				
		f Executive Officer							partnership is presently structured to address clinical complexity driving medication non-adherence, but lacks a robust support system to				
Contact	Phone 716-2	247-5300		E	xtension		284		address patient driven factors:				
Contact	t Email dean	.t@mpswny.com							Remembering to refill medications				
IV. Please cho	ose the foll	owing VAP Exception:							Synchronizing medication refills and organizing daily regimens				
i A co	mmunity will	not be served without gran	ting the excention he	rause no c	ther eligible	e provider	is willing o	,	<ul> <li>Contacting providers when new refills become due</li> <li>Understanding transition plans or change in therapy</li> </ul>				
		the community.	ang the exception be	eduse no e	rener engiler	c provide:		·	Lack of confidence or knowledge to ask about side effects, efficacy, or alternative therapy				
		, ,							Polypharmacy (too many or unnecessary medications)				
O ii Any h	hospital is uni	iquely qualified to serve bas	ed on services provid	led, financi	al viability,	relationshi	ips within t	he	Transportation to the pharmacy				
comn	munity, and/o	or clear track record of succe	ess in reducing avoida	ble hospit	al use.				Ability to pay for medications or OTCs				
O iii Any s	state-designa	ted health home or group of	f health homes **						Special formulation needs (i.e. liquids or topical preparations)				
									VascuScript, Inc. d/b/a Mobile Pharmacy Solutions (MPS) is an independent retail community pharmacy in operation since 2009. A start-up business in Buffalo, NY the pharmacy has evolved a set of patient care services through close collaboration with medical, community, and				
		ion i & ii – Please indicate w	-						academic partners and is now located in the Innovation Center on the BNMC. Available care services are targeted at eliminating known barriers				
	,	d to join, then you will be de you are part of multiple PPS			of the PPS	in the "Ap	peal Applic	ant	to medication use. The following set of services are not otherwise available in WNY and are provided free of charge:				
		i <b>on iii</b> – The Department has			necianated I	Health Hon	nes and Ne	twork	Non-automated refill reminder calls from pharmacist/technical staff				
,		(CMAs) that have already b							Synchronization of chronic medication refills to take place at the same time				
		h Home appears on this list a							Compliance packaging to create daily medication regimens (Pop-PakTM)				
approval and d	lo not need to	submit this form. If the org	anization operating y	our Health	Home/CM	A already	appears on		Clinical pharmacists to speak with patients and consult with providers				
		do not need to submit this fo							PharmD Diabetes Educator for patients with diabetes/metabolic disease     Pharmacist liaison to visit medical providers or community organizations				
		ety net provider list, but you		es that it sl	nould qualif	y as a Heal	lth Home, p	olease	Pharmacist haison to visit (>500 completed)				
		vailable on the DSRIP websit f you are joining more than		A= - (C = -A:	\( 0 \) +		I DDC-		Home delivery of medications (patient preference; personal courier or mailing)				
FOR	section iv, ii	r you are joining more than	one PPS, use second	tab (Secti	on vii) to a	aa aaaitio	nai PPSS.		Accounting department for payment planning options				
V. Percentage	of Medicaid	& Uninsured members that	your facility serves						Compounding laboratory for custom preparations				
I							T		24/7 on-call pharmacist availability				
	Me	dicaid (FFS & MC)	Uninsur	ed		Data So	ource	Year	MPS provides services to 8 WNY counties. The Mobile Pharmacy model of developing and delivering community pharmacy-based care services in collaboration with medical and community partners aligns with the ECMCC partnership and the stated goal of the DSRIP program to promote				
Dorcontoc		18%	4%			Intern	nal	2014	community-level collaborations and system reform. Impending innovation in strategic planning phase with community partners include reform				
Percentage		1870	4%			Estima	ate	2014	guidance to be presented to NYSBOP for appropriate use of videoconferencing and telepharmacy in high impact settings. Integration of MPS				
									services to the partnership network will serve to seamlessly enhance provider ability to create and implement care plans and ease patient-				
		he information and data pr											
this appe		information may be subjec	t to audit and I may	pe asked t	o proviae d	ocumenta	ition in sup	port of	achieving 25% reduction in avoidable hospital use over the next 5 years.				
uns appe	aı.				Ansv	wer							
Nam	ne	Dean Trzewie	czynski		Yes	O No	7						
Tit	tle	CEO					_						

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

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

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

I. Are you a IV	ledicald Provi	ider					
	Answer Ye	'es				~	You have chosen the following VAP Exception: i
II. Appeal App	plicant Inform	nation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name: V	ascuscript, Inc., d/b/a Mobile	e Pharmacy Solutions				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Er	rie County Medical Center Corporatio	ion			-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evalu	ated in the context of the PP	S you are joining. If you are	e joining more	e than one f	PPS, you have the	
		P Exception in that PPS as we		e the <b>"VII_Ad</b>	ditional PP	Ss" tab to select	a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
multiple PPS's.	See Section II a	and VII of the instructions for	r further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type: o	Other				•	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other: Pl	harmacy					b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/Lie	icense # MN	MIS*	1	NPI*	of services for the PPS in this community (ies).
Uniqu	ie Identifiers:	29447	312	4623	1!	568603124	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
Α	Agency Code:						
Bill	ling Entity ID:						Character Count: 3499
		Address		City	State	Zip	ECMCC as a certified DSRIP PPS has created an extensive network of partner organizations providing services to 8 WNY counties. Medical and
	Address 64	44 Ellicott Street, Suite 104	Buffalo		NY	14203	community-based services have been selected to encompass primary and specialty care, pediatric and family care, hospital and long-term care,
III Anneal Po	int of Contact	+				* REQUIRED	and the very challenging areas of behavioral health and substance abuse. The partnership network is impressive, but incomplete without a dynamic community pharmacy presence to facilitate care planning efforts of the respective partners. Medical literature is expansive on reasons
•••		Frzewieczynski, RPh					for poor medication use. There is overlap of clinical and logistic reasons for patient inability to adhere to provider recommendation. The
Contact		Executive Officer					partnership is presently structured to address clinical complexity driving medication non-adherence, but lacks a robust support system to
Contact	Phone 716-24	17-5300		Extension		284	address patient driven factors:
Contac	t Email dean.to	@mpswny.com					Remembering to refill medications
IV. Please cho	oose the follow	wing VAP Exception:					Synchronizing medication refills and organizing daily regimens
i A co	mmunity will n	not be served without grantin	ng the exception because or	n other eligih	le provider	is willing or	Contacting providers when new refills become due     Understanding transition plans or change in therapy
_	ble of serving th	•	ig the exception because ne	7 Other Cligibi	c provider	13 Willing Of	Lack of confidence or knowledge to ask about side effects, efficacy, or alternative therapy
		,					Polypharmacy (too many or unnecessary medications)
O ii Any h	hospital is uniqu	uely qualified to serve based	I on services provided, finar	ncial viability,	, relationshi	ps within the	Transportation to the pharmacy
comr	munity, and/or	clear track record of success	in reducing avoidable hosp	oital use.			Ability to pay for medications or OTCs
O iii Any s	ctato docianato	ed health home or group of he	andth homes **				Special formulation needs (i.e. liquids or topical preparations)
	-						VascuScript, Inc. d/b/a Mobile Pharmacy Solutions (MPS) is an independent retail community pharmacy in operation since 2009. A start-up
		on i & ii – Please indicate wha		. ,,			business in Buffalo, NY the pharmacy has evolved a set of patient care services through close collaboration with medical, community, and academic partners and is now located in the Innovation Center on the BNMC. Available care services are targeted at eliminating known barriers
	,	to join, then you will be deni ou are part of multiple PPSs, s		ne of the PPS	in the "App	peal Applicant	to medication use. The following set of services are not otherwise available in WNY and are provided free of charge:
		on iii— The Department has su		o Docianatod	Health Hon	nos and Notwork	Non-automated refill reminder calls from pharmacist/technical staff
		CMAs) that have already bee					Synchronization of chronic medication refills to take place at the same time
		Home appears on this list as					Compliance packaging to create daily medication regimens (Pop-PakTM)
approval and d	lo not need to s	submit this form. If the organ	nization operating your Hea	Ith Home/CN	/IA already a	appears on	Clinical pharmacists to speak with patients and consult with providers
		not need to submit this forn					PharmD Diabetes Educator for patients with diabetes/metabolic disease
		y net provider list, but your o	•	should quali	fy as a Heal	th Home, please	<ul> <li>Pharmacist liaison to visit medical providers or community organizations</li> <li>Pharmacist home visit (&gt;500 completed)</li> </ul>
		illable on the DSRIP website.  you are joining more than or		-4: \( 0.0 \) 4			Home delivery of medications (patient preference; personal courier or mailing)
··· FOI	: Section IV, If y	ou are joining more than or	ne PPS, use second tab (Sec	ction vii) to a	ad addition	nai PPSS.	Accounting department for payment planning options
V. Percentage	of Medicaid &	Uninsured members that yo	our facility serves				Compounding laboratory for custom preparations
ı				_			• 24/7 on-call pharmacist availability
	Medi	icaid (FFS & MC)	Uninsured		Data So	urce Year	MPS provides services to 8 WNY counties. The Mobile Pharmacy model of developing and delivering community pharmacy-based care services in collaboration with medical and community partners aligns with the ECMCC partnership and the stated goal of the DSRIP program to promote
				_	Intern	ıal	community-level collaborations and system reform. Impending innovation in strategic planning phase with community partners include reform
Percentage		18%	4%		Estima	2014 ate	guidance to be presented to NYSBOP for appropriate use of videoconferencing and telepharmacy in high impact settings. Integration of MPS
							services to the partnership network will serve to seamlessly enhance provider ability to create and implement care plans and ease patient-
		e information and data prov					
		nformation may be subject to	o audit and I may be asked	l to provide o	locumentat	tion in support of	achieving 25% reduction in avoidable hospital use over the next 5 years.
this appe	:al.			Δns	wer		
Nam	ne	Dean Trzewieczy	ynski		O No	1	
Tit	tlo	CEO	<del> </del>	_  _ "			

10/29/2014 Wurlitzer Family Pharmacy, Inc.

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

								e dasis in it is deemed in the best interest of Medicaid members. Any exceptions that are considered must be approved by CMS and must
		nent 30 days prior to appli	cation approvai.	inree allowed i	eason	s for grantii	ng an exception	are shown in Section iv.
I. Are you a M	Answer							You have chosen the following VAP Exception:
II Ammaal Amm								
II. Appeal App			ne					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u> ~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
Ü		Wurlitzer Family Pharmacy, I					-	
	Joined PPS:	Niagara Falls Memorial Medical Cen luated in the context of the P		If you are joining	more	than one DD	. 10	You chose the qualification i, in the space below please include:
	•	AP Exception in that PPS as w						a. A specific definition of the community (ies) that would otherwise not be served by the selected PPS. Be sure to
	-	I and VII of the instructions fo			,		tab to select	include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type:	Other					•	
	ype - Other:							b. A description of the applicant's organization, the services provided, and how the services will enhance the network
Trovider i	ype other.	Operating Certificate/	iconco #	MMIS*			NPI*	of services for the PPS in this community (ies).
Unique	e Identifiers:	31707	License #	3776354		120	05176211	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	gency Code:	31/0/		3770354		120	05176211	<b>d</b>
	ng Entity ID:							Character Count: 3289
		Address		City		State	Zip	a. Wurlitzer Family Pharmacy, Inc. is applying for the VAP Exception to join the Niagara Falls Memorial Medical Center PPS in meeting the need
	Address	521 Division Street	No	orth Tonawanda		NY	14120	of patients in Niagara and Orleans counties. As an integral part of a rural population in Niagara County, Wurlitzer Family Pharmacy provides
							* REQUIRE	i i i i i i i i i i i i i i i i i i i
III. Appeal Poi								Service area which also have primary care health professional shortages. Through partnerships with local primary care providers and companies
Contact F	Title Own	hen L. Giroux						clinical pharmacists from Summit Park Pharmacy provide services to this population including medication therapy management, diabetes self-
Contact		735-3261		Exten	sion			management education and training, medication adherence services, immunization services, and insulin pump training and management. Our services have met the needs of patients who would otherwise need to travel 30 miles or more to receive care or if unable to travel were denied
		xmf@rochester.rr.com		Exteri	31011			access to these services.
	-							b. Wurlitzer Family Pharmacy, Inc. has a partnership with an American Association of Diabetes Educators (AADE) Accredited Diabetes Self-
i A community will not be served without granting the exception because no other eligible provider is willing or capable of serving the community.  Any hospital is uniquely qualified to serve based on services provided, financial viability, relationships within the community, and/or clear track record of success in reducing avoidable hospital use.  Any state-designated health home or group of health homes. **  When choosing VAP Exception i & ii – Please indicate what Performing Provider System (PPS) you plan on joining. If you do not indicate what PPS you intend to join, then you will be denied. Please indicate the name of the PPS in the "Appeal Applicant Information – Section II". If you are part of multiple PPSs, see section VII tab.  When choosing VAP Exception iii— The Department has submitted a draft list of State Designated Health Homes and Network Care Management Agencies (CMAs) that have already been approved as safety net providers as well as those that are pending CMS approval and do not need to submit this form. If the organization operating your Health Home/CMA already appears on another safety net list, you do not need to submit this form. If your organization does not appear on the draft Health Home list or on another approved safety net provider list, but your organization believes that it should qualify as a Health Home, please complete this form. List is available on the DSRIP website.  "For Section IV, if you are joining more than one PPS, use second tab (Section VII) to add additional PPSs.								patients on self-care behaviors while providing the added expertise of pharmacist involvement to effectively manage patients' medication regimens. This comprehensive program provides patients with resources and ongoing support to better manage their diabetes and achieve clinical outcomes including coordination with their providers to optimize their diabetes management and reduce risks of complications. Individual appointments are scheduled with the patients initially, usually prior to the initiation of the group classes. Thereafter, we schedule and conduct one-on-one appointments with the patients, usually at 3-month intervals or as appropriate, keeping the primary care doctor updated in the process. The patients complete 4 group sessions: getting started (overall disease state education and monitoring), healthy eating, problem solvi and being active, taking medications, living with diabetes (healthy coping and reducing risks). The patients complete one of these 1-2 hour-long classes, every 2 weeks for 2 months, if completed consistently.  Patients completing our DSME/T program achieve on average a 1.79% drop in hemoglobin A1C. Patients receiving insulin pump training and management achieve on average a 1.3% drop in hemoglobin A1C.  In addition, our medication synchronization and adherence program has produced a mean proportion of days covered (PDC) well above the accepted threshold for adherence (>80%) for oral hypoglycemic agents (91%), antihypertensive agents with a renin angiotensin system antagon
	Me	dicaid (FFS & MC)	Uninsu	ured		Data Sou	rce Year	7
Percentage		13%	4%	6		Interna	ıl 201	
	e	he information and data prov nformation may be subject to Stephen L. Gi Owner eals from the CEO, CFO or	o audit and I may b	oe asked to provi		umentation ver		