



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

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

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

**I. Are you a Medicaid Provider**

Answer	Yes
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You have chosen the following VAP Exception:	i
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**II. Appeal Applicant Information**

Organization Name:	CIPA Western New York IPA d/b/a Catholic Medical Partners
Joined PPS:	Sisters of Charity Hospital of Buffalo NY

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

Provider Type:	Other		
Provider Type - Other:	Catholic Medical Partners Participating Provider		
	Operating Certificate/License #	MMIS*	NPI*
Unique Identifiers:			
Agency Code:			
Billing Entity ID:			
Address	Address	City	State Zip
			NY

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

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

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

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

Character Count: 3276

**III. Appeal Point of Contact**

Contact Person	Dennis R. Horrigan		
Title	CEO of Catholic Medical Partners		
Contact Phone	(716) 862 -2162	Extension	
Contact Email	dhorriga@chsbuffalo.org		

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

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

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	22%		Managed Lives	2014

Sisters of Charity Hospital (SOCH) is a safety net hospital and the lead entity for the SOCH PPS which has 85,000 Medicaid attributed lives covering Erie, Niagara and Chautauqua counties in Western New York. CMP IPA is the majority provider entity in the SOCH PPS network and is requesting a VAP exception for the CMP IPA to allow it to be a Safety Net provider for participation in DSRIP. Sisters of Charity Hospital and CMP IPA are part of the Catholic Health System.

CMP IPA network was developed by CIPA Western New York IPA d/b/a/ Catholic Medical Partners (CMP) to arrange for the provision of medical services and over the past 10 years has evolved into an integrated delivery system using a value based /population health business model which currently assumes clinical /financial risk for over 250,000 patients. CMP has participated for the past 10 years in the NYS Medicaid managed care program and has significantly expanded access to medical services for Medicaid patients by engaging privately practicing physicians into the Medicaid managed care program principally through CMP's contracts with Independent Health and Fidelis.

CMP IPA network has been a major Medicaid provider in Buffalo as is evidenced by the following:

- More than 75% of the SOCH PPS attribution (85,000) is from the CMP IPA and 2 hospitals in the Catholic Health System (Sisters of Charity and Mercy Hospital)
- More than half (44,606 of the 85,000) of the PPS attribution of Medicaid members is through the CMP IPA network of 900 independent providers thanks to Medicaid managed care contracts
  - o Most of the CMP IPA providers are small independent practices that do not individually meet the 35% Medicaid volume to achieve safety net status but have been willing to serve Medicaid patients under the Medicaid managed care contracts
- The other 25% of the attributed lives from the 2 hospitals derive from one Safety Net (SN) and the other non-SN.
  - o The non-SN hospital (Mercy Hospital) operates a primary care clinic where 55% of its volume is Medicaid. However, when aggregated with other departments, the hospital is deemed non-SN because its Medicaid percentage is 25.8% and therefore does not meet the SN threshold even though it plays a significant role in serving Medicaid patients.

By not allowing the CMP IPA network to qualify as safety net in the PPS significantly impacts the ability of DSRIP and the SOCH PPS to reach a large portion of the Medicaid population in Buffalo who has otherwise been served by CMP IPA through Medicaid managed care contracts.

CMP is requesting a VAP exception in recognition of the aggregate impact that its network of providers has on the delivery of services to Medicaid patients and the impact it will have on the success of SOCH PPS projects. Such exception will also enable SOCH and CMP to continue to integrate and mainstream the Medicaid population into CMP's delivery network of practicing physicians. If CMP is not recognized as a safety net provider, there will not be sufficient capacity among the other safety net providers to serve the Medicaid population. This is consistent with the NYSDOH Medicaid managed care strategy and will also further reduce the reliance on more expensive hospital based care.

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

Answer

Name Dennis R. Horrigan

Title President & CEO

Yes  No

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



**VII - Additional PPSs:**

Since the VAP Exception is evaluated in the context of the PPS you are joining, **you will need to fill out a separate narrative for each PPS you intend to join as a VAP Exception.**

If you have joined or plan on joining other Performing Provider System's (PPS's), please use this tab to indicate the PPS, along with what VAP Exception you are applying for, along with a narrative that you must provide for each PPS you select.

**Each statement is 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~

2

Joined PPS:	Select PPS	▼
Choose VAP Exception:	Select One	▼

Please choose VAP Exception

Character Count: 0

3

Joined PPS:	Select PPS	▼
Choose VAP Exception:	Select One	▼

Please choose VAP Exception

Character Count: 0

4

Joined PPS:	Select PPS	▼
Choose VAP Exception:	Select One	▼

Please choose VAP Exception

Character Count: 0

5

Joined PPS:	Select PPS	▼
Choose VAP Exception:	Select One	▼

Please choose VAP Exception

Character Count: 0

6

Joined PPS:	Select PPS	▼
Choose VAP Exception:	Select One	▼

Please choose VAP Exception

Character Count: 0

7

Joined PPS:	Select PPS	▼
Choose VAP Exception:	Select One	▼

Please choose VAP Exception

Character Count: 0

8	Joined PPS:	Select PPS	▼
	Choose VAP Exception:	Select One	▼

Please choose VAP Exception

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