

The NewCo VAP Exception Form



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	Select One
--------	------------

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

II. Appeal Applicant Information

Organization Name:	
Joined PPS:	Select PPS

^^ 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:	Select One			
Provider Type - Other:				
Unique Identifiers:	Operating Certificate/License #	MMIS*	NPI*	
Agency Code:				
Billing Entity ID:				
Address	Address	City	State	Zip

* REQUIRED

III. Appeal Point of Contact

Contact Person	
Title	
Contact Phone	Extension
Contact Email	

IV. Please choose the following VAP Exception:

<input checked="" type="radio"/> i	A community will not be served without granting the exception because no other eligible provider is willing or capable
------------------------------------	--

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: 0

