



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

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

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

I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Orleans Count Health Department
 Joined PPS: Finger Lakes 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: DTC
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 362020OR 3760189 1922446137
 Agency Code: 714
 Billing Entity ID:
 Address 14012 Route 31 West City Albion State NY Zip 14411
 *REQUIRED

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

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

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

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

Character Count: 904

III. Appeal Point of Contact

Contact Person: Paul Pettit
 Title: Public Health Director
 Contact Phone: 585-589-3250 Extension
 Contact Email: paul.pettit@orleansny.com

The Orleans County Health Department is the only local health department in the county. We are a full service health department, providing many services including nursing, environmental health, education and preparedness. Orleans County is a small rural county in Western New York with a population of 42,000 residents. The county does not have any cities but is made of small villages with an approximate square mileage 400sq/miles. The county lies in between two large urban counties (Rochester and Buffalo). Being rural, we are designated as a medical shortage area with limited access to health care further hindered by transportation issues. We have a high medicaid population who don't have adequate access to services. The health department is essential to the service delivery in the county due to the lack of providers. Our clinics are a safety net to all residents who are underserved.

IV. Please choose the following VAP Exception:

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

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

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

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	0%	27%	ACHF Cost Report	2012

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

Name: Paul A. Pettit
 Title: Public Health Director
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted



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I. Are you a Medicaid Provider

Answer Yes

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II. Appeal Applicant Information

Organization Name: Tri County Family Medicine Program
 Joined PPS: Finger Lakes PPS

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Provider Type: DTC
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2527200R 355257 1588649503
 Agency Code:
 Billing Entity ID:
 Address PO Box 112 City Cohocton State NY Zip 14826

III. Appeal Point of Contact

Contact Person: Joyce E Wheaton
 Title: Administrator
 Contact Phone: 585-335-3417 Extension
 Contact Email: jwheaton@tcfmedicine.com

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	20%	11%	EMR	2014

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

Name: Joyce E Wheaton
 Title: Administrator
 Answer: Yes No
 Only appeals from the CEO, CFO or comparable will be accepted

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

Character Count: 2848

Tri-County Family Medicine Program, Inc. is a lg. 18 Medical Staff primary care group practice providing out-patient, inpatient and obstetrical care for approximately 32,000 pts in Livingston County and adjacent rural communities located in Steuben and Allegany counties. We function as a "rural safety net" provider, with five rural offices serving a significant number of Medicaid patients. Medicaid, Medicare, duals and uninsured revenue account for approximately 31% of the group's operating revenue. Two of our Medical Staff treat Substance Abuse patients with Suboxone. Tri-County is a 501(c) 3 with designations as a NYS Article 28 D&TC and is a federally designated Rural Health Clinic. We are in the final stages of completing an application for FQHC Look-A-Like status in the Fall of 2014. Tri-County requests an exception be granted as a Vital Access Provider under the Safety Net definition. The service area we serve is federally designated as a Health Professional Shortage Area. Very few other providers in this area accept Medicaid, and none could absorb the volume of patients Tri-County currently cares for. The practice maintains a full integrated EMR (e-Clinical Works) in all locations and actively participates with the local RHIO which allows the group to electronically exchange health information across community partners. The group successfully attested to Meaningful Use in 2013 and 2014. In 2013, Tri-County engaged in a strategic relationship with URM's Accountable Health Partnership in Rochester to successfully position the organization to participate in healthcare reform. Tri-County believes this partnership is a highly effective way for groups to participate in a clinically integrated network, achieve the goals of better patient outcomes, lower care costs and enhance patient experiences. Tri-County is presently in a pilot project with URM's AHP to apply for PCMH in March of 2015. Tri-County is also in its second year of participation with the FLHSA CMMI grant. These grant funds provide two full time care managers who are working to transition the group to the "patient centered medical home" model of care and reduce unnecessary admissions to hospitals and emergency rooms. In a short period of time, this model has proven to be very effective for the Medicaid & dual eligible population. However, two care managers are not sufficient to manage the chronic disease patients seen across the group. As a "rural safety net provider," Tri-County is a member of the FLAST Network, an alliance of safety net providers in the Finger Lakes region working collaboratively to meet the needs of the low-income and uninsured population in the rural areas in an integrated and coordinated manner. We are also enthusiastic participants in the Finger Lakes Performing Provider System.



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Provider Type: DTC
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2527200R 355257 1588649503
 Agency Code:
 Billing Entity ID:
 Address PO Box 339 Dansville NY 14437

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Contact Person: Joyce E Wheaton
 Title: Administrator
 Contact Phone: 585-335-3417 Extension
 Contact Email: jwheaton@tcfmedicine.com

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

	Medicaid (FFS & MC)	Uninsured	Data Source	Year
Percentage	27%	10%	EMR	2014

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Answer Yes No

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Provider Type: DTC
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2527200R 355257 1588649503
 Agency Code:
 Billing Entity ID:
 Address PO Box 729 Nunda NY 14517

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Provider Type: DTC
 Provider Type - Other: Operating Certificate/License # MMIS* NPI*
 Unique Identifiers: 2527200R 355257 1588649503
 Agency Code:
 Billing Entity ID:
 Address: 106 So Lackawanna Street City: Wayland State: NY Zip: 14572

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 Title: Administrator
 Contact Phone: 585-335-3417 Extension:
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I. Are you a Medicaid Provider

Answer Yes No

You have chosen the following VAP Exception: i

II. Appeal Applicant Information

Organization Name: Washington County Board of Supervisors c/o County Public Health Nursing Service
 Joined PPS: Adirondack Health Institute

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 Provider Type - Other: _____
 Operating Certificate/License # _____ MMIS* 1011430 NPI* 1548327596
 Unique Identifiers: 5726200R
 Agency Code: 1000002442
 Billing Entity ID: E0198717
 Address 415 Lower Main St. City Hudson Falls State NY Zip 12839

III. Appeal Point of Contact

Contact Person Patricia Hunt
 Title Director of Public Health
 Contact Phone 518-746-2400 Extension 2493
 Contact Email phunt@co.washington.ny.us

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	23%	54%	Intake cards	2013

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

Name Patricia C. Hunt Yes No
 Title Director of Public Health
 Only appeals from the CEO, CFO or comparable will be accepted

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

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

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

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

Character Count: 2082

Washington County has an approximate population of 63,216 residents. The population density is 76 persons per square mile. 93% of the population is white, non-Hispanic and more than 15% of the populations is 65 years of age or older. Predominately English speaking. Mean household income in the County is \$59,259 and per capita income, \$23,252, both lower than statewide figures. A higher percentage of County residents live below the FPL (11.9%) than in the Adirondack region or Upstate NY as a whole (10.9%). The percentage of residents receiving Medicaid in the County (18.1%) is higher than that of the Region (15.9%) and Upstate NY (16.3%). The percentage of County households with monthly housing costs of at least 30% are higher in both the Owner-occupied units and the Rental units at almost 35% and in excess of 50% respectively. The highest level of education completed by 56% of the population ages 25 and above is a high school diploma or GED, and an additional 27% have an Associate's, Bachelor's or Graduate/Professional degree.

Healthcare Service Gaps include: primary prevention care, health screenings, early detection and treatment of disease. Residents have limited access to transportation and do not seek care due to deeming themselves "healthy" until the need for immediate intervention is critical or fatal. Residents have difficulty maintaining health treatment plans due to inability to pay for care& prescriptions due to, high deductible, co-pay plans or limited access. These are demonstrated in high rates of pre-hospital mortality, late stage cancer diagnoses, hospitalizations for complications of cardio-respiratory conditions and diabetes.

The primary disparity identified in Washington County is economic. With average incomes of \$50,000 many residents rely on assistance and supplemental income programs, poor socioeconomic status leads to poor health seeking behaviors, lack of engagement in wellness and preventive screenings and delayed engagement into medical care until a health problem becomes a crisis.

See Attached Narrative