11/10/2014 Orleans Count Health Department.xlsx

# 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>Provider</u>	Exception: The state will c	consider exceptions to the	safety net o	definition o	n a case-by-case b	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 for	public comr	ment 30 days prior to application	cation approval. Three allo	wed reason	s for grant	ng an exception a	re shown in Section IV.
I. Are you a N	/ledicaid Pro	vider					
	Answer	Yes				•	You have chosen the following VAP Exception: i
II. Appeal App	plicant Infor	mation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiza	ation Name:	Orleans Count Health Departn	ment				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS:	Finger Lakes PPS				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is eva	luated in the context of the PP	<u>S</u> you are joining. If you are j	joining more	than one PF	S, you have the	
		AP Exception in that PPS as we		the <b>"VII_Add</b>	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 <u>Section I</u>	I 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:	DTC				•	without your organization's involvement given the PPS current configuration of network providers.
Provider 1	Type - Other:						b. A description of the applicant's organization, the services provided, and how the services will enhance the network
		Operating Certificate/Li	icense # MN	1IS*		NPI*	of services for the PPS in this community (ies).
Uniqu	e Identifiers:	362020OR	3760		19	22446137	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:		3700	,103	1 13	22110137	
	ing Entity ID:						Character Count: 904
		Address	Ci	ty	State	Zip	The Orleans County Health Department is the only local health department in the county. We are a full service health department, providing
	Address	14012 Route 31 West	Albion		NY	14411	many services including nursing, enviromental health, education and preparedness. Orleans County is a small rural county in Western New York
						* REQUIRED	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
III. Appeal Po							400sq/miles. The county lies in between two large urban counties (Rochester and Buffalo). Being rural, we are disignated as a medical shortage
Contact	Person Paul Title Publi	ic Health Director					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
Contact	Phone 585-			Extension			net to all residents who are underserved.
		.pettit@orleansny.com	l .				The control of the co
<b>-</b>	•	owing VAP Exception:					
when choosing indicate what F Information – S When choosing Care Managem CMS approval. another approva and d safety net list, y another approva complete this f	munity, and/o state-designar g VAP Excepti PPS you inten- Section II". If- g VAP Excepti nent Agencies If your Health lo not need to you do not need form. List is a or Section IV,	iquely qualified to serve based or clear track record of success ted health home or group of he ion i & ii – Please indicate what d to join, then you will be denityou are part of multiple PPSs, sion iii – The Department has ci (CMAs) that have already been h Home appears on this list as possibility to submit this form. If the organized to submit this form. If your tyrovider list, but your organized to submit this form the DSRIP website. If you are joining more than or & Uninsured members that your dicaid (FFS & MC)	is in reducing avoidable hospi health homes. ** at Performing Provider Syste ied. Please indicate the nam see section VII tab. ubmitted a draft list of State I in approved as safety net pro pending approval, you will b nization operating your Healt r organization does not appe zation believes that it should une PPS, use second tab (Sections)	m (PPS) you le of the PPS loviders as welle granted a le home/CM. ar on the dral qualify as a	plan on join in the "Appe lealth Home Il as those ti AP Exceptic A already ap aft Health Hom	ing. If you do not eal Applicant s and Network nat are pending on pending CMS pears on another ome list or on e, please al PPSs.	
	Me	edicaid (FFS & MC)	Uninsured		Data Sou	rce Year	
Percentage		0%	27%		ACHF Cost I	Repor 2012	
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  Paul A. Pettit  Yes  No							
inam Tit	tle	Public Health Dir		- les	J 110		

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

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	Answer					
II. Appeal A		Yes				
II. Appeal A	pplicant Infor				▼	You have chosen the following VAP Exception:
		mation				VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organ	nization Name:	Tri County Family Medicine Prog	gram			∼ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough∼
	Joined PPS:	Finger Lakes PPS			•	You chose the qualification i, in the space below please include:
^^ The VAP E	xception is eval	uated in the context of the PPS y	you are joining. If you are joining mor	e than one P	PS, you have the	
			(if applicable). Please see the "VII_Ac	lditional 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 II</u>	and VII of the instructions for fu	urther clarification!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
	Provider Type:	DTC			▼	without your organization's involvement given the PPS current configuration of network providers.
Provide	r Type - Other:					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).
Uni	que Identifiers:	2527200R	355257	1	588649503	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:					
Е	Billing Entity ID:					Character Count: 2848
		Address	City	State	Zip	Tri-County Family Medicine Program, Inc. is a Ig. 18 Medical Staff primary care group practice providing out-patient, inpatient and obstetrical
	Address	PO Box 112	Cohocton	NY	14826	care for approximately 32,000 pts in Livingston County and adjacent rural communities located in Steuben and Allegany counties. We function a
III Ammaal I	Point of Contac	-4			* REQUIRED	a "rural safety net" provider, with five rural offices serving a significant number of Medicaid patients. Medicaid, Medicare, duals and uninsured
	ct Person Joyce					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
Conta		nistrator				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
Conta	ct Phone 585-3		Extension			Access Provider under the Safety Net definition. The service area we serve is federally designated as a Health Professional Shortage Area. Very
		aton@tcfmedicine.com	•	•		few other providers in this area accept Medicaid, and none could absorb the volume of patients Tri-County currently cares for. The practice
IV. Please c	hoose the follo	owing VAP Exception:				maintains a full integrated EMR (e-Clinical Works) in all locations and actively participates with the local RHIO which allows the group to
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.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC)  Uninsured  Data Source  Year						electronically exchange health information across community partners. The group successfully attested to Meaningful Use in 2013 and 2014. It 2013, Tri-County engaged in a strategic relationship with URMC'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 URMC'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.
Percentage	. 1	20%	11%	EMF	R 2014	
rercentage	1	2070	1170	EIVII	2014	
unders appeal	tand that this in				-	

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	public comment 30 days prior to app	lication approval. Three allow	ed reasons f	for grant	ing an exception a	re shown in Section IV.
I. Are you a M	edicaid Provider					F
	Answer Yes				▼	You have chosen the following VAP Exception:
II. Appeal App	licant Information					VI. Restricted to 3500 Characters only! - <u>Please read instructions for clarification!</u>
Organiza	tion Name: Tri County Family Medicine	Program				~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
	Joined PPS: Finger Lakes PPS				•	You chose the qualification i, in the space below please include:
	eption is evaluated in the context of the					
	ng for the VAP Exception in that PPS as		e <b>"VII_Addit</b> i	ional 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 instructions	for further clarification!				include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pro	ovider Type: DTC				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider T	ype - Other:					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: 2527200R	35525	57	15	88649503	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
A	gency Code:					
Billi	ng Entity ID:					Character Count: 2848
	Address	City		State	Zip	Tri-County Family Medicine Program, Inc. is a lg. 18 Medical Staff primary care group practice providing out-patient, inpatient and obstetrical
	Address PO Box 339	Dansville		NY	14437	care for approximately 32,000 pts in Livingston County and adjacent rural communities located in Steuben and Allegany counties. We function a
III. Appeal Poi	nt of Contact				* REQUIRED	a "rural safety net" provider, with five rural offices serving a significant number of Medicaid patients. Medicaid, Medicare, duals and uninsured
	Person Joyce E Wheaton					revenue account for approximately 36% 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
Contact i	Title Administrator					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
Contact	Phone 585-335-3417	Ex	ctension			Inal stages of completing an application for FQHC Look-A-Like status in the Fall of 2014. Irr-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
Contact	Email jwheaton@tcfmedicine.com					
IV. Please cho	ose the following VAP Exception:					
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.  V. Percentage of Medicaid & Uninsured members that your facility serves  Medicaid (FFS & MC)  Uninsured  Data Source  Year						lelectronically exchange health information across community partners. The group successfully attested to Meaningful Use in 2013 and 2014. It 2013, Tri-County engaged in a strategic relationship with URMC'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 URMC'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.
<u> </u>	Medicaid (FFS & MC)		<b>                                    </b>			
Percentage	27%	10%		EMR	2014	
-	ertify that the information and data prid that this information may be subject be Joyce E Wh	to audit and I may be asked to po eaton	rovide docun	mentation	-	

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I. Are you a N	/ledicaid 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!
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Unique	ie Identifiers:	2527200R	icerise #	355257	11	88649503	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
	Agency Code:	2527200K		333237	1 13	000049303	
	ling Entity ID:						Character Count: 2848
5	mig Entity io.	Address		City	State	Zip	Tri-County Family Medicine Program, Inc. is a lg. 18 Medical Staff primary care group practice providing out-patient, inpatient and obstetrical
	Address	PO Box 729	Nunda	,	NY	14517	care for approximately 32,000 pts in Livingston County and adjacent rural communities located in Steuben and Allegany counties. We function a
	-					* REQUIRED	a "rural safety net" provider, with five rural offices serving a significant number of Medicaid patients. Medicaid, Medicare, duals and uninsured
III. Appeal Po	int of Contac	ct					revenue account for approximately 43% of the group's operating revenue. Two of our Medical Staff treat Substance Abuse patients with
Contact	Person Joyce	E Wheaton					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
		nistrator					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
	Phone 585-3			Extension			Access Provider under the Safety Net definition. The service area we serve is federally designated as a Health Professional Shortage Area. Very
Contac	t Email jwhea	aton@tcfmedicine.com					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
O ii of set	rving the com	not be served without grantin munity. quely qualified to serve based r clear track record of success ed health home or group of h	I on services provided, s in reducing avoidable	inancial viability,	•		lelectronically exchange health information across community partners. The group successfully attested to Meaningful Use in 2013 and 2014. It 2013, Tri-County engaged in a strategic relationship with URMC'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 URMC'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
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V. Percentage of Medicaid & Uninsured members that your facility serves							
	Me	dicaid (FFS & MC)	Uninsured		Data So	urce Year	
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Yes I Hereby Certify that the information and data provided on this form is accurate and correct to the best of my knowledge.  understand that this information may be subject to audit and I may be asked to provide documentation in support of this appeal.							
Nam Tit	ne tle	Joyce E Wheat			O No		

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Organizati	on Name: Tri County Family Medicine	Program			~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
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Unique	dentifiers: 2527200R	355257	1	588649503	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
·	ency Code:	333237		.588045505	
	Entity ID:				Character Count: 2848
	Address	City	State	Zip	Tri-County Family Medicine Program, Inc. is a lg. 18 Medical Staff primary care group practice providing out-patient, inpatient and obstetrical
	Address 106 So Lackawanna Street	Wayland	NY	14572	care for approximately 32,000 pts in Livingston County and adjacent rural communities located in Steuben and Allegany counties. We function a
		17.	l l	* REQUIRED	a "rural safety net" provider, with five rural offices serving a significant number of Medicaid patients. Medicaid, Medicare, duals and uninsured
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	none 585-335-3417	Extension	on		Access Provider under the Safety Net definition. The service area we serve is federally designated as a Health Professional Shortage Area. Very
Contact E	mail jwheaton@tcfmedicine.com				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
A common of serving the common of serving th	munity will not be served without granting the community.  Spital is uniquely qualified to serve base nity, and/or clear track record of succeste-designated health home or group of AP Exception i & ii – Please indicate with you intend to join, then you will be designated health home or group of the properties of the	ed on services provided, financial viabiliss in reducing avoidable hospital use.  health homes. **  nat Performing Provider System (PPS) inied. Please indicate the name of the 6, see section VII tab.  submitted a draft list of State Designate en approved as safety net providers as pending approval, you will be grante anization operating your Health Home, our organization does not appear on the nization believes that it should qualify is.  one PPS, use second tab (Section VII)	you plan on join PPS in the "App ed Health Hom s well as those in d a VAP Except /CMA already a e draft Health Hor as a Health Hor	ps within the  ning. If you do not peal Applicant  es and Network that are pending ion pending CMS ppears on another Home list or on me, please	lelectronically exchange health information across community partners. The group successfully attested to Meaningful Use in 2013 and 2014. It 2013, Tri-County engaged in a strategic relationship with URMC'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 URMC'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.
	Medicaid (FFS & MC)	Uninsured	Data So	ource Year	
Percentage	25%	11%	EMI	R 2014	
-	rtify that the information and data pro that this information may be subject t Joyce E Whe	o audit and I may be asked to provide		-	

# 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 E</u>	xception: The state will	consider exceptior	ns 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 mus
be posted for	public comm	nent 30 days prior to applic	cation approval. Th	hree allowed reasor	ns for gran	ting an exception a	re shown in Section IV.
I. Are you a N	Medicaid Prov	vider					
	Answer	Yes				▼	You have chosen the following VAP Exception: i
II. Appeal App	plicant Inforn	nation					VI. Restricted to 3500 Characters only! - Please read instructions for clarification!
Organiz	ation Name:	Washington County Board of	Supervisors c/o Cou	unty Public Health Nu	rsing Servic	e	~ The VAP Exception relies heavily on the statement you provide, so please be concise and thorough~
- 0		Adirondack Health Institute				-	You chose the qualification i, in the space below please include:
^^ The VAP Exc	ception is evalu	uated in the context of the Pl	PS you are joining. If	f you are joining more	than one F	PPS, you have the	
		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
multiple PPS's.	See <u>Section II</u>	and VII of the instructions fo	or further clarification	n!			include descriptions of the geographic area, the population, and how the services in this community are insufficient
Pr	rovider Type:	DTC				▼	without your organization's involvement given the PPS current configuration of network providers.
Provider <sup>-</sup>	Type - Other:						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).
Uniqu	ue Identifiers:	5726200R	LICEIISE #	1011430	1	548327596	c. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)
		1000002442	<u> </u>	1011430	1	346327390	
	0,	E0198717					Character Count: 2082
5	3, 201	Address		City	State	Zip	Washington County has an approximate population of 63,216 residents. The population density is 76 persons per square mile. 93% of the
	Address	415 Lower Main St.	Hud:	son Falls	NY	12839	population is white, non-Hispanic and more than 15% of the populations is 65 years of age or older. Predominately English speaking. Mean
	•		•			* REQUIRED	household income in the County is \$59,259 and per capita income, \$23,252, both lower than statewide figures. A higher percentage of County
III. Appeal Po							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
Contact	Person Patric						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
		tor of Public Health		T	_		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%
	Phone 518-7			Extension		2493	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
<b>-</b>	•	t@co.washington.ny.us					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
of se  Any I  Any I  O iii Any S  When choosing indicate what F Information – S  When choosing indicate what F Information and Safety net list, another approval complete this f  Fo	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.					ps within the  ning. If you do not peal Applicant es and Network that are pending ion pending CMS ppears on another dome list or on ne, please nal PPSs.	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
	Med	dicaid (FFS & MC)	Uninsur	red	Data So	ource Year	
Percentage		23%	54%		Intake o	ards 2013	
-	-	e information and data prov formation may be subject to		asked to provide doo			
Nan	ne	Patricia C. H		(i) Yes	O No	1	
Tit	tle	Director of Public	c Health			1	