



**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 | No |
|--------|----|

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

II. Appeal Applicant Information

| | |
|--------------------|--|
| Organization Name: | Better Health for Northeast New York, Inc. (BHNNY) |
| Joined PPS: | Albany Medical Center Hospital |

****** 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: | Clinically integrated network | | | |
| | Operating Certificate/License # | MMIS* | NPI* | |
| Unique Identifiers: | | | | |
| Agency Code: | | | | |
| Billing Entity ID: | | | | |
| | Address | City | State | Zip |
| Address: | 1275 Broadway | Menands | NY | 12204 |

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: 3500

III. Appeal Point of Contact

| | | | |
|----------------|----------------------|-----------|--|
| Contact Person | Todd Faubel | | |
| Title | Project Manager | | |
| Contact Phone | 518-264-4967 | Extension | |
| Contact Email | faubelt@mail.amc.edu | | |

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 | 37% | | DOH | |

The AMCH PPS is comprised of over 175 organizational partners and 3,900 providers in Albany, Columbia, Greene, Saratoga and Warren Counties. The PPS DSRIP Project Plan and PPS implementation efforts address critical barriers to care in the region: clinical outcome disparities, care fragmentation, poor communication of patient level data, service gaps, and inadequate linkages between health, behavioral health and community-based providers. During and after the 5 year project period, the PPS delivery system will follow a strategic path to: (1) increase access and primary care visits and improve care coordination; (2) continue operational efficiency through economies of scale; (3) develop and rely on value-based contracts with payers and enhanced care management to ensure financial sustainability; and (4) cost reduction through rightsizing and integration. The PPS is operated to meet these goals, and offers a unique opportunity to improve access to care and care coordination for Medicaid beneficiaries and the uninsured in the PPS region.

Albany Medical Center Hospital (AMCH) has served as the PPS Lead since inception of the AMCH PPS. BHNNY is a not-for-profit corporation formed by AMCH to serve as the new PPS lead entity, if approved. AMCH is the sole member of BHNNY, and will retain certain reserved powers, including: (i) adopting or amending the certificate of incorporation and bylaws; (ii) appointing and removing members of the Board of Directors; (iii) appointing the Chairperson and Chief Executive Officer; (iv) approving BHNNY's annual capital and operating budgets; (v) approving any modifications to the PPS Project Plan and the PPS Funds Flow and Distribution Plan; and (vii) such other powers as ordinarily reserved to member(s).

The governing body of BHNNY will be the Board of Directors, with seven (7) committees to oversee PPS activities. In addition to seats on the Board of Directors and the Project Advisory Committee (PAC), the committees will be the mechanism by which BHNNY will achieve shared governance, with representatives and experts from organizations across the continuum of care within the PPS.

This governance structure is consistent with key elements of the structure described in the AMCH DSRIP application and the collaborative contracting model. PPS partners remain autonomous and entered into a contract with AMCH as the PPS Lead. AMCH will assign these contracts, if BHNNY is approved as lead entity. As a transitional governance structure during the planning phase of the PPS, the PAC Executive Committee served as the PPS governing body, with oversight by the AMCH Board of Governors and executives. The PAC has evolved to serve as an advisory body, which is the role it will play in the BHNNY governance structure.

Designation of BHNNY as the lead entity is important to the PPS' success. BHNNY will be subject to applicable federal and state laws and regulations, including DSRIP requirements, but not extraneous, onerous regulatory standards that apply to the PPS only because it is part of AMCH. This will provide BHNNY with greater flexibility to pursue DSRIP goals and value-based payment arrangements than if it remains bound by the compliance rules and standards that apply to AMCH as a health care provider. BHNNY will continue to have the benefit of AMCH financial, clinical, and operations expertise and leadership through its Board, PPS staff, and continued participation of IT and clinical experts in the PPS.

VIII. 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 | Louis Filhour | Answer |
| Title | CEO | <input type="radio"/> Yes <input type="radio"/> 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

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

Please choose VAP Exception

Character Count: 0

4

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

Please choose VAP Exception

Character Count: 0

5

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

Please choose VAP Exception

Character Count: 0

6

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

Please choose VAP Exception

Character Count: 0

7

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

Please choose VAP Exception

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

Please choose VAP Exception

Character Count: 0