



**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
--------	-----

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

II. Appeal Applicant Information

Organization Name:	Albany Medical Center Hospital
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:	Hospital						
Provider Type - Other:	Clinically integrated network						
Operating Certificate/License #	MMIS*	NPI*					
Unique Identifiers:	0101000H	27716	1376577247				
Agency Code:							
Billing Entity ID:							
Address	43 New Scotland Ave	City	Albany	State	NY	Zip	12208

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 qualification ii, in the space below please include all of the following that apply to your Hospital:

- a. A description of the applicant's niche services that would enhance the network of services for the PPS.
- b. A financial viability analysis (attach as PDF in the email when submitting)
- c. An identification of and description of how the applicant's relationships within the community that would enhance PPS' success.
- d. Demonstration of past success in reducing avoidable hospital use
- e. Any supporting documentation to substantiate your narrative (attach as PDF in the email when submitting)

Character Count: 3164

III. Appeal Point of Contact

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

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. Albany Medical Center Hospital (AMCH) is designated as a safety net provider and organized as a 501(c)(3) corporation. It has served as the PPS Lead since inception of the AMCH PPS. As PPS Lead, AMCH has provided the following services essential to the operation of the PPS: (i) overall administration and operation of the PPS, including oversight and services to build an integrated delivery system and carry out DSRIP projects; (ii) services to support the governing body; (iii) IT and clinical expertise to assist in PPS planning and project development and operations; (iv) communication and contract development and execution with partner organizations; (v) legal services; (vi) compliance program development and oversight; (vii) workforce strategy planning; and (viii) outreach to the community. In order to consolidate and enhance these services and separate PPS operations from hospital operations, AMCH is seeking approval for a new not-for-profit corporation, Better Health for Northeast New York, Inc. (BHNNY) to serve as the PPS Lead. AMCH is the sole member of BHNNY. AMCH will retain certain reserved powers, including but not limited to adopting or amending the certificate of incorporation and bylaws, appointing the Chairperson of the Board and the Chief Executive Officer, appointing and removing members of the Board of Directors, and approving the PPS Funds Flow and Distribution Plan and annual capital and operating budgets. The governing body of BHNNY will be the Board of Directors, with seven committees to oversee PPS activities. In addition to seats on the Board of Directors and the Project Advisory Committee (PAC), representatives and experts from organizations across the continuum of care within the PPS will serve on BHNNY governance committees. 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 PPS planning phase, the PAC Executive Committee served as the PPS governing body, with oversight by the AMCH Board of Governors and executives. The PAC will serve as an advisory body in the BHNNY governance structure. Designation of BHNNY as the PPS Lead is vital to ensuring the efficient operation of the PPS and the expansion of services in order to continue to transform the PPS into an effective, integrated delivery system. BHNNY will continue to have the benefit of clinical and IT expertise from AMCH, as well as other participating Partner Organizations.

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		
Percentage	37%		Data Source	Year
			DOH	

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 Louis Filhour Yes No
 Title CEO
 Only appeals from the CEO, CFO or comparable will be accepted