

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 No

II. Appeal Applicant Information

Organization Name: North Country Initiative, LLC
Joined PPS: Samaritan Medical Center

Provider Type: Other: Clinically Integrated Network
Operating Certificate/License #: MMSI*
NPI*:

Address: 120 Washington St Suite 230
City: Watertown
State: NY
Zip: 13601

III. Appeal Point of Contact

Contact Person: Brian Marcolini
Title: Director
Contact Phone: 315-755-2020
Contact Email: bmarcolini@northcountryinitiative.org

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 (CMAAs) 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/CMAA 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 safety net list, you do need to submit this form. If 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

Table with 4 columns: Percentage, Medicaid (FFS & MCI), Uninsured, Data Source, Year

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: Brian Marcolini
Title: Director
Signature: Brian Marcolini
Answer: Yes

Only appeals from the CEO, CFO or comparable will be accepted

You have chosen the following VAP Exception: 1

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 1 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: 3487

Samaritan Medical Center was selected as the initial PPS lead entity for DSRIP due to its Safety Net Hospital status, however it was always the plan of our regional PPS partners that North Country Initiative, LLC serve as the governing body and become the lead entity. This VAP exception application is to demonstrate that NCI governance meets the requirements to be the lead entity and is positioned to accomplish the DSRIP deliverables and implement new care delivery models.

NCI serves a three county region of Northern NY with a population of 262,650 spread over 5,224 square miles of land mass. The region encompasses a large, underserved, high-poverty rural geography with multiple medically underserved areas and Health Professional Shortage Areas. The DSRIP program provides an exceptional opportunity to have a significant positive impact on our Medicaid population and serve as a mechanism to develop sustainable scalable processes to transform us from a healthcare system to a system for health.

The NCI is a hospital-capitalized, physician-led Limited Liability Corporation operating with a delegated model of governance. NCI was originally formed in 2011 as a collaboration of hospitals and independent physicians who realized that change in the regions healthcare delivery was needed. This group of forward thinking leaders created a vision and charted a new course for clinical care and for health in the region. NCI partnering hospitals and physician leadership went through an intensive planning process in 2012-2013 and have evolved into the existing governance on the basis of collaboration and trust, focused on improving regional healthcare delivery. NCI has a strong history of success implementing change, demonstrated through regional project implementation in areas like quality improvements, IT advancement, and physician engagement. It is of note that NCI's community based sub-committees and PAC voted unanimously for the NCI board of managers to be the DSRIP decision making body due to the trust built over time in this region.

The governance body of NCI is a representative Board of Managers, made up of clinical providers (primary care, specialty, BH, FQHC), hospital executive leadership and community members, which holds accountability for all aspects of finance, clinical, compliance and information technology governance. NCI has integrated PPS partners and DSRIP Project Advisory Committee into all levels of governance and have added DSRIP deliverables to each governance committee's responsibilities. NCI's manager structure is made up of three classes of members, Class A, B and C.

Reserve powers over budget and funds flow are held by the Class B owner members who are all not-for-profit safety net hospitals and who would have controlling authority and accountability regarding DSRIP flow of funds. Consequently, we believe NCI meets the safety net requirements to be the PPS lead and can assume the leadership since NCI is ultimately controlled by safety net hospitals. NCI class B members are: the current PPS lead, Samaritan Medical Center in addition to River Hospital, Carthage Area Hospital, Clifton-Fine Hospital, Claxton-Heppburn Medical Center and Massena Memorial.

The transfer of the PPS Lead entity responsibilities to NCI allows the PPS to leverage current governance, administrative structures (IT, personnel, etc.) and provider agreements to further DSRIP project implementation, reduce duplicative costs and efforts.