

**Warren County Health Services
Health Services Committee Meeting
April 26, 2012
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To extend the agreement with Kinney Management Services, LLC, in a form approved by the county attorney to continue the license to utilize KChecks software and website which is needed as part of the Health Services Department's Corporate Compliance Plan for the term September 1, 2012 – August 31, 2013 at the rate of \$650.00, and to authorize automatic annual renewals as long as the price remains the same.

Rationale:

This program is doing the job for us, and the price appears to be stable. The vendor is agreeable to the automatic renewals. We would return to the committee for authorization should the annual rate change.

Request Resolution:

To amend the contract with Fidelis Care New York to allow for the replacement of Schedule 5.2 with Schedule 5.2B which delineates the Ancillary Services Reimbursement Rates to include the specific Personal Care Aide Service rates. All other aspects of the contract will remain unchanged.

Rationale:

Fidelis is requesting this amendment as the rates for Personal Care Aide services must be specified since they are not reimbursed at the prevailing Medicaid rate, as are some of the other services. This is a positive thing as it allows us to receive reimbursement that more closely meets our costs.

Request Resolution:

To amend the contract with Blue Shield of Northeastern New York to authorize piloting a Care Transitions Intervention Program for select patients with various chronic diseases. A schedule of reimbursement for the services to be provided has been negotiated and will meet agency costs. The other terms of the agreement with Blue Shield of Northeastern New York will remain unchanged, and the amendment would be authorized in a form approved by the county attorney.

Rationale:

This is a national movement designed to reduce hospitalizations for certain high risk patients. We have agreements with several other insurance companies, and have been able to demonstrate very positive results. Sharon Schaldone will be present at the meeting to describe the program more extensively and answer any questions the committee members may have.

Request Resolution:

To authorize a contract agreement with Humana Choice Care Network to allow for reimbursement of nursing and other health related services, and to further authorize approval to negotiate and receive updated rates without returning for committee approval.

Rationale:

We do not have a lot of patients currently, who have this insurance, but the group is planning a greater presence in the county, and currently when we do have a patient with this particular insurance we have to negotiate a rate of payment. The contract would guarantee certain rates.

Pending Items

Update on the Status of Additional Applications for Certificate of Need for Certified Home Health Agencies

Items for Discussion/Information

Emergency Response and Preparedness Activities

Please see Attachment #1 for the monthly report.

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see Attachment #2.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the report and answer questions.

Report of Free and Reduced Fee Care

Please see Attachment #3.

First Quarter 2012 Rabies Program Report

Please See Attachment #4.

Attachments:

#1 Emergency Response and Preparedness Activities

#2 Reports of Expenditures, Revenues, Overtime and Per Diem Use

#3 Report of Free and Reduced Fee Care

#4 Rabies Program Report

BT ACTIVITY SHEET

GY 10X - 8/10/2011 - 8/9/2012

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Orange/Drill; Purple/Pan Flu

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu,
4/3/12	Meeting	M-23-25	Tammie DeLorenzo, Barb Orton, Angela Meade	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu,
4/4/12	Training	M-2 MERTS Inventory	Matt DeLafayette, Angela Meade, Amy Drexel, Jennifer, Ramsey, Barb Orton	Training/SNS
4/5/12	Training	GIS Mapping	Barb Orton, Angela Meade	Training
4/10/12	Meeting	BT Coordinators - Ballston Spa	Barb Orton	
4/12/12	Conference Call	M-2 MERTS Inventory	Matt DeLafayette, Ginnelle Jones, Tammie DeLorenzo, Barb Orton, Angela Meade, Laura Saffer	SNS
4/17/12	Meeting	M-23-25 NYSDOH Review of PH		
4/18/12	Tabletop	Monthly GFH - Outbreak of measles at children's camp	Barb Orton, Laura Saffer, Pat Belden	
4/18/12	Webinar	"PH Preparedness in the Office Space Setting"	Barb Orton, Laura Saffer, Laura Stebbins	
4/25/12	Meeting	Quarterly PH EPR Committee	Barb Orton, et al	
4/25/12	Webinar/Conf Call	ChnOps - POD Alternatives: Implementing "Closed" and "Push" POD Operations with Community Partners	Barb Orton, Laura Saffer, Angela Meade, Helen Stern	
4/25/12	Webinar	PH Preparedness	Laura Saffer	
4/25/12	Meeting	NYSDHSES Audit	Ginnelle Jones	

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS
REVENUE AND EXPENDITURES FOR 2012 AS OF 4/24/2012 11:22:25 AM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4011, 4013, 4018, 4046, 4054, 4189, 9061, 4025

	2012 BUDGETED		2012 YTD ACTUAL		2011 Prior Year Totals	
EXPENSES						
Salaries - Regular	\$2,826,218.00		\$757,915.81		\$2,878,176.80	
Salaries - Overtime	\$137,500.00		\$36,667.65		\$125,594.50	
Salaries - Part Time	\$278,942.00		\$58,695.92		\$217,841.31	
Salaries - Sick Leave Incentive					\$2,000.00	
100's PERSONAL SERVICES	\$3,242,660.00		\$853,279.38		\$3,223,612.61	
200's EQUIPMENT	\$113,442.02		\$94,759.51		\$68,065.47	
400's CONTRACTUAL	\$9,459,554.29		\$1,029,393.53		\$7,251,995.51	
800's EMPLOYEE BENEFITS	\$1,597,624.00		\$522,683.26		\$1,326,493.01	
TOTALS	\$14,413,280.31		\$2,500,115.68		\$11,870,166.60	
REVENUES						
	2012 BUDGETED	2012 YTD ACTUAL				
	\$11,989,321.00	\$999,880.76		2011 Prior Year Totals	\$9,673,991.86	

2012
 Notes: We are currently working on closing March billing for CHHA, LTC and MCH. Accrued above for Revenues are the following: BT for March \$4,784.64, and for 1st quarter 2012 IAP Grant \$8,381, Rabies \$156,90, CSHCN Grant \$4,641, El Administrative Grant \$10,601 and the Lead Grant \$6,758.83.
 Also to note for 2012, Health Services is currently \$28,056 below last years year to date totals for Personal Services. Our part time salaries remain slightly above last year due to the increase in hours budgeted for our part time administrative assistant.

2011
 2011 Totals have not been audited, however all information has been submitted and posted above. The actual impact to the county was a loss of \$2,196,174.74. The amended budget impact estimated the loss to \$2,541,247.19. Therefore showing a savings impact of \$345,072.45 for 2011. It should be noted that a the primary reason for this loss is due to the impact of our mandated services such as the Early Intervention and Preschool Programs.

Warren County Health Services
Salaries Comparison

2011 vs 2012
 as of 4/8/12 Payroll date ending

Total of All Depts	YTD		YTD		% Change	Total Budget		Total Actual	
	2012	2011	2012	2011		2012	2011		
Regular Salaries	\$757,915.81	\$789,742.32	-\$31,826.51		-4.03%	\$2,826,218.00	\$2,878,176.80		
Overtime Salaries	\$36,667.65	\$35,488.91	\$1,178.74		3.32%	\$137,500.00	\$125,594.50		
Part Time Salaries	\$58,695.92	\$56,103.91	\$2,592.01		4.62%	\$278,942.00	\$217,841.31		
Sick Leave Incentive	\$0.00	\$0.00	\$0.00		0.00%	\$0.00	\$2,000.00		
TOTALS	\$853,279.38	\$881,335.14	-\$28,055.76		-3.18%	\$3,242,660.00	\$3,223,612.61		

*Source: Detail G/L report for all Salary Category from 1/1/XX-4/8/XX
 Note: Part time salaries reflect in 2012 the increase of a position from 20 to 30 hours for the year.

Attachment #3

FREE AND REDUCED CARE
2012
Warren County Health Services
Home Care Division

Quarter 1

Jan. – Mar. 2012

Free Care = \$20,260.00

Reduced Care = \$0.00

**Warren County Public Health
Rabies Program
JANUARY-MARCH 2012**

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton		1										
Chester	1											
Glens Falls	2	3			7					2		
Hague		1										
Horicon		1										
Johnsburg										1	1	
Lake George	1	1										
Lake Luzerne					1						1	
Queensbury	2	2		2	12			1		1		
Stony Creek												
Thurman					1							
Warrensburg					1						1	
Totals	6	9		2	22			1		4	3	

Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2012	13	20	14										47

RABIES CLINICS 2012

April 7	VFW Post 6196	10-12N
April 14	Chester Fire House	10-12N
April 21	Lake George Fire House	10-12N

Problems Encountered

Four of the stray bites required rabies post exposure treatment.

Attachment # 4

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 27, 2012

- (a) Purpose of Contract Change: To extend the agreement with Kinney Management Services, LLC to continue the license to utilize k-checks software and website as needed for agency Corporate Compliance Plan.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 274/2011 (See attached)
- (c) Name of Contractor: Kinney Management Services, LLC
- (d) Address of Contractor: 3 Tallow Wood Drive, Suite G
P.O. Box 1047
Clifton Park, NY 12065
- (e) Contractor's Contact Person and Telephone Number:
Sandy Kinney – (518) 371-0176 - x116
E-Mail – SKinney@kinneyassoc.com
- (f) Commencement Date of Amendment: September 1, 2012
- (g) Termination Date of Extension:
Automatic annual renewals, unless price changes.
- (h) Payment Provisions: Paid annually
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (h) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:
Expense Code – A 4010.428

Warren County Board of Supervisors

RESOLUTION NO. 274 OF 2011

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor and McDevitt

AUTHORIZING EXTENSION AGREEMENT WITH KINNEY MANAGEMENT SERVICES LLC TO OBTAIN LIMITED LICENSE TO USE K-CHECKS SOFTWARE AND WEBSITE WITH REGARD TO THE HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services is requesting an extension agreement with Kinney Management Services, LLC (the prior agreement authorized by Resolution No. 417 of 2010) to obtain a limited license to use k-checks software and website as part of the Health Services Department Compliance Plan for a term commencing September 1, 2011 and terminating August 31, 2012 with optional annual renewals in an amount not to exceed Six Hundred Fifty Dollars (\$650), now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement with Kinney Management Services, LLC to obtain a limited license to use k-checks software and website as part of the Health Services Department Compliance Plan for a term commencing September 1, 201¹² and terminating August 31, 2012 in an amount not to exceed Six Hundred Fifty Dollars (\$650) in a form approved by the County Attorney.

word it for terms commencing Sept 1 - Aug 31st
Annually - w/ auto ^{ext agmt} ~~renewals~~ in the amount
not to exceed \$650. w annually of ^{agreement} ~~up to 30 days~~
~~written notice of said funding is no longer~~
~~available.~~

Just be sure to get it worded so no further
res's are needed unless price changes -

Warren County Board of Supervisors

RESOLUTION NO. 417 OF 2010

filed
2/24/2011
ext agent
9/1/11-8/31/12

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor, Pitkin, Loeb and McDevitt

AUTHORIZING AGREEMENT WITH KINNEY MANAGEMENT SERVICES LLC TO OBTAIN LIMITED LICENSE TO USE K-CHECKS SOFTWARE AND WEBSITE - HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services has requested an agreement with Kinney Management Services LLC, 3 Tallow Wood Drive, Suite G, PO Box 1047, Clifton Park, New York 12065 to obtain a limited license to use k-checks software and website as part of the Health Services Department Compliance Plan in meeting a directive set forth by the Department of Health and Human Services Center for Medicaid and State Operations (CMSO) which requires providers to test monthly to assure that employees or contractors have not been excluded from participating in any federally funded program, for a term commencing June 21, 2010 and terminating June 20, 2011, with optional annual renewals, in an amount not to exceed Five Hundred Forty Dollars (\$540) per year, and

WHEREAS, the Administrator of Westmount Health Facility has advised that said CMSO regulations are applicable to all Medicaid providers, and therefore requests authorization to obtain the services of Kinney Management Services LLC for Westmount, upon the same terms and conditions as described above, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is authorized to execute an agreement(s) with Kinney Management Services LLC, 3 Tallow Wood Drive, Suite G, PO Box 1047, Clifton Park, New York 12065 to obtain a limited license to use k-checks software and website for any Warren County Department affected by the CSMO regulations described herein above, in an amount not to exceed Five Hundred Forty Dollars (\$540) per year per Department, for a term commencing June 21, 2010 and terminating June 20, 2011, which agreement may be annually renewed without the need for further resolution subject to available Department budget appropriations, and in a form approved by the County Attorney.

DeCesare, Diane

From: Pacyna, Julie
Sent: Friday, March 23, 2012 9:29 AM
To: DeCesare, Diane
Cc: Auer, Pat; Driscoll, Tawn
Subject: Kinney Management

Diane,

This is to confirm that it's ok to use Resolution No. 274 of 2011 for the extension with Kinney Management Services. My concern is that they're going to send you the invoice prior to the extension agreement being executed. If they do that, then you won't be able to get a purchase order.

Julie A. Pacyna, Purchasing Agent
Human Services Building, 3rd Floor
1340 State Route 9
Lake George, NY 12845
Ph: 518-761-6538
Fax: 518-761-6395
e-mail: pacynaj@warrencountyny.gov

3/23/2012

Warren County Board of Supervisors

RESOLUTION NO. 274 OF 2011

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor and McDevitt

AUTHORIZING EXTENSION AGREEMENT WITH KINNEY MANAGEMENT SERVICES LLC TO OBTAIN LIMITED LICENSE TO USE K-CHECKS SOFTWARE AND WEBSITE WITH REGARD TO THE HEALTH SERVICES DEPARTMENT

WHEREAS, the Director of Public Health/Patient Services is requesting an extension agreement with Kinney Management Services, LLC (the prior agreement authorized by Resolution No. 417 of 2010) to obtain a limited license to use k-checks software and website as part of the Health Services Department Compliance Plan for a term commencing September 1, 2011 and terminating August 31, 2012 with optional annual renewals in an amount not to exceed Six Hundred Fifty Dollars (\$650), now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement with Kinney Management Services, LLC to obtain a limited license to use k-checks software and website as part of the Health Services Department Compliance Plan for a term commencing September 1, 2011 and terminating August 31, 2012 in an amount not to exceed Six Hundred Fifty Dollars (\$650) in a form approved by the County Attorney.

Jolie,

Per your conversation w/ Pat - This is
OK to use for this yrs PO to continue
K-checks from 9/1/2012 - 8/31/2013 -
attached is email confirmation that the
cost is still the same - let me
know.

Thy

Diane

DeCesare, Diane

From: DeCesare, Diane
Sent: Monday, March 19, 2012 11:20 AM
To: 'Sandy Kinney'
Subject: RE: one more question

Hi Sandy,

That's perfect, thanks so much for your quick response. I will be looking for your invoice on or about mid July.

Thanks again for all your help!

Diane

From: Sandy Kinney [mailto:SKinney@kinneyassoc.com]
Sent: Monday, March 19, 2012 10:51 AM
To: DeCesare, Diane
Subject: RE: one more question

Hi Diane,

I emailed Betsy on Friday and have sent her a revised invoice reflecting the discount. The fee will remain \$650 as we discussed.

Thanks,
Sandy

From: DeCesare, Diane [mailto:decesared@warrencountyny.gov]
Sent: Monday, March 19, 2012 10:35 AM
To: Sandy Kinney
Subject: one more question

Hi Sandy,

Betsy from Westmount called on Friday to say that her invoice for K-checks came and it was for \$750.00. Is there no longer a renewal discount applied? When I asked you if the price was going up this year from the \$650.00 we paid last year, I thought you told me it was staying the same.

Please let me know what the price is as we need to update our resolution when there is an increase in the cost.

Please respond with the amount in writing in case we need to update things on our end.

Thanks again for your help. Hopefully we will have it all straight soon!

Diane DeCesare
Senior Account Clerk
518-824-8741
decesared@warrencountyny.gov

3/19/2012

V19166

A400.428

Kinney Management Services, LLC
PO Box 1047
Clifton Park, NY 12065

Invoice

Date	Invoice #
4/11/2011	33104

Reso 274/2011

Bill To
Warren County Health Services Tammie DeLorenzo Clinical and Fiscal Informatics Coordinat 1340 State Route 9 Lake George, NY 12845

Remitt To:
Kinney Management Services LLC 3 Tallow Wood Drive Ste G Clifton Park, NY 12065

*Renewal fee must be paid by the due date to avoid interruption in access to your Kchecks account.	P.O. No.	Due Date
		9/1/2011

Description	Amount
Annual License Fee for Kchecks	750.00
Customer Appreciation Renewal Discount	-100.00

Emailed Sandy to have Lee hold invoice until new reso is in place

To Patrick for new reso + change (address) to Prev reso (274/2011)

*We now accept MC, VISA, AMEX and Discover cards. Please call 518-371-0176 x116 to pay by phone or you can fax this invoice back with pymt section completed to 518-371-4322. Attn: Sandy, Accts Receivable Thank you!

CC# _____

Exp Date: _____ (MM/YY)

Card Code: _____ (3 or 4 digit)

Billing Name: _____

Billing Address: _____

Email Receipt to: _____

Thank you for your business! If you have any questions please call 518-371-0176 x116. <i>Sandy</i>	Total	\$650.00
	Payments/Credits	\$0.00
	Balance Due	\$650.00

Phone #	Fax #	E-mail	Web Site
518-371-0176	518-371-4322	skinney@kinneyassoc.com	www.kinneyassoc.com

Skinney@kinneyassoc.com

371-4246

New renewal
June 21, 2012 -
June 20, 2013

will bill upto 40 days prior

Bids Contracts Resolutions, etc. Board Meetings Committee Meetings Reports

Resolutions, etc.

Search for **KINNEY MANAGEMENT SERVICES LLC TO OBTAIN L**

Type: All, Certificate of Appointment, Equalization and Apportionment, Mortgage Tax Report, Proclamation

Department: All, Administrative & Fiscal Services, Airport, Assigned Counsel

Year: All, 1969, 1974, 1976

Status: All, Failed, Passed, Tabled

Board Meeting: All

1 of 1 Items 10 /Page Go

Type	Res Number	Department	Heading	Title	Sub Title 1	Sub Title 2	Description	Board Meeting	Period From	Period To	Status
Resolution	2011/274	Health Services	AUTHORIZING EXTENSION AGREEMENT WITH KINNEY MANAGEMENT SERVICES LLC TO OBTAIN LIMITED LICENSE TO USE...	Health Services	Computer System/Software		Extension agreement - Kinney Management Services LLC for limited license to use k-checks software an...	Regular Board Meeting - 05/20/2011	9/1/2011	8/31/2012	Passed

Handwritten notes:
 (inaccess date)
 need to change
 Kinney is keeping w/ term as stated in this reso

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Bids Contracts Resolutions, etc. Board Meetings Committee Meetings Reports

Resolutions, etc.

Search for

Type:
 Certificate of Appointment
 Equalization and Apportionment
 Mortgage Tax Report
 Proclamation

Department:

 Administrative & Fiscal Services
 Airport
 Assigned Counsel

Year:
 1969
 1974
 1976

Status:
 Failed
Passed
 Tabled

Board Meeting:

1 of 1 Items 10 / Page Go

Type	Res Number	Department	Heading	Title	Sub Title 1	Sub Title 2	Description	Board Meeting	Period From	Period To	Status
Resolution	2010/417	Health Services	AUTHORIZING AGREEMENT WITH KINNEY MANAGEMENT SERVICES LLC TO OBTAIN LIMITED LICENSE TO USE K-CHECKS ...	Health Services	Computer System/Software		Agreement - Kinney Management Services LLC to obtain limited license to use k-checks software and we...	Regular Board Meeting - 06/18/2010	6/21/2010	6/20/2011	Passed

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RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 27, 2012

- (a) Purpose of Contract Change: To amend the contract with Fidelis Care New York to delineate the Ancillary Services Reimbursement Rates to include specific Personal Care Aide Service Rates
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 461/2011
- (c) Name of Contractor: Fidelis Care New York
- (d) Address of Contractor: 480 Cross Point Parkway
Getzville, NY 14068
- (e) Contractor's Contact Person and Telephone Number:
Monroe Frank – Phone: (716) 564-6072
E-Mail – MFrank@fideliscare.org
- (f) Commencement Date of Amendment: May 21, 2012
- (g) Termination Date of Extension: Per terms of current agreement
- (h) Payment Provisions: Paid upon documentation for individual visits at contract approved rates
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:
CHHA A 1610
Long Term Home Health Care Program A 1602

Warren County Board of Supervisors

RESOLUTION NO. 461 OF 2011

Resolution introduced by Supervisors Sokol, Thomas, Champagne, Taylor and McDevitt

AUTHORIZING AMENDMENT AGREEMENT WITH FIDELIS CARE NEW YORK TO INCLUDE THE PROVISION OF PERSONAL CARE SERVICES

WHEREAS, the Warren County Health Services Department (“Health Services”) currently has an agreement with Fidelis Care New York wherein Health Services provides home care services to participants in the Managed Medicaid and Child Health Plus Programs and is reimbursed at the current Medicaid established rates, and the Director of Public Health/Patient Services has received an Amendment to the Ancillary Provider Agreement to include the provision of Personal Care Services and the Health Services Committee recommends Warren County enter into said Amendment Agreement, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the Amendment to the Ancillary Provider Agreement with Fidelis Care New York to include Personal Care Services in a form approved by the County Attorney.

Auer, Pat

From: MFrank@fideliscare.org
Sent: Wednesday, March 21, 2012 11:27 AM
To: Auer, Pat
Subject: Fw: Fidelis Amendment - T codes

Attachments: WarrenCountyHealthServices.mpf.3.21.2012.doc



WarrenCountyHealthServices.mpf...

(See attached file: WarrenCountyHealthServices.mpf.3.21.2012.doc)

Pat,

For several months we have been trying to operationalize the signed Amendment dated October 1, 2011. I was informed today that we cannot load the Personal Care rates from the Amendment and that we need to agree on fixed rates for the Personal Care Services (rather than Prevailing Medicaid). Attached please find an Amendment which will correct this issue.

I apologize for the confusion on our part. Please see the revised Schedule 5.2B and, if you are in agreement, please have two(2) copies of the Amendment duly executed and returned to me.

Thank you for your continued interest in Fidelis Care New York.

Sincerely,

Monroe P. Frank
Senior Contract Management Representative Fidelis Care New York 480 CrossPoint Parkway
Getzville, NY 14068 Ph# 716-564-6072
Fax#716-564-2374

----- Forwarded by Monroe Frank/FIDELIS on 03/21/2012 11:23 AM -----

Monroe
Frank/FIDELIS

12/15/2011 11:35
AM

auerp@co.warren.ny.us

To
cc

Fidelis Amendment - T code

Subject

Pat,

Per our conversation, Fidelis has contracted with your agency to provide health care services. Please be advised that we cannot load the Personal Care (T codes) into our claims system until we obtain the NYS fee schedule for these services. You may want to advise your billing department.

AMENDMENT TO THE ANCILLARY AGREEMENT

THIS AMENDMENT TO THE PROVIDER AGREEMENT dated this _____ day of _____ 2012, by and between **NEW YORK STATE CATHOLIC HEALTH PLAN, INC.**, doing business as **FIDELIS CARE NEW YORK**, a New York not-for-profit corporation certified as a prepaid health services plan pursuant to Article 44 of the New York State Public Health Law, and including its affiliates and subsidiaries (hereinafter collectively referred to as, the “**Plan**”), and **WARREN COUNTY HEALTH SERVICES** (hereinafter, “**Provider**”), a county government agency.

WHEREAS, Plan and Provider have heretofore entered into a certain Provider Agreement dated March 16, 2001 (the “**Agreement**”) pursuant to which Provider became obligated to provide services to Enrollees (as defined in the Agreement), and amended on October 1, 2011 and

WHEREAS, Provider currently participates in Plan’s various managed care Programs; and

WHEREAS, Plan and Provider wish to amend certain sections of said Agreement to modify the reimbursement of Personal Care Services,

NOW, THEREFORE, in consideration of the mutual promises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do agree that the Agreement shall be, and is hereby, amended as follows:

1. **Schedule 5.2** of the Amendment dated October 1, 2011 is hereby deleted in its entirety and is replaced by **Schedule 5.2B** of this Amendment.
2. Submission of Electronic Claims and Acceptance of Information through Electronic Medium. Provider agrees to submit claims for services rendered to enrollees and to accept enrollee rosters, remittance advices and other Plan communications electronically through a medium designated by the Plan.
3. This Amendment shall terminate upon the termination of the Agreement under the same terms and conditions specified herein.
4. All other terms and conditions of the Agreement, except as amended herein, shall remain the same and are hereby ratified and confirmed.
5. This Amendment to the Agreement may be executed in one or more counterparts, each of which shall be deemed an original and all of which shall constitute but one and the same instrument.

IN WITNESS WHEREOF, the parties here have signed this AMENDMENT to become effective on the date referenced above.

WARREN COUNTY HEALTH SERVICES

Provider (Please Print)

1340 State Route 9

Address

Lake George, NY 12845

City, State, Zip Code

Entity Tax ID#: 146002576

Entity NPI#: 1649496522

Name:

(Please Print)

Title:

Date:

Signature:

NEW YORK STATE CATHOLIC HEALTH

PLAN, INC. d/b/a Fidelis Care New York

95-25 Queens Boulevard

Rego Park, New York 11374

By: David P. Thomas

Its: Senior Vice President & Chief Administrative Officer

Date:

Signature:

SCHEDULE 5.2B

ANCILLARY SERVICES REIMBURSEMENT

Programs: Medicaid Managed Care, Child Health Plus, Family Health Plus Rates, Managed Long Term Care & Medicare Advantage

Home Health Services will be reimbursed according to the rates listed below*. For those services listed as “Prevailing Medicaid”, the Prevailing Medicaid fee schedule will be that which is applicable upon execution of this agreement. Notice of updates to prevailing schedule will be responsibility of Provider. Provider will notify Plan of changes to prevailing published rates, via certified or registered mail. Only those published rates that are listed as “Final” will be updated. The effective date of the new rates will be no longer than 10 business days after receipt of notification from Provider.

HCPCS	Description	Rates
S9123	Nursing Care, in the home, per diem	Prevailing Medicaid
S9122	Home Health Aide, in the home, per hour	Prevailing Medicaid
T1001	Nursing Assessment, per diem	\$125.00 per diem
T1019	Personal Care Services, Level I, per 15 min	\$5.75 per 15 minutes
T1020	Personal Care Services, Level II, per hour	\$25.00 per hour
S9131	Physical Therapy, in the home, per diem	Prevailing Medicaid
S9128	Speech Therapy, in the home, per diem	Prevailing Medicaid
S9129	Occupational Therapy, in the home, per diem	Prevailing Medicaid
G0238	Respiratory Therapy, in the home, per 15 min	Prevailing Medicaid
S9127	Medical Social Worker, in the home, per diem	Prevailing Medicaid
S9470	Nutritionist, in the home, per diem	Prevailing Medicaid
Q3014GT	Telehealth, Installation	\$50.00
T1014GT	Telehealth, Daily Monitoring, Tier II	\$10.19 per day

*Not all services are covered under all Programs.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: April 27, 2012

- (a) Purpose of Contract Change: To amend the contract with BlueShield of Northeastern New York to authorize piloting a Care Transitions Intervention Program for select patients with various chronic diseases.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R 330/1999
- (c) Name of Contractor: Blue Shield of Northeastern NY
- (d) Address of Contractor: 30 Century Dr., Latham, NY 12110
- (e) Contractor's Contact Person and Telephone Number:
Sharon Scolaro (518) 220-4924
- (f) Commencement Date of Amendment: June 1, 2012
- (g) Termination Date of Extension: Per terms of current contract
- (h) Payment Provisions: Per individual patient, billed monthly and paid according to contract terms
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:
Revenue – A 1610

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Care Transitions Intervention Pilot Program Between Warren County Health Services And BlueShield of Northeastern New York

Program:

The Warren County Health Services to pilot the intervention of a Care Transitions Coach and to analyze the impact for all BlueShield of Northeastern New York members with applicable chronic care diagnoses as follows, but not limited to (i.e. Congestive Heart Failure(CHF), Chronic Obstructive Pulmonary Disease(COPD), Diabetes(DM), Coronary Artery Disease (CAD) Pneumonia, etc. who are discharged from an inpatient stay at Glens Falls Hospital. The goal of the intervention is to reduce re-hospitalizations within 30 days of discharge and reduce overall health care costs.

Warren County Health Services will provide health coaching/motivational interviewing by a bachelor's or masters level RN experienced in home health care in the role of a Care Transitions Coach.

The Care Transitions Intervention:

The Care Transitions Intervention is a patient-centered intervention designed to improve quality and contain costs for patients with complex care needs as they transition across settings. During an episode of illness, patients may receive care in multiple settings, often resulting in fragmented and poorly executed transitions. Because patients and their caregivers are often the only common thread moving across settings, together they comprise an appropriate target for an intervention designed to improve the quality and costs of transitional care.

The overriding goal of the Care Transitions Intervention is to improve care transitions by providing patients with the tools and support that promote knowledge and self-management of their condition in order to better prepare them for their transition as they move from hospital to home.

The Care Transitions Intervention focuses on four conceptual areas:

1) Medication self-management: Patient is knowledgeable about medications and has a medication management system.

2) Use of a dynamic patient-centered record: Patient understands and utilizes the Personal Health Record to facilitate communication and ensure continuity of care plan across providers and settings. The patient or informal caregiver manages the Personal Health Record.

3) Primary Care and Specialist Follow-up: Patient schedules and completes a follow-up

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visit with the primary care physician or specialist physician and is empowered to be an active participant in these interactions.

4) Knowledge of Red Flags: Patient is knowledgeable about indications that their condition is worsening and how to respond. Initial contact between the patient and Transition Coach is made in the hospital, and is followed by a home visit shortly after discharge, and weekly phone calls at days 7, 14, and 21, post discharge. Ideally, the home visit takes place within 24-48 hours following discharge, although additional calls may be made as needed.

For those patients at highest risk for re-hospitalization, the Transition Coach will accompany the patient/caregiver to the first primary care physician visit. During the initial contact in the hospital, the Care Transitions Coach will complete an In-Hospital Evaluation Form (assisting the patient/caregiver in scheduling a timely follow-up appointment with his/her primary care physician post discharge, identifying and assisting in resolving any barriers to obtaining needed medications, transportation to appointments, etc.).

During the first in-home visit, the Care Transitions Coach will complete an In-Home Re-hospitalization Risk Assessment Form (completing a reconciled medication list between those found in the home compared to those the patient was discharged with from the hospital, the patient's compliance with her/her medication regimen, assessing the home environment for safety/falls risks, and re-hospitalization risk factors. In conjunction with the BlueShield Case Manager, the Coach will discuss other appropriate interventions to address any problem areas identified and will assist in coordinating the implementation of such interventions.

The Care Transitions Coach contacts each patient's doctors to let him know that the patient is receiving the Care Transitions Intervention. Throughout, the Care Transitions the Coach works with each patient/caregiver to develop effective communication skills with his/her physicians.

The Care Transitions Intervention is a 4-week program. During this time, patients with complex care needs receive special tools, are supported by a Transitions Coach, and learn self management skills that are essential for ensuring their needs are met when care is received across multiple settings.

It is important to note that the Care Transitions Intervention is complimentary to any medically necessary home health care treatments and does not replace such. Physician ordered home health care provides medically necessary treatments (wound care, IV therapy, physical therapy, etc.). The focus of the Care Transitions Intervention is to

promote knowledge and self-management of their condition. Some patients may receive both home health care and the Care Transitions Intervention; some patients may only receive the Care Transitions Intervention.

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Applicability of the Program: Potential clients may be referred by BSNENY or Warren County Health Services to the Care Coach Transition Program. Warren County Health Services will confirm member's benefits and eligibility, and receive prior authorization as applicable to the member's plan prior to initiating the case.

Targeted Members:

BlueShield of Northeastern New York members with applicable chronic care diagnoses as follows, but not limited to (i.e. Congestive Heart Failure(CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes(DM), Coronary Artery Disease (CAD) Pneumonia, etc. who are discharged from an inpatient stay at Glens Falls Hospital, and/or any other hospital as mutually agreed upon by the parties.

Enrollment Criteria: For actively enrolled BlueShield of Northeastern New York members:

- 1)Has one or more chronic care diagnoses as follows, but not limited to (i.e. Congestive Heart Failure(CHF), Chronic Obstructive Pulmonary Disease(COPD), Diabetes(DM), Coronary Artery Disease (CAD), Pneumonia, etc.).
- 2)Polypharmacy issues.
- 3)Resides in Warren County.
- 4) Discharged following an inpatient stay at Glens Falls Hospital, and/or any other hospital as mutually agreed upon by the parties.

Exclusion Criteria: (1) BlueShield of Northeastern New York member has an untreated/uncontrolled mental health diagnosis which would impact his/her ability to self manage.

- (2) BlueShield of Northeastern New York member refuses to comply with the terms of participation.
- (3) BlueShield of Northeastern New York member is cognitively unable to learn and has no caregiver.
- (4) BlueShield of Northeastern New York member or caregiver does not have a phone.

Outcomes/Evaluation:

Baseline measure: BlueShield of Northeastern New York member unscheduled, avoidable 30-day readmission rate annually at Glens Falls Hospital, and/or any other hospital as mutually agreed upon by the parties.

Evaluation measure: This reduction in unscheduled, avoidable 30-day readmission rates of BlueShield of Northeastern New York members at Glens Falls Hospital, and/or any other hospital as mutually agreed upon by the parties during the one-year intervention.. Goal is to reduce readmits to 15% for the targeted members enrolled in the Program from June 1, 2012 to June 1, 2013.

In addition, the results achieved for BlueShield of Northeastern New York members who received the Care Transitions Intervention will be reviewed to determine those who most benefit for future targeting of this intervention.

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BlueShield of Northeastern New York Responsibilities:

- * Identify pilot project team members from BlueShield of Northeastern New York.
- * Provide a primary liaison to coordinate with Warren County Health Services during the implementation of the intervention.
- * Identify the case manager for each member enrolled in the intervention to coordinate with and receive information from Warren County's Care Transitions Coach.
- * Participate in monthly intervention conference calls/meetings to track progress and review evaluation data being collected.
- * Participate in the analysis/evaluation of the Care Transitions Intervention at the conclusion of the pilot and determining which members most benefit from such intervention.

Warren County Health Services Responsibilities:

- * Identify pilot team members from Warren County Health Service.
- * Hire, orient and supervise the Transition Coach for this intervention.
- * Provide education to hospitalists, and case manager staff of Glens Falls Hospital, and/or any other hospital as mutually agreed upon by the parties, about the availability of the Care Transitions Intervention pilot program. Education will also be provided to key physicians associated with hospitals.
- * Work with Glens Falls Hospital, and/or any other hospital as mutually agreed upon by the parties and BlueShield to identify BlueShield members as early during the inpatient stay as possible. Introduce the Care Transitions Intervention to the patient/caregiver and obtain consent to participate.
- * Inform the patient's physician of the Care Transitions Service and reconcile medication discrepancies with such physician(s).
- * Complete the In-Hospital Care Transitions Evaluation form and distribute a copy to the member's BlueShield case manager and any home health care agency ordered by the physician.
- * Complete the In-Home Re-hospitalization Risk Assessment form and distribute copies to the member's BlueShield case manager, patient's primary care physician and the home health care agency (if one exists). This step ensures that the physician has a copy of medications reconciled between those prescribed upon hospital discharge with those already in the home prior to the patient's first appointment post discharge.
- * Warren County Health Services will directly discuss any members identified at high risk for re-hospitalization during the In-Home Assessment with the appropriate BlueShield Case Manager to review possible complimentary interventions (i.e., diabetes educational services, physical therapy for those at high risk for falls, identifying any medical equipment needs, etc.). Ensure a successful transition from Care Transitions Intervention Program to BlueShield Case Managers.
- * Implement the Care Transitions Intervention as described above, and will send^s completed forms listed above to BlueShield Case Managers as requested and appropriate.

The Transition Coach may provide complimentary diagnosis specific tools (i.e., low sodium diet cookbook, scale, medication box, and patient/caregiver educational materials).

- * The Transitions Coach will be available to the member via cell phone 24/7.

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* Coordinate monthly conference calls/meetings between Warren County Health Services and BlueShield pilot project team members to review progress and evaluation data collected to date.

* Provide monthly member demographic and cumulative patient outcomes data to BlueShield.

* Work with BlueShield to analyze pilot outcomes and provide summary for future program improvements.

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**SCHEDULE A-1 TO ATTACHMENT A
COMPENSATION**

- I. Applicability. This Schedule A-1 applies to the following Coverage Plans and, with respect to services rendered by Participating Health Care Provider, to the extent that such Coverage Plans are included in Attachment A.

All Coverage Plans

- II. Participating Health Care Provider Compensation. For all Home Health Services rendered to Covered Persons who are enrolled in a Coverage Plan subject to this Schedule, Health Plan and/or Self-Insurers, as applicable, shall compensate Participating Health Care Provider at lesser of the per visit and hourly rates set forth below or Participating Health Care Provider's charges, minus any applicable Cost Sharing Amounts.

Code	Home Health Care Service	2012 rates effective 01/01/12-08/01/12	2012 rates effective 08/01/12
0551	Home skilled nurse visit	\$176.00/visit	\$185.00/visit
0421	Physical Therapy	\$101.00/visit	\$107.00/visit
0431	Occupational Therapy	\$101.00/visit	\$107.00/visit
0441	Speech Therapy	\$101.00/visit	\$107.00/visit
0561	Social Worker	\$101.00/visit	\$107.00/visit
0572	Home Health aide	\$51.00/hour	\$53.00/hour
0580	Telehome care non video set up	\$50.00/visit	\$50.00/visit
0581	Telehome care non video daily	\$6.50/diem	\$6.50/diem

Code	Home Health Care Service	2012 rates effective 06/01/12
0969+S5190	Care Transition Coaching Intervention *	*\$275.00/ program enrollment

* This rate is an all inclusive rate per member, per Program enrollment period.

** See attached description of program.

No additional charges are allowed for a visit regardless of the time spent and additional charges are not allowed for travel, administrative services, weekend, evening or holidays. Infusion Therapy services and supplies shall be paid according to Health Plan's Schedule of Allowances in effect as of the date of service.

- III. Payment in Full. Participating Health Care Provider shall accept such payments as payment in full for all Covered Services rendered to Covered Persons and for their other obligations pursuant to this Agreement, except for any applicable Cost Sharing Amounts.

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FOURTH ADDENDUM TO THE PARTICIPATING HEALTH CARE PROVIDER AGREEMENT

THIS ADDENDUM, entered into as of June 1st, 2012, supplements and amends the terms of the Participating Health Care Provider Agreement (the "Agreement") between HealthNow New York Inc. d/b/a BlueShield of Northeastern New York and Warren County Health Services ("Provider"). Capitalized terms not otherwise defined herein shall have the same meaning set forth in the Agreement. In the event of a conflict between this Addendum and the Agreement, the terms of this Addendum shall control. This Addendum shall terminate or expire on the termination or non-renewal of the Agreement.

1. The compensation terms detailed in 'Schedule A-1 to Attachment A' to the Agreement are replaced by the attached terms which will be effective commensurate with the effective date of this Addendum. Compensation for services prior to the effective date of this Addendum will be paid in accordance with the original 'Schedule A-1 to Attachment A' to the Agreement or prior Addenda.
2. Except as modified by the terms of this Addendum, all the terms and provisions of the Agreement shall remain in full force and effect.

**HEALTHNOW NEW YORK INC. d/b/a
BLUESHIELD OF NORTHEASTERN NEW
YORK**

WARREN COUNTY HEALTH SERVICES

Signature

Brian G. O'Grady

Print/Type Name of Signer

Vice President/Network Services

Title

Date

Signature

Print/Type Name of Signer

Title

Date

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: April 27, 2012

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To authorize a contract agreement with Humana/ChoiceCare Network to allow for reimbursement of nursing and other health related services.
- (c) Name of Contractor: Humana ChoiceCare Network
- (d) Address of Contractor: 101 South Fifth St. – 12th Floor
Louisville, KY 40202
- (e) Contractor's Contact Person and Telephone Number: Stacia Coates (502) 476-9157
E-Mail - scoates1@humana.com
- (f) Has or will the Contract be provided, if so, please attach: Yes, (completed application and contract to County Attorney's office).
- (g) Commencement Date of Contract: May 21, 2012
- (h) Termination Date of Contract: Thirty day termination by either party in form approved by County Attorney – set contract so increased reimbursement rates can be negotiated and accepted without committee approval.
- (i) Payment Provisions: Upon submission of bill for each individual patient visit, paid at contract approved rate.
- i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: Revenue – CHHA Health Services - .1610

January 26, 2012

In anticipation of growth within our Medicare Advantage population in your area, we are pleased to extend an invitation to you to join Humana/ChoiceCare Network ("Humana") as a participating provider.

Enclosed you will find:

- Credentialing application for participation with Humana Health Plans
- Participation Agreement(s)
- Provider Location Grid Format

We recognize that significant changes have occurred, and continue to occur, within New York's Home Health industry, and appreciate the challenges this poses to your business. If you are unable to enter into additional contracts at this time, please let us know. Otherwise, we hope that you will take this opportunity to join our network of providers.

Please complete the credentialing application and sign and date the attestation. If your response to a question is not applicable, please insert "N/A." All spaces should contain a response.

Please review the enclosed provider Agreement(s) and place your signature and the date on the witness page.

If you have multiple locations, please use the format shown in the enclosed copy of the Provider Location Grid to provide us with your location information for Attachment C of the Agreement(s). Be sure to include the listing of counties your agency can service by each location. This may be submitted electronically. If, however, you have a single location, you need only attach a listing of your county coverage, if applicable, in addition to the completed Cover Sheet of the Agreement(s).

Please return all copies of the documents noted on the following Contract Return Checklist to Humana in the enclosed, self-addressed envelope as soon as possible. If you would prefer to submit via email, please direct to my attention at scoates1@humana.com

The credentialing process will take approximately 120 days once we receive your completed application and the requested information. Upon committee approval of your credentialing application, we will notify you of your effective date of participation.

Please note that until your credentialing application has been approved and we have notified you of your effective date of participation, you are not a Humana participating provider.

If you have any questions regarding your application, credentialing process or provider Agreement, please feel free to contact me at scoates1@humana.com or 502-476-9157 or Nydia Krystofiac at 502-580-2884. Thank you for your consideration. We look forward to working with you in the future.

Sincerely,



Stacia Coates
National Ancillary Contracting Department

Enclosures

CL-ANC-NOM-SC-FAC

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Health Services

DATE: April 26, 2012

- (a) Purpose of Request: Authorizing the County Administrator to draft and send a letter to the New York State Department of Health, requesting the establishment of guidelines and procedures regarding the establishment of new CHHA's in Warren County to ensure fair business practices and that the population of the County was served equally.

- (b) Details:

- (c) Previous Resolution Number: N?A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS