

**Quality Incentive Vital Access Provider Pool Frequently Asked Questions (FAQs)
August 19, 2014**

This document responds to and clarifies questions raised by the release of the August 6, 2014 Quality Incentive Vital Access Provider Pool (QIVAPP) Frequently Asked Questions. The Home Care Worker Wage Parity materials are posted on the Health Commerce System (HCS) and the DOH/MRT web site. In addition, please consult all previously posted materials in conjunction with the following FAQs. If you have any questions regarding this information, please email to the following address: hcworkerparity@health.state.ny.us

General QIVAPP Questions

Q1. What is the Department's expectation for MLTC plans with regards to these funds? How much are plans expected to pass along to providers? An extra \$1 per hour?

A1. In the QIVAPP Frequently Asked Questions (FAQ) document from 8/6/14, Question #2 states that "all QIVAPP funds are to be directly passed through to the providers deemed eligible to participate. Plans are not permitted to retain any amount of the QIVAPP funds".

Q2. In reference to Question #22, plans would like more clarity on the requirement for including the Licensed Home Care Services Agencies (LHCSA) MMIS# on the application. Is it required that a LHCSA has and provides its MMIS# in order to be eligible for QIVAPP funding? Or is the requirement that if a LHCSA has an MMIS # they must provide it?

A2. Possessing an MMIS number is not required to be considered as a QIPP for the QIVAPP program. Providers may provide their License Number in lieu of an MMIS number.

Q3. A number of the "traditional" LHCSA's do not have MMIS numbers since they do not bill NYS for services. Do only the NYC Home Attendant programs have MMIS numbers?

A3. See response #2.

Q4. Plans' network providers include LHCSAs, CHHAs and Long Term Home Health Care Programs (LTHHCPs) that provide aide services under contract with MLTCs, as well as LHCSAs which subcontract with CHHAs and LTHHCPs under MLTCs. Please confirm that CHHA's and LTHHCPs that contract with MLTC's are eligible. Alternatively, are CHHAs and LTHHCPs only eligible if they have aides on staff and provides aide services directly?

A4. Question #6 in the QIVAPP FAQs states that "MLTC plans qualify for QIVAPP. LHCSAs and Certified Home Health Agencies qualify as network providers under MLTC plans".

Q5. Plans need clarification from DOH on how to handle companies that are part of a LHCSA IPA (such as Alliance Care Management) which have agreements with plans. Since several of the license agencies are asking for consideration, should plans include the IPA as part of the QIVAPP application? Should plans be including the individual agencies that are making this request in their application?

A5. This issue is at the plans discretion.

Q6. Regarding Question #16, most CHHAs do not employ their HHAs but they sub-contract out to LHCSAs (just as plans do). Are CHHAs supposed to be applying for QIVAPP funds through the MLTCPs to act as a second pass through to the LHCSAs that employ the workers? If yes, how are plans to know which LHCSAs they are applying for and how many projected hours are applicable to the QIVAPP funds?

A6. Plans are responsible for determining which providers meet the QIPP standard prior to submitting the application. This also includes collecting the required information indicated in Attachment 1 of the application package.

Q7. Will DOH inform the plans which providers actually qualify for the funding or is that a decision left up to the plan?

A7. See response #6.