



**Department  
of Health**

Office of  
Health Insurance  
Programs

# **Quality Incentive/Vital Access Provider Pool**

**Update**

**April 15, 2015**

# Agenda

- **Introduction**

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John Ulberg, Director, OHIP Division of Finance and Rate Setting,  
NYSDOH

- **Review of QI/VAPP**

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- Background
- Eligibility

- **Plan Attestation**

- Standards for Pool Eligibility
- Documentation

- **Attestation Validation**

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NYSDOH

# Review of QI/VAPP

## A. What Is QI/VAPP?

- Program focused on quality home and personal care services in MLTC
- Rewards plans that invest in their network providers
- Funds of 70 million dollars to be distributed to eligible plans, which will then distribute to their contracted qualified incentive pool providers (QIPP)

# Review of QI/VAPP continued

## B. How is a Plan eligible for QI/VAPP funds?

- Plan is in compliance with wage parity statute  
*(§ 3614-c, Home Care Worker Wage Parity)*
- Plan completes revised QI/VAPP Reconciliation excel spreadsheet, distributed March 26, 2015
- Plan submits a QI/VAPP Reconciliation Attestation to DOH - Due May 1, 2015
  - Plans are required to make sure that both they and their contracted providers meet all of the requirements.
  - Documentation is required and will be subject to validation.
  - Failure to meet any of the eligibility requirements will disqualify the Plan from receiving QI/VAPP funds.

# Plan Attestation to DOH

## Due 5/1/2015- Pool Requirements

- #1. Pay A Base Hourly Rate of \$18.50
- #2. Offer a Specialty Training Program that Exceeds the DOH Requirement
- #3. Have a Written, Implemented and Currently Active Quality Assurance Program
- #4. Provide Comprehensive Health Coverage which Must Equal or Exceed the DOH Sample Qualified Incentive Pool Provider Benefit

# Plan Attestation #1: Pay a Base Hourly Rate

- Pay a base contracted amount, defined as \$18.50 per hour, that reflects the cost of investments for home and personal care aide services.
- Those QI/VAPP eligible hours cannot be counted prior to April 1, 2014.
- If rates were subsequently increased after April 1<sup>st</sup> but before September 1<sup>st</sup>, only hours paid at the qualifying level are eligible to determine QI/VAPP payment.

# Plan Attestation #2: Offer a Specialty Training Program

- Maintain or participate in a specialty training program for home health aides and personal care aides.
- Training programs must exceed DOH minimum training requirement and/or the in-service requirement which is:

## Home Health Aides

- Basic: 75 hours
- In-service: Twelve (12) hours per year.

## Personal Care Aides

- Basic: 40 Hours
- In-service: Six (6) hours per year.

## Plan Attestation #2 continued: Offer a Specialty Training Program

- Provide a letter of support for the training program from a labor organization. The Department will consider exceptions if a QIPP can demonstrate a specialty training program, but cannot obtain a letter of support.



# Plan Attestation #3:

## Have a written Quality Assurance Program

- A QIPP must have a written quality assurance program that has been successfully implemented and is currently active
  - Not a new requirement for LHCSAs -Section 766.9(k)
  - Includes internal review of policies and patient records
    - Must include Complaint Resolution Process
  - Written summary of review findings

# Plan Attestation #4: Provide Comprehensive Health Coverage

- A QIPP must participate in a health benefit fund for their home health aides and/or personal care aides and/or provide comprehensive health insurance coverage to their employees.
- The DOH Sample Qualified Incentive Pool Provider Health Benefit that must be provided is posted on the Department's website.

# Plan Attestation #4 continued:

## Provide Comprehensive Health Coverage

<b>Health Benefit Package Should Include:</b>
<b>Hospital Care</b>
<b>Hospice</b>
<b>Emergency Room Visits</b>
<b>Behavioral Health Services Inpatient/Outpatient</b>
<b>Maternity</b>
<b>Medical Services</b>
<b>Prescriptions</b>
<b>Vision</b>
<b>Dental</b>
<b>Hearing Aids</b>

[http://www.health.ny.gov/health\\_care/medicaid/redesign/docs/2014-06-13-benefits\\_overview\\_qivapp\\_application\\_attach2.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/2014-06-13-benefits_overview_qivapp_application_attach2.pdf)

# Plan Documentation

## Plan Documentation:

- **QI/VAPP Reconciliation spreadsheet**

Eligible Hours for State Fiscal Year 2014-15

- Actual hours from 4/1/14 - 2/28/15

- Projected hours from 3/1/15 - 3/31/15

- **Attestation**

# Validation of Attestation

- Plans should maintain a copy of the provider Wage Parity certification whether or not they have received QI/VAPP award
- ALL supporting documentation for the Plan attestation is subject to validation
- Plan submissions that cannot be validated upon review of supporting documentation will be referred to the Department for possible recoupment of QI/VAPP funds, and/or for OMIG referral

# QI/VAPP Distribution

- Total Pool value of \$70 million
- State share of \$35M was released to plans based on information submitted by September 2, 2014.
- Reconciliation of total pool value based on updated information including hours and attestation provided by May 1, 2015.
  - Information must be included for all providers
- The total pool value of \$70M will be reallocated based on updated hours received and CMS approval.

# QI/VAPP Distribution Examples

## Example – Pool Allocation to Plans

	A	B	C	D	E
	Original Application Hours	State Share Distribution	Reconciled Hours	Reconciled Distribution	Final Plan Distribution ( D - B)
Plan A	1,000,000	\$10.0M	1,500,000	\$23.9M	\$13.9M
Plan B	500,000	\$5.0M	800,000	\$12.7M	\$7.7M
Plan C	300,000	\$3.0M	600,000	\$9.5M	\$6.5M
Plan D	900,000	\$9.0M	1,100,000	\$17.5M	\$8.5M
Plan E	800,000	\$8.0M	400,000	\$6.4M	(\$1.6M)
<b>Total</b>	<b>3,500,000</b>	<b>\$35M</b>	<b>4,400,000</b>	<b>\$70M</b>	<b>\$35M</b>

## Example - Plan Specific Allocation to Providers

Plan A	A	B	C	D	E
	Original Application Hours	State Share Distribution	Reconciled Hours	Reconciled Distribution	Final Provider Distribution ( D - B)
Provider A	50,000	\$0.5M	0	\$0M	(\$0.5M)
Provider B	500,000	\$5.0M	550,000	\$8.8M	\$3.8M
Provider C	150,000	\$1.5M	350,000	\$5.6M	\$4.1M
Provider D	100,000	\$1.0M	150,000	\$2.4M	\$1.4M
Provider E	200,000	\$2.0M	450,000	\$7.2M	\$5.2M
<b>Total</b>	<b>1,000,000</b>	<b>\$10M</b>	<b>1,500,000</b>	<b>\$24.0M</b>	<b>\$14.0M</b>

# For more information

Any questions concerning the reconciliation process should be directed to the Office of Health Insurance Programs, New York State Department of Health by e-mail at:

[hcworkerparity@health.ny.gov](mailto:hcworkerparity@health.ny.gov)

Information about QI/VAPP is available on the Department's website:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/mrt\\_61.htm](http://www.health.ny.gov/health_care/medicaid/redesign/mrt_61.htm)