

**Quality Incentive Vital Access Provider Pool Frequently Asked Questions (FAQs)**  
**August 6, 2014**

This document responds to and clarifies questions raised by the release of the June 16, 2014 Quality Incentive Vital Access Provider Pool (QIVAPP) Program Application for Managed Long Term Care plans in New York City. 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](mailto:hcworkerparity@health.state.ny.us)

The application is now due September 2, 2014 by 3pm.

**General QIVAPP Questions**

- Q1. The QIVAPP application instructions indicate that Plans would have negotiated hourly rates with providers of at least \$18.50 as the minimum standard for providers to qualify as a QIPP. The application worksheet column 1 requests information for hourly rates on 4/1/14. If the hourly rates at 4/1/14 were lower than the minimum standard determined by DOH and then subsequently increased effective 5/1/14 or 7/1/14 to an amount equal to or greater than the DOH minimum standard how would we communicate this information on the application?**
- A1. Please include additional columns in the spreadsheet with any rate changes from 4/1/14 through 9/1/14 and hours provided at that rate. Providers that have secured a rate at \$18.50 or above by the application deadline can be considered as a QIPP as long as all of the criteria are met.
- Q2. Can you provide a greater understanding of how the QIVAPP funds flow through from plans to providers? Is it a direct pass-through? Or if a plan is contracted with a Provider at the DOH minimum standard of \$18.50 or higher and the wage parity add-on in plan premiums is insufficient to cover the additional costs, does the plan retain the QIVAPP or do all QIVAPP funds pass through to the provider?**
- A2. 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.
- Q3. According to the 4/23/14 QIVAPP DAL, the 4/1/14 Phase 2 premium rates were to be available by 5/2014 which to date have not been received. Is there any indication when these rates will be available to plans? Also, Phase 3 is due to the plans by July 2013, is that still on track for distribution?**
- A3. Phase II Draft rates were released on 7/18/14. There will be no Phase III rates.

**Q4. Our MLTC received the mandatory rates for 4/1/13 – 3/31/14. Do these include the premium add-on wage parity? Additionally, when can we expect to receive mandatory rates for 4/14/14 – 3/31/15 inclusive of wage parity add-on?**

A4. The 4/1/2013 mandatory rates included one month of wage parity. An annualized wage parity adjustment will be included in the 4/1/2014 mandatory rates which will be released in August.

**Q5. As a Licensed Home Care Services Agency (LHCSA) provider contracting with a MLTC plan, I am told that one of the criteria to qualify for the QIVAPP is offering a training program beyond the current Department of Health minimum requirement. Can you elaborate on what that requirement is?**

A5. The home health agency where the home health aide is employed must provide nursing supervision and 12 hours of in-service training per year.

PCA workers must receive six hours of in-service education per year. The criteria for the one year period for completion of the in-service training that is used by the provider will be considered the base year for each aide under review.

Only training programs that exceed the current Department of Health training requirement and/or the in-service requirements will meet the QIPP eligibility requirement.

**Q6. Please confirm that both LHCSAs and Certified Home Health Agencies may potentially qualify for QIVAPP?**

A6. MLTC plans qualify for QIVAPP. LHCSAs and Certified Home Health Agencies qualify as network providers under MLTC plans.

**Q7. Can home care providers who have negotiated rates at less than \$18.50 per hour qualify for QIVAPP monies?**

A7. No. The QIVAPP monies are targeted for plans to invest in network providers with higher costs resulting from maintaining and continuing increased standards of quality training and services.

**Q8. The DOH application for a QIVAPP Participation, which is intended to be used by MLTCs on behalf of Personal Care and HHA providers, states on page 3 that for all non-union providers, “you must meet or exceed what is offered in the attached sample benefit package to qualify” (Attachment 2).**

**Attachment 2 has specific details of the health benefit that has to be met or exceeded.**

**However, under NYC parity, we have to offer a benefit package that provides an hourly total rate, including benefits and health insurance, of \$14.09 per hour. The employee does not have to take the health benefits – in fact most prefer to have a higher hourly rate.**

**Is it enough to offer a program that meets or exceeds the details in Attachment 2, or do the employees actually have to be participants?**

A8. Employees must participate.

**Q9. If FCP does not operate a NYS DOH licensed Home Health Aide Training school, will FCP be disqualified from receiving the QIPP funds?**

A9. The provider must offer in-service training beyond what the New York State Department of Health training Curriculum outlines. Such in-service training should be available to all workers and may include, but not limited to, areas addressing coaching the client toward health living, traumatic brain injuries and how to deal with difficult to serve individuals.

**Q10. Will FCP’s Collective Bargaining Agreement with 1199 SEIU where the \$.04 cent (per paid payroll hour) contribution to the Bill Michelson Fund be considered as “maintaining and participating a specialty training program for home health aides”?**

A10. The provider must offer in-service training beyond what the New York State Department of Home Health Care/Personal Care Aide Core Curriculum outlines. In-service training should be available to all workers and must exceed the DOH required in-service training of 12 hours for Home Health Aides annually or 6 hours for PCAs annually.

**Q11. For question number 2 on the QIVAPP application, it requests “actual hours provided to plan enrollees from 4/1/14-5/31/14”. Since there is a claims lag for submissions of actual hours delivered, is the DOH really seeking “authorized” hours for this period?**

A11. No. Actual hours are required as the Department anticipates all claims lag should be resolved by 8/2014.

**Q12. What is the mechanism for reconciling the actual hours against projected hours to protect plans against over/underpayments? Will there be additional reporting on the MMCOR or separate quarterly reporting?**

A12. Initial payments to the MLTC plans will be based on both actual and projected hours. The Department may adjust the amount of the add-on based on subsequent reports of the actual hours provided by the QIPP providers.

**Q13. How will the dollars be paid to the plans? Through a separate billing rate code and a different capitation amount or through the regular rate? Will it be member or vendor specific?**

A13. The current MLTC premium will be adjusted to pay out each MLTC amount calculated from the pool distribution.

**Q14. How will plans be notified on which vendors get what amounts?**

A14. The allocation of pool dollars will be to MLTC plans based on the information they provide and their network contractor.

**Q15. Will this be ongoing billing or a one-time payment to the plans?**

A15. The Department will release a payment no sooner than 10/1/14 and the Department may adjust payments based on subsequent reports of actual hours.

**Q16. The application requires that plans detail HHA hours delivered to members by potential QIPP providers. Are plans expected to pay QIVAPP on HHA hours delivered through CHHAs? In some plans, the members receive all Level 3/HHA hours through a contracted CHHA that subcontract with a LHCSA for aides. Should the hours delivered through CHHAs be detailed in attachment 1?**

A16. If an MLTC is authorizing HHA services through a CHHA, the hours should be reflected as CHHA service hours. A CHHA subcontracting with a LHCSA will be responsible for assuming the QIVAPP dollars are directed to the LHCSA for covered workers.

**Q17. What are the Department's expectations regarding the descriptions the plans will submit detailing how the funds were used?**

A17. We are seeking how the MLTC plans intend to pass the QIVAPP dollars to the providers in conjunction with contract payment terms.

### **Requirements for Qualified Providers and Applications**

**Q18. Is the documentation from providers going to be submitted to the plan or the state? Also, is this documentation required by 8/15/14?**

A18. The MLTC plans are responsible for collecting the required information from the providers and submitting it with their QIVAPP application. The deadline for this is extended until 9/2/14.

**Q19. What is the plan's responsibility in terms of acceptable proof/documentation as to whether an organization meets the requirements? Is an attestation alone acceptable, for example?**

A19. Plans should retain on record and be prepared to make available upon audit all pertinent documentation that demonstrates that a QIPP meets the QIVAPP requirements. An attestation is acceptable and the QIPP should retain on record and make available upon audit all pertinent documentation that demonstrates that the QIPP meets the QIVAPP requirements.

**Q20. What are the consequences for making an erroneous determination as to an organization meeting these requirements?**

A20. The Department will refer these cases to the Office of the Medicaid Inspector General (OMIG).

**Q21. What are the parameters under which the department would consider exceptions on a case-by-case basis for those organizations failing to meet any of the standards?**

A21. QIVAPP funding is available for only those providers that meet the program requirements. Exceptions will be considered on a case by case basis, if they can be justified. Any documentation that the applicant feels justifies an equivalent level of standard will be considered.

**Q22. Is the LHCSA MMIS number required for the application?**

A22. The MLTC plan and the QIPP eligible agencies are required to provide their respective MMIS numbers where indicated in the Attachment 1 Excel sheet.

**Q23. Does QIVAPP only apply to qualified providers who employ aides?**

A23. Yes.

**Q24. How do plans evaluate whether a non-union provider is offering a qualified health benefit?**

A24. By requesting a copy of the health benefit information provided to the home care worker.

### **Specialty Training Program**

**Q25. What are the parameters under which the department might consider an exception for those organizations that cannot provide a letter of support from a labor organization?**

A25. Any documentation that the applicant feels justifies an equivalent level of standard will be considered.

**Q26. Which entity is responsible for making the exception request, the QIPP or the plan?**

A26. The plan and the DOH will determine if the QIPP meets the requirements and passes the exception set by the Department.

**Q27. Who will certify that the agencies are providing a training program beyond the current department minimum requirement?**

A27. The Department of Health.

**Q28. Do providers have to operate their own training program, or can they link their staff to a program provided through another entity?**

A28. The provider itself does not need to provide training, but ensure training is made accessible.

**Q29. Is there a specific date by which providers must have offered this additional training in order to qualify?**

A29. Provider must have offered training by 12/31/14.

#### **Qualifying for the \$18.50**

**Q30. The QIVAPP application instructions indicate that plans would have negotiated hourly rates with providers of at least \$18.50 as the minimum standard for providers to qualify as a QIPP. The application worksheet column 1 requests information for hourly rates on 4/1/14. If the hourly rates at 4/1/14 were lower than the minimum standard determined by the department and then subsequently increased effective 5/1/14 or 7/1/14 to an amount equal to or greater than the department minimum standard, how would plans communicate this information on the application? It would appear that plans that subsequently increase rates should be entitled to some part of QIVAPP funds.**

A30. A revised Attachment 1 Excel worksheet that is available includes the rate effective date. This column should be used to indicate the effective date of the rate above \$18.50. Reported hours must be consistent with this effective date.

**Q31. According to the QIVAPP application Excel worksheet column 2, the dates read 4/1/13 - 5/31/14. This this correct?**

A31. The Excel worksheet has been updated and the dates for that column are now 4/1/14 - 5/31/14.