

**Office of Health Insurance Programs
Division of Finance and Rate Setting & Division of Long Term Care**

Managed Long Term Care Policy 22.02: Quality Incentive Vital Access Provider Pool (QIVAPP) 2022-23 Distributions

Date of Issuance: June 22, 2022

Effective Date: April 1, 2022

Applicable To: All managed long term care (MLTC) organizations that receive funding from New York State Medicaid for the Quality Incentive Vital Access Provider Pool (QIVAPP).

Purpose: This Policy Guidance is meant to inform MLTC plans of the implementation of enhanced QIVAPP funding distributions included in the State Fiscal Year (SFY) 2022-23 Enacted Budget. The Budget included \$37.4M State share (\$74.8M gross) in additional QIVAPP funding for providers in SFY 2022-23. The Department of Health will be disbursing these additional funds in Cycle #2337 to participating MLTCs for distribution to qualifying providers. The enhanced QIVAPP funding will be allocated based on SFY 2020-21 utilization for those providers who qualified and received QIVAPP funds in SFY 2021-22.

The Department will reconcile the enhanced QIVAPP payments among plans/providers against SFY 2021-22 utilization later in this SFY in conjunction with the annual distribution of the historical QIVAPP base program funding (\$35M State share / \$70M gross).

Upon receiving the funds and prior to distribution of the additional QIVAPP funding to qualified LHCSAs, MLTCs should request and receive attestations (attestations to be provided by the DOH) from participating providers (copies of which will be provided to a designated individual at the Department of Health) stating that: 1) the organization still qualifies for the QIVAPP program; and 2) the organization will use funds to maintain or enhance current health benefits and includes documentation showing how the funds will be used, including the name of the worker health plan and a summary plan description. In instances where MLTCs receive funding for providers that are no longer in business with a valid operating certificate and/or where the MLTC no longer has a contract with a provider, the Department should be notified so that funding can be appropriately recouped and redistributed to qualified LHCSAs.

Questions related to this guidance document may be sent to mltcrs@health.ny.gov.