

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH INSURANCE PROGRAMS
DIVISION OF FINANCE AND RATE SETTING
BUREAU OF LONG TERM CARE RATE SETTING**

**MANAGED LONG TERM CARE PLANS
CERTIFICATION FOR
QUALITY INCENTIVE / VITAL ACCESS PROVIDER POOL PROGRAM
FUNDS FOR APRIL 1, 2014 - MARCH 31, 2015**

(To be certified by the Chief Executive Officer or President)

I hereby attest that the funds received from the Quality Incentive/Vital Access Provider Pool Program (QIVAPP) will be directly passed through to the Qualified Incentive Pool Providers (QIPP) deemed eligible, with no amount of funding retained by the plan.

Name of Plan _____

Signature _____

Name (Please Print) _____

Title (Please Print) _____