

Medicaid/FAMIS Managed Care Performance Incentive Awards (PIA) Program

Frequently Asked Questions

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Question_1: What type of allocation model is being used for the PIA?

Answer_1: Zero sum. Upon calculation of weighted performance scores for each MCO, the total amount of the allocated financial awards will equal the total amount of financial penalties to MCOs. In other words, there will be a “tie” between cumulative gains and losses among the MCOs in the PIA. The end result is a gain *or* a loss *or* no change for each payer (MCO) and no gain or loss for the purchaser (DMAS).

Question_2: What are the anchor dates for the PIA measures?

Answer_2: The three HEDIS measures (childhood immunizations, prenatal care, and blood pressure control) are aligned with the calendar year (January 1st through December 31st). The three administrative measures (claims payment, assessment of foster care children, and timely and accurate reporting) are aligned with the state fiscal year (July 1st through June 30th).

Question_3: What if an MCO disagrees with the performance measures' scores?

Answer_3: MCOs will have an opportunity to provide feedback and ask questions regarding preliminary scores. DMAS will finalize scoring after considering the feedback and questions.

Question_4: Does the PIA include both FAMIS and Medicaid for each MCO?

Answer_4: Yes. All PIA measures include FAMIS and Medicaid managed care combined.

Question_5: How much of a financial gain or loss can an MCO earn through the PIA?

Answer_5: The Performance Incentive Award, or penalty, will be relative to performance among the contracting MCOs. Performance is measured and scored using the six quality measures. The maximum amount at risk for each MCO is 0.15% of the PMPM capitation rate and the maximum award is 0.15% of the PMPM capitation rate. Total awards for all MCOs will equal total penalties

Question_6: If an MCO does not have enough Virginia Medicaid/FAMIS members, will it still be included in the PIA?

Answer_6: The PIA will apply to the MCOs with enough members for reporting the three HEDIS measures per NCQA technical specifications. If an MCO does not have enough members to report the three HEDIS measures, they will not be included in the PIA, however, their three administrative measures will be validated and scored through the same processes as the other MCOs.

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FAQ's

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Question_7: What will the consumer report card include?

Answer_7: The consumer report card will serve as a decision support tool for enrollees and potential enrollees. The report card will include a consumer friendly presentation of each MCO's performance in the three HEDIS measures in the PIA program. Additional HEDIS measures and CAHPS measures will also be used for the consumer report card. The three PIA administrative measures will not be included in the report card.

Question_8: How can the public find out how well each MCO performs in the PIA program?

Answer_8: The scores from the PIA program will be available in the managed care annual technical report, which is published on the DMAS managed care web page around April of each year.

Question_9: Is there an absolute score where there would be no penalty or is it always a comparison of the lowest scores to the highest scores and then based on that distribution you allocate the award/penalty amounts?

Answer_9: See answer to question 1. With the zero sum model it is not feasible to predict a certain absolute score for any MCO that would not be subject to a penalty.

Question_10: Is there an example of how the MCO scores will be used to calculate the resultant relative scores for each MCO in the PIA?

Answer_10: See EQRO Performance Incentive Awards Methodology, which can be located on the DMAS PIA webpage.

Question_11: What is the purpose of having a pilot year for the PIA?

Answer_11: The pilot year enabled a collaborative approach to studying the effectiveness of the PIA processes and evaluating the results. An actionable evaluation enabled the state to fully implement a methodically sound performance incentive award program.