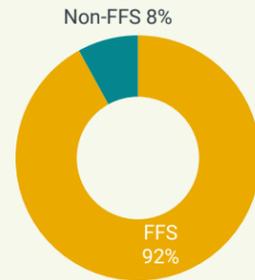




The results of the Virginia Medicaid Scorecard on Payment Reform are in, and 37% of all Medicaid payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 63%. These data are from calendar year 2016 or the most recent 12 months.



Fee-for-Service (FFS) remains the dominant base method of payments to providers, even when the payment is value-oriented. Of all the value-oriented Medicaid payments health plans made in Virginia in 2016, 92% are still based on FFS. Only 8% use a non-FFS based payment method. Value-oriented payment methods categorized as non-FFS include: bundled payment, full capitation, partial or condition-specific capitation, and payment for non-visit functions, while pay-for-performance, shared savings, and shared risk rely on FFS.



Zero percent of value-oriented payments put providers at risk. All value-oriented payments in place in 2016 offered providers a financial upside only, with no downside financial risk.

ACKNOWLEDGMENTS

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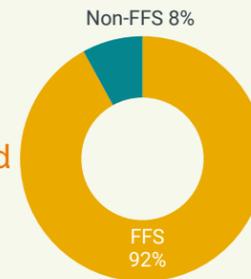


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2018 VIRGINIA SCORECARD ON Medicaid Payment Reform

Use of Fee-For-Service in Value-Oriented Payments in Virginia



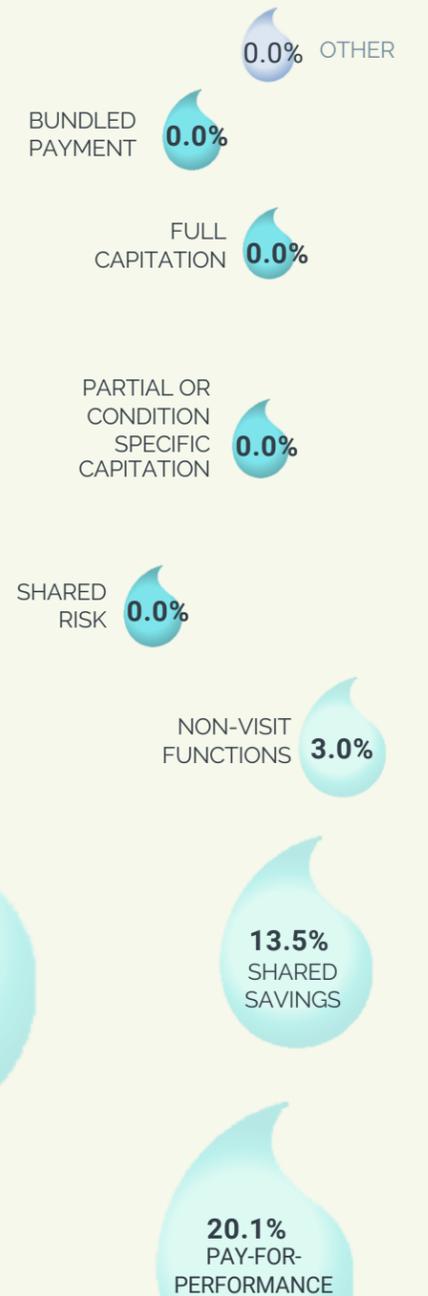
Share of Value-Oriented Payments that Put Providers at Financial Risk



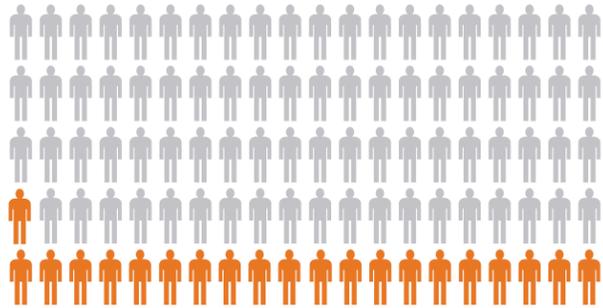
Provider Participation in Value-Oriented Payments



Share of Total Dollars Paid to Primary Care Providers and Specialists



Economic Signals



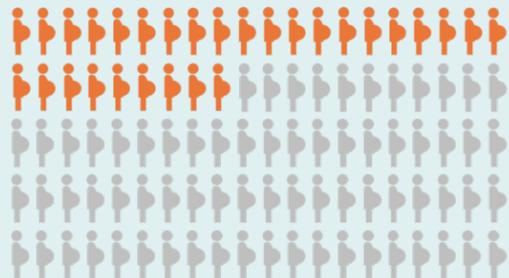
ATTRIBUTED MEMBERS

21%

of health plan members were attributed to providers participating in a payment reform contract

System Transformation

CESAREAN SECTIONS



29%

of women with low-risk pregnancies* had C-sections

*NTSV measure. Source: Analysis by VHI.

SHARED RISK CONTRACTS



Zero shared risk contracts reported

Outcomes

PREVENTABLE ADMISSIONS



Source: AHRQ, analysis by VHI. **See Methodology for details.

CHILDHOOD IMMUNIZATIONS

66% of children ages 1.5 - 3 years old received all recommended doses of seven key vaccines



Source: NIS, cited by CMWF 2018

HBA1C POOR CONTROL



47% of people with diabetes had poorly controlled blood sugar (HbA1c >9%)

Source: NCQA

Payment Reform's Impact at a Macro-Level: Leading Indicators to Watch

Together, these metrics shed light on the impact of payment reform on the health care system in Virginia.

UNMET CARE DUE TO COST



13% of adults went without care due to cost

Source: BRFSS, cited by CMWF 2018

HEALTH-RELATED QUALITY OF LIFE



14%

of adults report fair or poor health

Source: BRFSS, cited by CMWF 2018

HBA1C TESTING



88%

of people with diabetes had a blood sugar test (HbA1c)

Source: NCQA

HOME RECOVERY INSTRUCTIONS

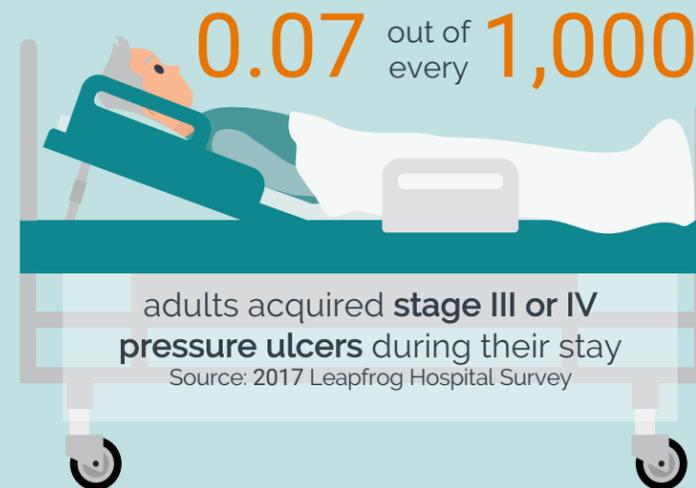


88%

of adults reported being given information about how to recover at home

Source: HCAHPS, cited by CMWF 2018

HOSPITAL-ACQUIRED PRESSURE ULCERS



Source: 2017 Leapfrog Hospital Survey

CONTROLLING HIGH BLOOD PRESSURE

63%

of people with hypertension had adequately controlled blood pressure



Source: NCQA