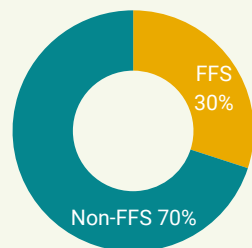


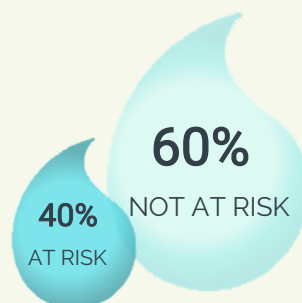
54.4%

of the total payments made to providers are value-oriented

The results of the Colorado Scorecard on Medicaid Payment Reform are in, and 54% of all Medicaid payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 46%. These data are from calendar year 2016 or the most recent 12 months available.



Of all the value-oriented Medicaid payments made in Colorado in 2016, 70% are not based on FFS and 30% are FFS-based. 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.



Forty percent of value-oriented payments in the Medicaid market put providers at risk. Just over half of value-oriented payments in place in 2016 offered providers a financial upside only, with no downside financial risk.

ACKNOWLEDGMENTS

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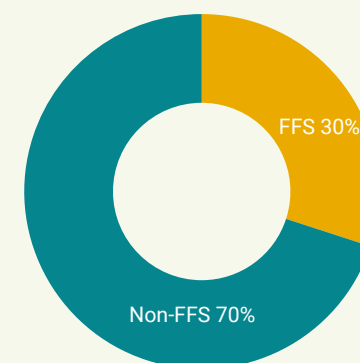
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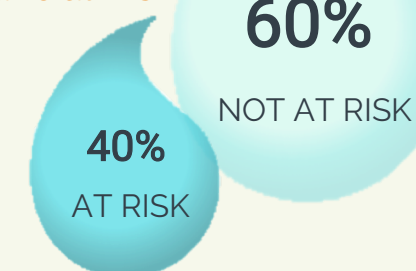
2018 COLORADO SCORECARD ON

Medicaid Payment Reform

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



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

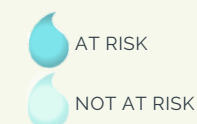


Provider Participation in
Value-Oriented Payments



100% of all hospital payments (in-patient)
are value-oriented*

*Quality performance incentive payments made up 7% of total dollars paid to hospitals in 2016.



0.0% OTHER

SHARED SAVINGS 0.0%

FULL CAPITATION 0.0%

SHARED RISK 0.0%

BUNDLED PAYMENT 9.5%

PARTIAL OR CONDITION SPECIFIC CAPITATION 12.1%

16.4% NON-VISIT FUNCTIONS

16.4% PAY-FOR-PERFORMANCE

54.4%

of the total payments made to providers are value-oriented

Economic Signals



ATTRIBUTED MEMBERS

76%

of members in Colorado's Medicaid program were attributed to **providers participating in a payment reform contract**

System Transformation

CESAREAN SECTIONS



18%

of women with low-risk pregnancies* in Colorado's Medicaid program had C-sections

*NTSV measure. Source: Analysis by CIVHC.

SHARED RISK CONTRACTS



Zero shared risk contracts reported*
*This metric does not include other types of at risk contracts.

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 Colorado.

UNMET CARE DUE TO COST



12%

of adults* went without care due to cost

Source: BRFSS, cited by CMWF 2018
*From general population

HEALTH-RELATED QUALITY OF LIFE



14%

of adults* report **fair or poor health**

Source: BRFSS, cited by CMWF 2018
*Ages 18-64 years

HBA1C TESTING



79%

of Medicaid members with diabetes **had a blood sugar test (HbA1c)**

Source: HSAG for HCPH 2017
*Colorado reports this using claims data only.

Outcomes

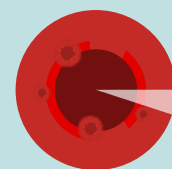
CHILDHOOD IMMUNIZATIONS

76%

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



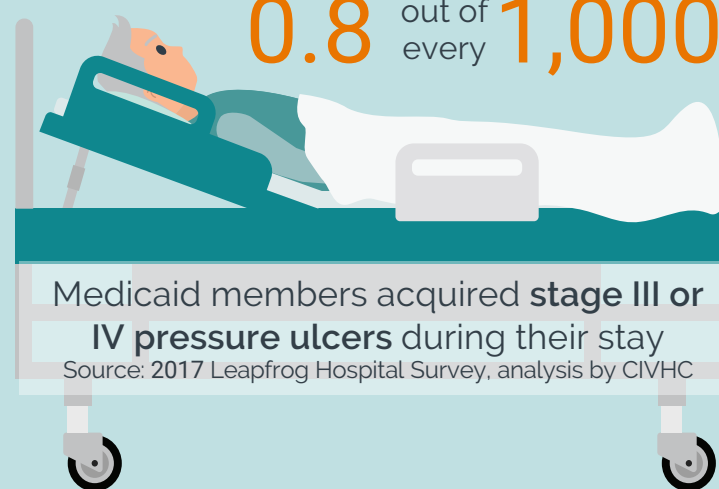
94%

of Medicaid members with diabetes had **poorly controlled** blood sugar (HbA1c >9%)*

Source: HSAG for HCPH 2017
*Colorado reports this using claims data only.

HOSPITAL-ACQUIRED PRESSURE ULCERS

0.8 out of every 1,000



Medicaid members acquired **stage III or IV pressure ulcers** during their stay

Source: 2017 Leapfrog Hospital Survey, analysis by CIVHC

HOME RECOVERY INSTRUCTIONS



89%

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

Source: HCAHPS, cited by CMWF 2018