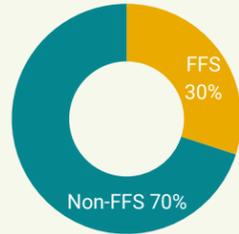


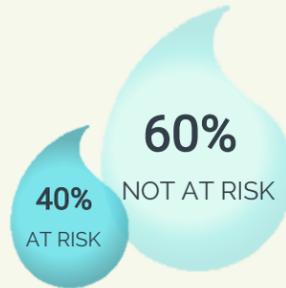
54.4%

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

The Colorado Scorecard on Medicaid Payment Reform 2.0 was made possible by the Laura and John Arnold Foundation and the Robert Wood Johnson Foundation, as well as the leadership of the Center for Improving Value in Health Care and the collaboration of the Colorado Department of Health Care Policy and Financing (HCPF). CPR thanks CIVHC staff Cari Frank, VP of Communication and Marketing, Jonathan Mathieu, VP of Data and Delivery, and Maria de Jesus Diaz-Perez, Director of Public Reporting; CPR project leads Andréa Caballero and Alejandra Vargas-Johnson; CPR staff Lea Tessitore and Roslyn Murray; as well as the health plans that provided data for the Scorecard, for their significant contributions to this project.

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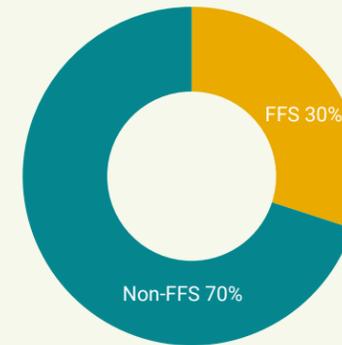
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2018 COLORADO SCORECARD ON Medicaid Payment Reform



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



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

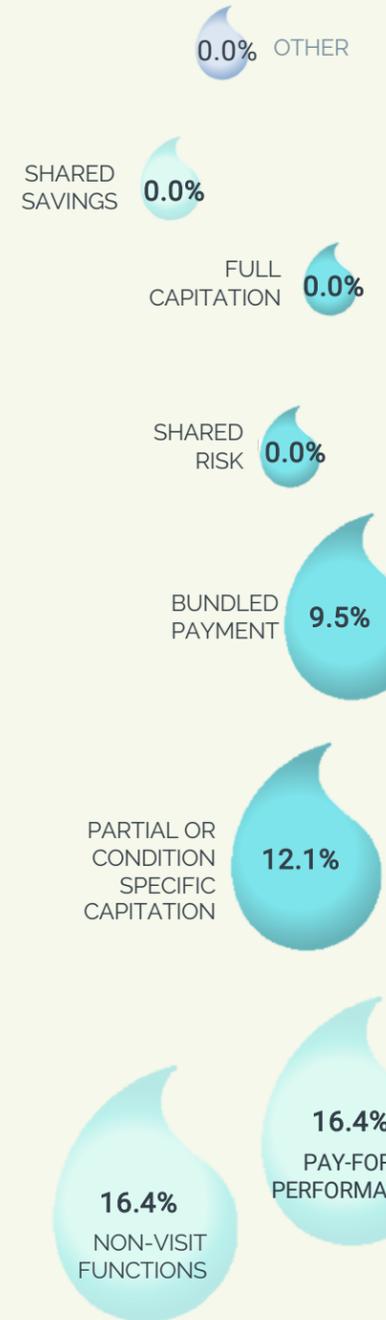


Provider Participation in Value-Oriented Payments



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

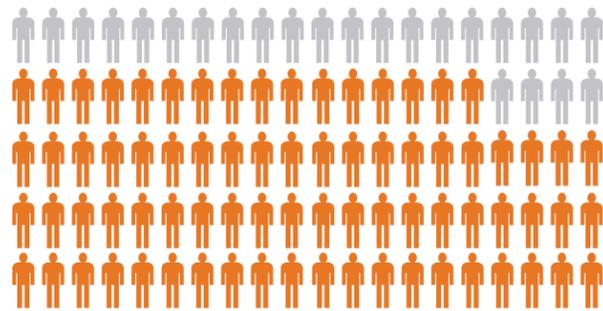
*Quality performance incentive payments made up 7% of total dollars paid to hospitals in 2016.



54.4%

of the total payments made to providers are value-oriented

Economic Signals



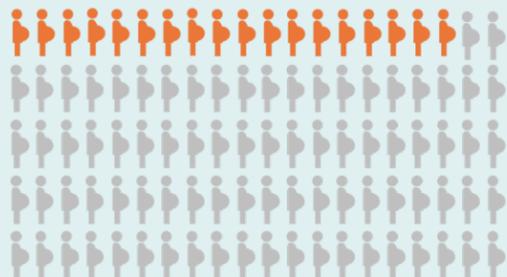
ATTRIBUTED MEMBERS

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.

UNMET CARE DUE TO COST



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

12% of adults* went without care due to cost

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 HCPF 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



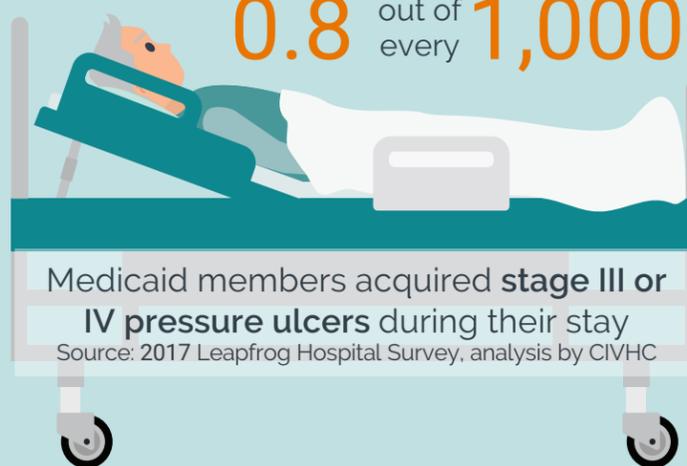
94%

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

Source: HSAG for HCPF 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