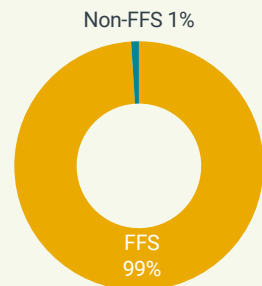
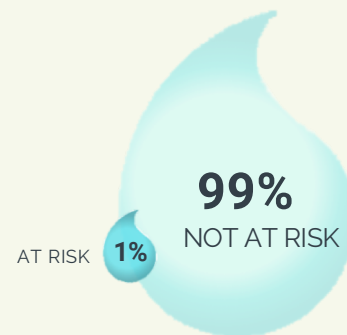




The results of the New Jersey Scorecard on Medicaid Payment Reform are in, and 11% of all Medicaid payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 89%. These data are from calendar year 2016 or the most recent 12 months available.



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 New Jersey in 2016, 99% are still based on FFS. Only 1% use a non-FFS 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.



Only one percent of value-oriented payments in the Medicaid market put providers at risk. The vast majority of value-oriented payments in place in 2016 offered providers a financial upside only, with no downside financial risk.

#### ACKNOWLEDGMENTS

The New Jersey 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 New Jersey Health Care Quality Institute. CPR thanks the Quality Institute President & CEO, Linda Schwimmer, and Chief of Staff, Amanda Burd; 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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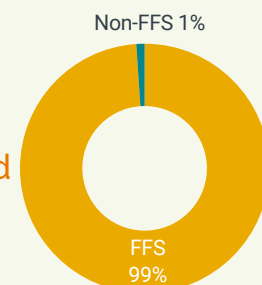
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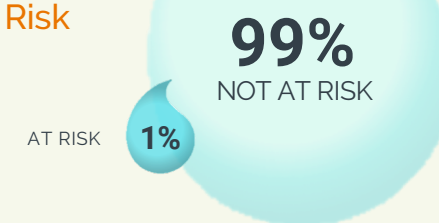


## 2018 NEW JERSEY SCORECARD ON Medicaid Payment Reform

Use of Fee-For-Service in Value-Oriented Payments in New Jersey



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



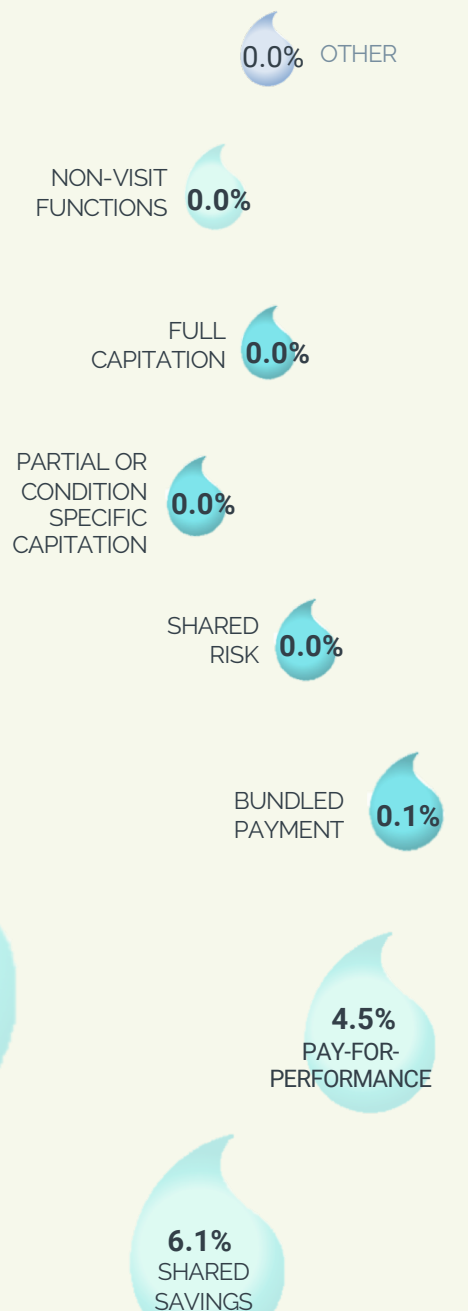
Provider Participation in Value-Oriented Payments

**3%** of all hospital payments (in-patient)

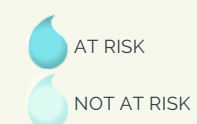
**28%** of all specialist payments

**28%** of all primary care provider payments are value-oriented

Share of Total Dollars Paid to Primary Care Providers and Specialists



**10.7%**  
of the total payments made to providers are value-oriented.



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## Economic Signals



### ATTRIBUTED MEMBERS

56%

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

### SHARED RISK CONTRACTS



Zero shared risk contracts reported

### CESAREAN SECTIONS



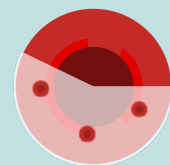
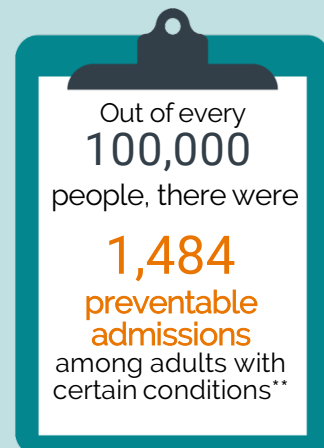
29%

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

\*NTSV measure. Source: 2017 Leapfrog Hospital Survey

## Outcomes

### PREVENTABLE ADMISSIONS



### HBA1C POOR CONTROL

39%

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

Source: NCQA

### CHILDHOOD IMMUNIZATIONS

70%

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

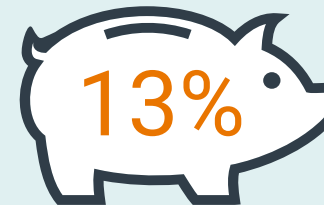
Source: NIS, cited by CMWF 2018

Source: AHRQ, cited by NJDOH 2016. \*\*See Methodology for details.

## 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 New Jersey.

### UNMET CARE DUE TO COST



13%

of adults went without care due to cost\*

Source: BRFSS, cited by CMWF 2018

\*No cost-sharing requirements in New Jersey Medicaid

### HEALTH-RELATED QUALITY OF LIFE



16%

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

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

### HBA1C TESTING



86%

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

Source: NCQA

### HOME RECOVERY INSTRUCTIONS



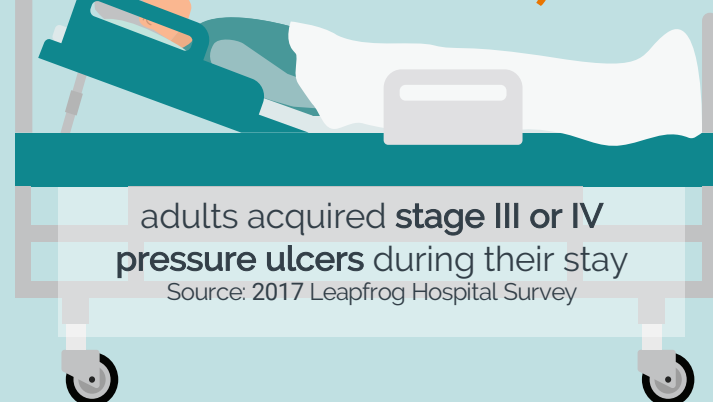
84%

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

Source: HCAHPS, cited by CMWF 2018

### HOSPITAL-ACQUIRED PRESSURE ULCERS

0.07 out of every 1,000



adults acquired **stage III or IV pressure ulcers** during their stay

Source: 2017 Leapfrog Hospital Survey

### CONTROLLING HIGH BLOOD PRESSURE

47%

of Medicaid enrollees with hypertension had **adequately controlled blood pressure**

Source: NCQA

