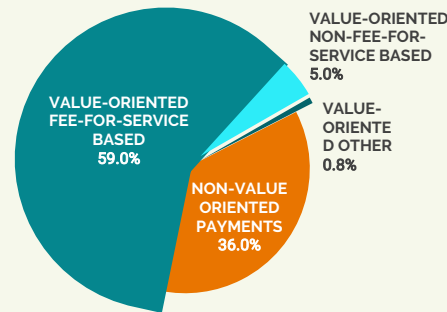
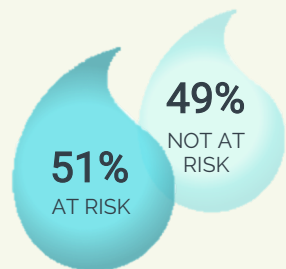




Using health plan data from fiscal year 2017, the 2018 New York Scorecard on Medicaid Payment Reform found that **64%** of all Medicaid payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 36% of payments.



In 2017, most value-oriented payments to providers maintained a fee-for-service (FFS) foundation (59% of total dollars flowed through fee-for-service based value-oriented methods), while only 5% of payments flowed through value-oriented methods that did not involve any FFS payment. 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 are FFS-based.



About 49% of value-oriented payments in 2017 offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (51%) put providers at financial risk for their performance and spending.

ACKNOWLEDGMENTS

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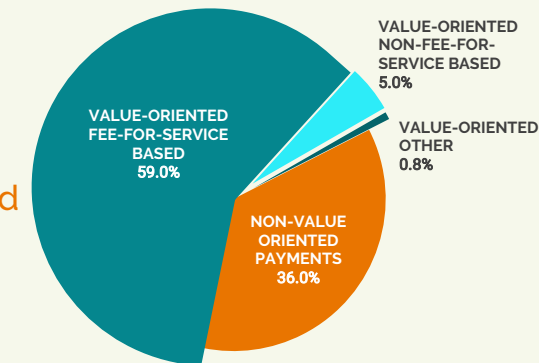


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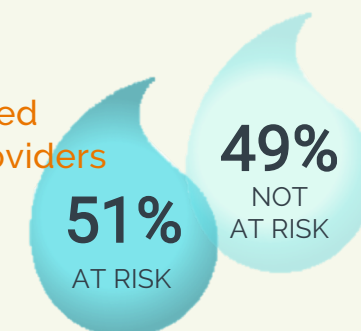


2018 NEW YORK SCORECARD ON Medicaid Payment Reform

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



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



Provider Participation in Value-Oriented Payments

42% of all hospital payments (in-patient)

48% of all specialist payments

55% of all primary care provider payments are value-oriented

Share of Total Dollars Paid to Primary Care Providers and Specialists



BUNDLED PAYMENT 0.0%

0.8% OTHER

FULL CAPITATION* 2.0%

NON-VISIT FUNCTIONS 2.7%

12.4% PAY-FOR-PERFORMANCE

15.7% SHARED SAVINGS

30.4% SHARED RISK

64%
of the total payments made to providers are value-oriented.

*In this analysis, full capitation also includes dollars flowing through partial or condition-specific capitation arrangements

Economic Signals

ATTRIBUTED MEMBERS

54% of health plan members were attributed to **providers participating in a payment reform contract**



2018 NEW YORK SCORECARD ON MEDICAID PAYMENT REFORM

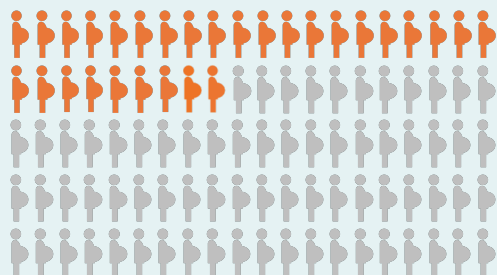
Payment Reform's Impact at a Macro-Level: Leading Indicators to Watch

Together, these metrics shed light on the impact of payment reform on the health care system in New York. Metrics are specific to the population with Medicaid coverage, unless otherwise noted.

System Transformation

CESAREAN SECTIONS

29% of women with low-risk pregnancies* **had C-sections†**



*NTSV measure, not specific to population with Medicaid coverage
Source: 2017 CDC Natality Public Use File, cited by America's Health Rankings

HEALTH-RELATED QUALITY OF LIFE



27% of adults report **fair or poor health†**
Source: BRFSS, analysis by CPR 2019



12% of adults went without care **due to cost†**
Source: BRFSS, analysis by CPR 2019

CHLAMYDIA SCREENINGS

74% of women ages 16-24 years old, identified as sexually active, **had a chlamydia test**
Source: NYS DOH, QARR



BREAST CANCER SCREENINGS

71% of women ages 50-74 years old **received a breast cancer screening**
Source: NYS DOH, QARR



CERVICAL CANCER SCREENINGS

72% of women ages 21-64 years old **received a cervical cancer screening**
Source: NYS DOH, QARR



HBA1C TESTING

90% of people with diabetes **had a blood sugar test (HbA1c)**
Source: NYS DOH, QARR



SHARED RISK CONTRACTS



\$6.5 billion spread across **110 contracts**

Outcomes

HBA1C POOR CONTROL

30% of people with diabetes had **poorly controlled** blood sugar (HbA1c > 9%)†
Source: NYS DOH, QARR



CHILDHOOD IMMUNIZATIONS

75% of children age two received **all recommended doses** of seven key vaccines
Source: NYS DOH, QARR



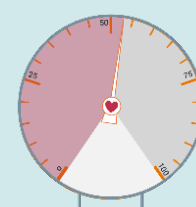
HOME RECOVERY INSTRUCTIONS



85% of adults reported being given **information about how to recover at home**
Source: HCAHPS, cited by CMWF 2019, not specific to population with Medicaid coverage

CONTROLLING HIGH BLOOD PRESSURE

61% of people with hypertension had **adequately controlled** blood pressure
Source: NYS DOH, QARR



† A lower percent indicates better performance