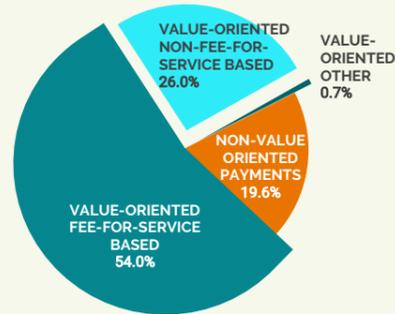
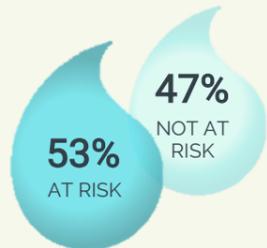




Using health plan data from fiscal year 2018, the 2019 New York Scorecard on Medicaid Payment Reform found that 80.4% of all Medicaid payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 19.6%.



In 2018, most value-oriented payments to providers maintained a fee-for-service (FFS) foundation (54% of total dollars flowed through fee-for-service based value-oriented methods), while 26% 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.



In 2018, 47% of value-oriented payments offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (53%) put providers at financial risk for their performance and spending.

#### ACKNOWLEDGMENTS

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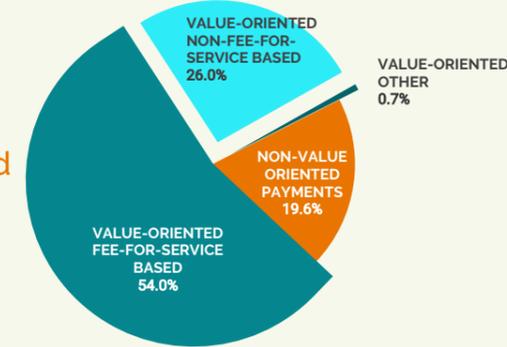


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## 2019 NEW YORK SCORECARD ON Medicaid Payment Reform

### 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

47% of all hospital payments (in-patient)

52% of all specialist payments

61% of all primary care provider payments are value-oriented

### Share of Total Dollars Paid to Primary Care Providers and Specialists



\*AT RISK  
\*NOT AT RISK

BUNDLED PAYMENT 0.0%

0.7% OTHER

NON-VISIT FUNCTIONS 2.6%

9.8% PAY-FOR-PERFORMANCE

18.7% SHARED RISK

23.3% FULL CAPITATION\*

25.3% SHARED SAVINGS

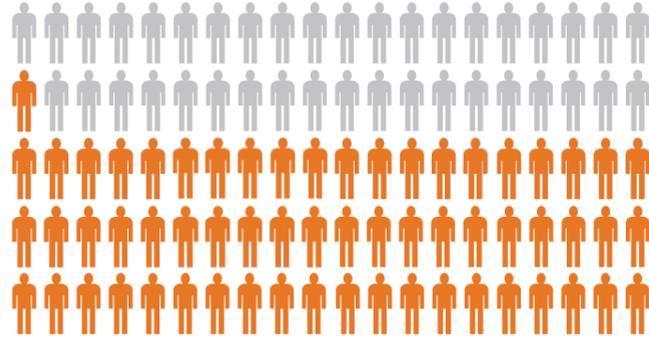
80.4%  
of the total payments made to providers are value-oriented

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

## Economic Signals

### ATTRIBUTED MEMBERS

**61%** of health plan members were attributed to **providers participating in a payment reform contract**



## 2019 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

### HBA1C TESTING



**92%**

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

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



**71%**

of women ages 21-64 years old received a **cervical cancer screening**

Source: NYS DOH, QARR

### CHLAMYDIA SCREENINGS

**76%**

of women ages 16-24 years old, identified as sexually active, had a **chlamydia test**

Source: NYS DOH, QARR



### SHARED RISK CONTRACTS



**\$4.4 billion**

spread across **128 contracts**

## Outcomes

### CHILDHOOD IMMUNIZATIONS

**76%**

of children age two received **all recommended doses** of seven key vaccines



Source: NYS DOH, QARR

### HBA1C POOR CONTROL

**31%**

of people with diabetes had **poorly controlled** blood sugar (HbA1c > 9%)<sup>†</sup>



Source: NYS DOH, QARR

### CONTROLLING HIGH BLOOD PRESSURE

**64%**

of people with hypertension had **adequately controlled blood pressure**



Source: NYS DOH, QARR

† A lower percent indicates better performance