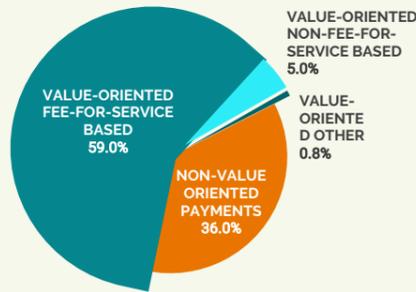
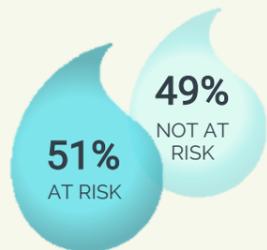




Using health plan data from fiscal year 2017, the 2018 New York Scorecard on Medicaid Payment Reform found that **64%** of all Medicaid payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 36% of payments.



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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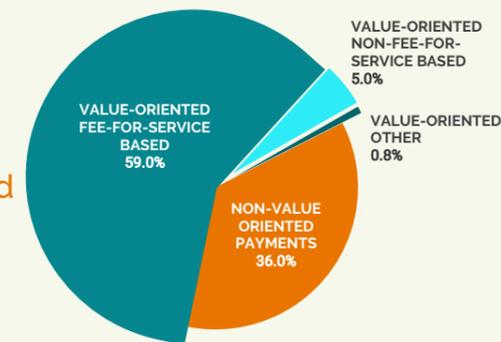
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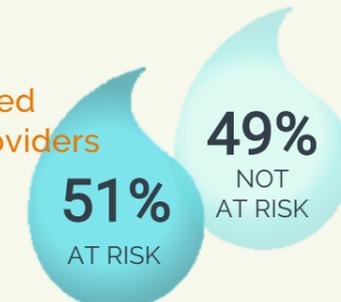
# 2018 NEW YORK SCORECARD ON Medicaid Payment Reform



## 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



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



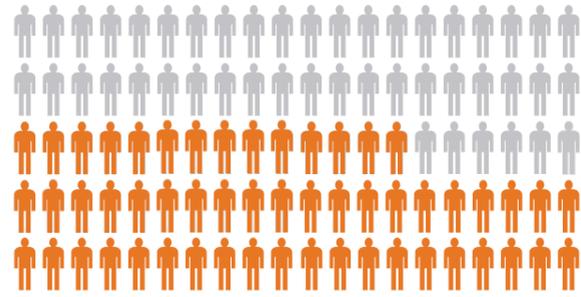
\*AT RISK  
\*NOT AT RISK

\*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

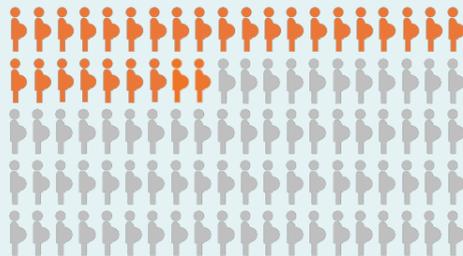
# Payment Reform's Impact at a Macro-Level: Leading Indicators to Watch

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

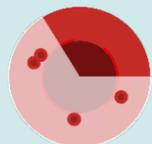


**\$6.5 billion** spread across **110 contracts**

## 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