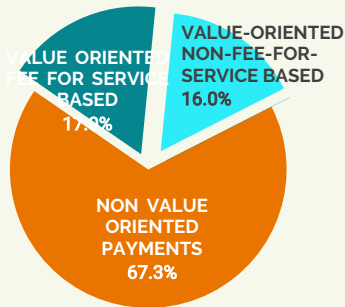
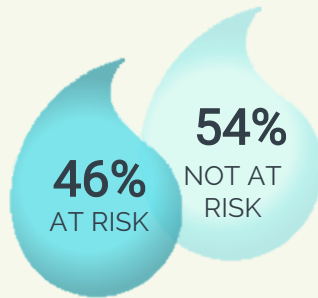


Using health plan data from calendar year 2013, the 2015 New York Scorecard on Medicaid Payment Reform found that 32.7% of all Medicaid payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 67.3%.



In 2013, some value-oriented payments to providers maintained a fee-for-service (FFS) foundation (17% of total dollars flowed through fee-for-service based value-oriented methods), while 16% 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. See Methodology for further information.



About 54% of value-oriented payments in 2013 offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (46%) put providers at financial risk for their performance and spending.

ACKNOWLEDGMENTS

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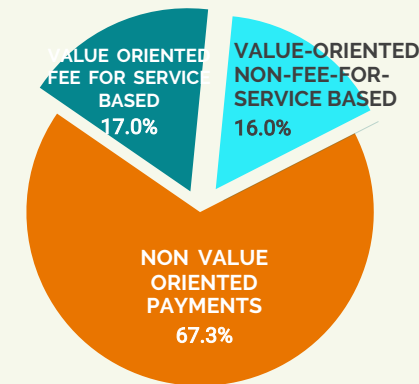
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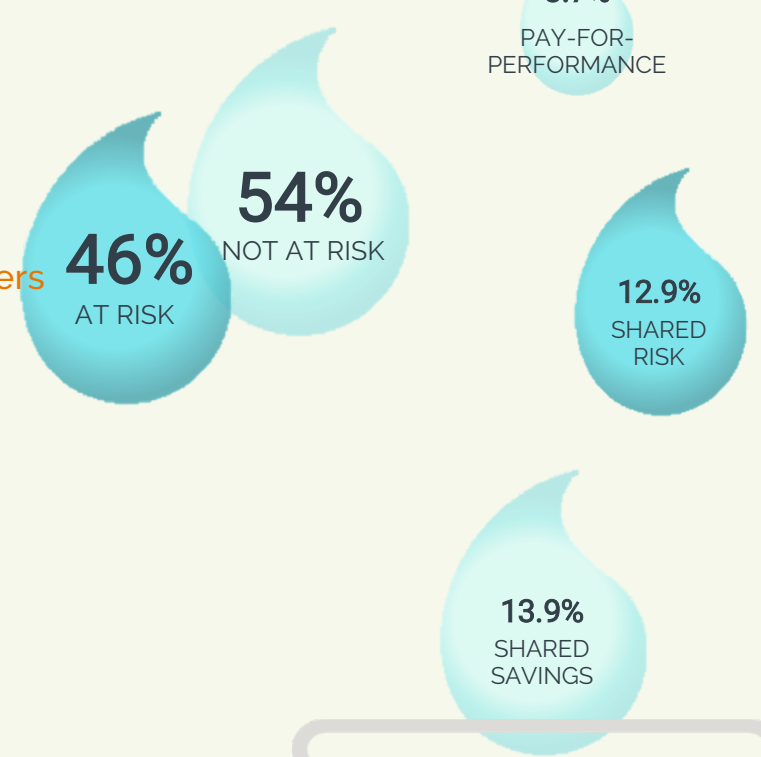
2015 NEW YORK SCORECARD ON Medicaid Payment Reform

UPDATED IN 2020

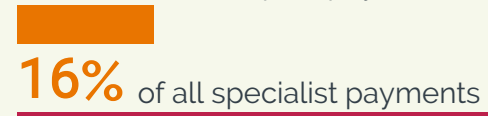
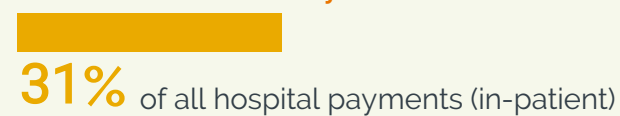
Use of Fee-For-Service in Value-Oriented Payments in New York



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

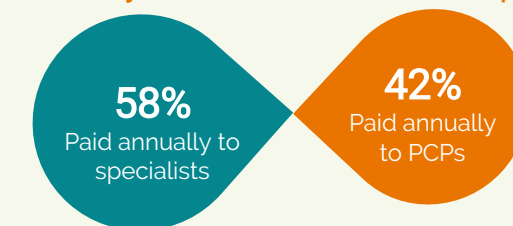


Provider Participation in Value-Oriented Payments

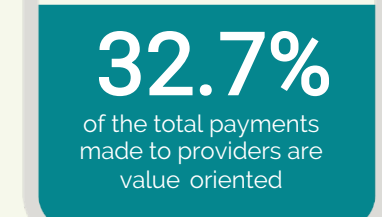


64% of all primary care provider payments are value-oriented

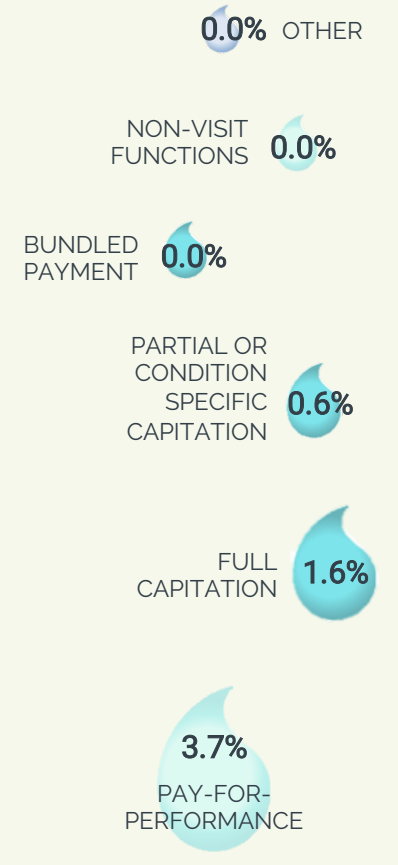
Share of Total Dollars Paid to Primary Care Providers and Specialists



*AT RISK
*NOT AT RISK



Note: The metrics related to specialists and PCPs count outpatient payments only and are not comparable to 2018 and 2019 results



Economic Signals

ATTRIBUTED MEMBERS

56% of health plan members were attributed to **providers participating in a payment reform contract**



System Transformation

CESAREAN SECTIONS

28% of women with low-risk pregnancies* had **C-sections**†



*NTSV measure, not specific to population with Medicaid coverage. Represents data from 2014
Source: 2014 CDC Natality Public Use File, cited by America's Health Rankings

HBA1C TESTING

88% of people with diabetes had a **blood sugar test (HbA1c)**
Source: NYS DOH, QARR



HEALTH-RELATED QUALITY OF LIFE

32% of adults report **fair or poor health**†
Source: BRFSS, analysis by CPR 2019



UNMET CARE DUE TO COST

18% of adults went without care **due to cost**†
Source: BRFSS, analysis by CPR 2019

CHLAMYDIA SCREENINGS

72% of women ages 16-24 years old, identified as sexually active, had a **chlamydia test**
Source: NYS DOH, QARR



CERVICAL CANCER SCREENINGS

73% of women ages 21-64 years old **received a cervical cancer screening**
Source: NYS DOH, QARR, represents data from 2014



BREAST CANCER SCREENINGS

68% of women ages 50-74 years old **received a breast cancer screening**
Source: NYS DOH, QARR



Outcomes

HOME RECOVERY INSTRUCTIONS



84% 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

CHILDHOOD IMMUNIZATIONS

73% of children age two received **all recommended doses** of seven key vaccines
Source: NYS DOH, QARR



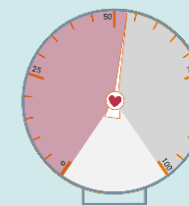
HBA1C POOR CONTROL

35% of people with diabetes had **poorly controlled** blood sugar (HbA1c > 9%)†
Source: NYS DOH, QARR



CONTROLLING HIGH BLOOD PRESSURE

63% of people with hypertension had **adequately controlled blood pressure**
Source: NYS DOH, QARR, results for this metric cannot be trended before and after 2014



2015 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.

† A lower percent indicates better performance