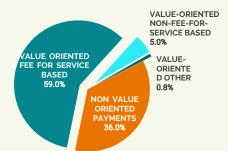
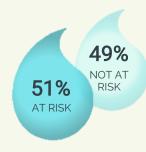


Using health plan data from fiscal year 2017, the 2018 New York Scorecard on Medicaid Payment Reform found that 64% of all Medicaid payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 36% of payments.



In 2017, most value-oriented payments to providers maintained a fee-forservice (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

ACKNOWLEDGMENTS

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2018 NEW YORK SCORECARD ON Medicaid Payment Reform

BUNDLED **PAYMENT**

0.8% OTHER

NON-VISIT

12.4% PAY-FOR-

PERFORMANCE

FUNCTIONS

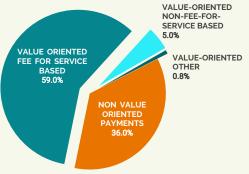
FULL

CAPITATION*

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

Provider Participation in

Value-Oriented Payments



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

51% AT RISK

49%

NOT AT RISK

15.7% SHARED **SAVINGS**

30.4% SHARED **RISK**

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**



"AT RISK" "NOT AT RISK"

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



2018 NEW YORK SCORECARD ON MEDICAID PAYMENT REFORM

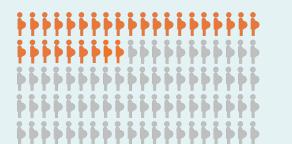
Payment Reform's Impact at a Macro-Level: Leading Indicators to Watch

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

of women with low-risk pregnancies*



*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

UNMET CARE DUE TO COST

of adults went without

Source: BRFSS, analysis by CPR 2019

care due to cost †

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

Source: NYS DOH, QARR

screening

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

