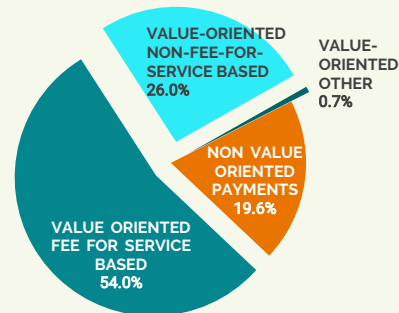
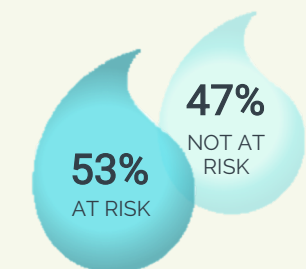




Using health plan data from fiscal year 2018, the 2019 New York Scorecard on Medicaid Payment Reform found that 80.4% of all Medicaid payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 19.6%.



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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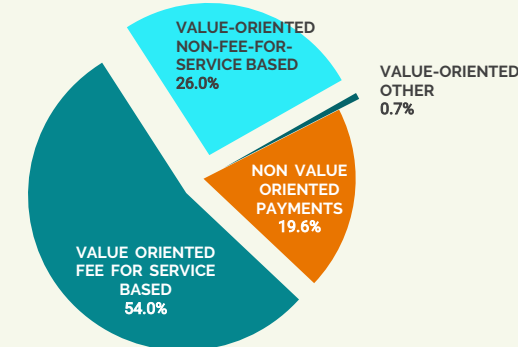


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2019 NEW YORK SCORECARD ON Medicaid Payment Reform

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)

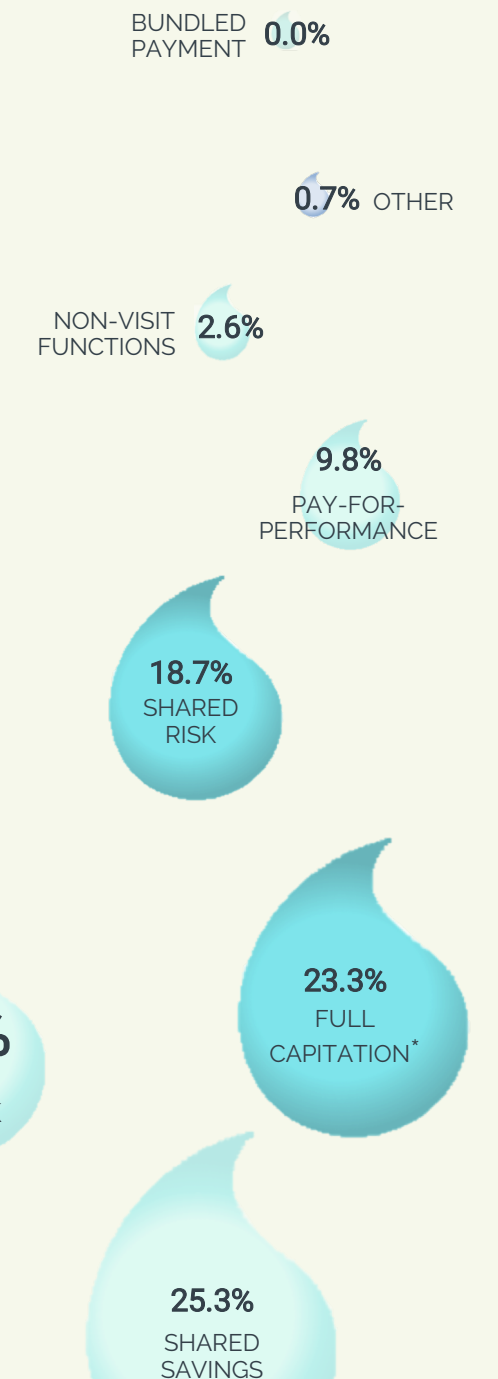
52% of all specialist payments

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

Share of Total Dollars Paid to Primary Care Providers and Specialists



Water drop icon: *AT RISK*
Lighter water drop icon: *NOT AT RISK*



*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%)[†]

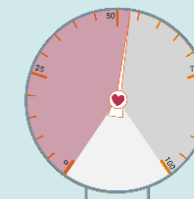


Source: NYS DOH, QARR

CONTROLLING HIGH BLOOD PRESSURE

64%

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



Source: NYS DOH, QARR

† A lower percent indicates better performance