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 8% 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**

The 2018 New York Scorecard on Medicaid Payment Reform 2.0 was made possible by the New York State Department of Health and the New York State Department of Financial Services. CPR thanks these entities, CPR project leads Andrea Caballero, Lea Tesorone, and Alejandra Vargas-Johnson, CPR staff Julianne McGarry and Emma Wager, CPR’s executive director Suzanne Delbanco, and the NYS health plans that provided data for the Scorecard, for their significant contributions to this project.

**NCQA’s Notice of Copyright and Disclaimer**

The source for certain health plan measure rates and benchmark (averages and percentiles) data (“the Data”) is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (“NCQA”). Any analysis, interpretation, or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

The Data is comprised of audited performance rates and associated benchmarks for Healthcare Effectiveness Data and Information Set measure (“HEDIS®”) results. HEDIS measures and specifications were developed by and are owned by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using HEDIS measures and specifications. NCQA has no liability to anyone who relies on such measures or specifications.

NCQA holds a copyright in Quality Compass and the Data and can rescind or alter the Data at any time. The Data may not be modified by anyone other than NCQA. Anyone desiring to use or reproduce the Data without modification for an internal, non-commercial purpose may do so without obtaining any approval from NCQA. All other uses, including a commercial use and/or external reproduction, distribution, publication must be approved by NCQA and are subject to a license at the discretion of NCQA.

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA. © 2020 National Committee for Quality Assurance, all rights reserved.
**Economic Signals**

54% of health plan members were attributed to providers participating in a payment reform contract.

**System Transformation**

- **CESAREAN SECTIONS**: 29% of women with low-risk pregnancies had C-sections.

27% of adults report fair or poor health.

**HEALTH-RELATED QUALITY OF LIFE**

- **CHLAMYDIA SCREENINGS**: 74% of women ages 16-24 years old, identified as sexually active, had a chlamydia test.

30% of people with diabetes had poorly controlled blood sugar (HbA1c > 9%).

**Outcomes**

- **HBA1C POOR CONTROL**: 30% of people with diabetes had poorly controlled blood sugar (HbA1c > 9%).

75% of children age two received all recommended doses of seven key vaccines.

**CERVICAL CANCER SCREENINGS**: 72% of women ages 21-64 years old received a cervical cancer screening.

**BREAST CANCER SCREENINGS**: 71% of women ages 50-74 years old received a breast cancer screening.

**SHARED RISK CONTRACTS**: $6.5 billion spread across 110 contracts.

**CONTROLLING HIGH BLOOD PRESSURE**: 61% of people with hypertension had adequately controlled blood pressure.

85% of adults reported being given information about how to recover at home.

**ATTRIBUTED MEMBERS**: Members of health plan members were attributed to providers participating in a payment reform contract.

**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.

- **UNMET CARE DUE TO COST**: 12% of adults went without care due to cost.

- **BREAST CANCER SCREENINGS**: 71% of women ages 50-74 years old received a breast cancer screening.

- **CESAREAN SECTIONS**: 29% of women with low-risk pregnancies had C-sections.

- **BREAST CANCER SCREENINGS**: 71% of women ages 50-74 years old received a breast cancer screening.

- **CHLAMYDIA SCREENINGS**: 74% of women ages 16-24 years old, identified as sexually active, had a chlamydia test.

**2018 NEW YORK SCORECARD ON MEDICAID PAYMENT REFORM**

Source: NYS DOH, QARR

A lower percent indicates better performance.