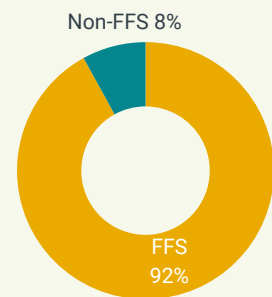
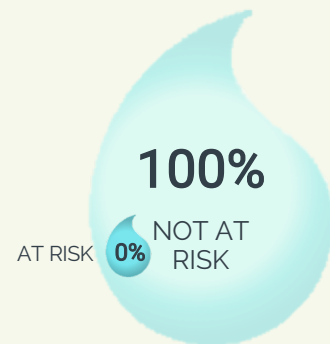


The results of the Virginia Commercial Scorecard on Payment Reform are in, and 37% of all commercial payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 63%. These data are from calendar year 2016 or the most recent 12 months.



Fee-for-Service (FFS) remains the dominant base method of payments to providers, even when the payment is value-oriented. Of all the value-oriented commercial payments health plans made in Virginia in 2016, 92% are still based on FFS. Only 8% use a non-FFS based payment method. 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 rely on FFS.



Zero percent of value-oriented payments put providers at risk. All value-oriented payments in place in 2016 offered providers a financial upside only, with no downside financial risk.

ACKNOWLEDGMENTS

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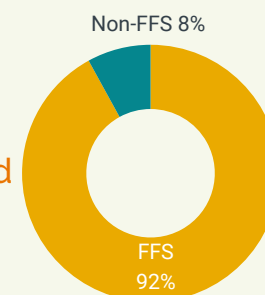
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2018 VIRGINIA SCORECARD ON Medicaid Payment Reform

Use of
Fee-For-Service
in Value-Oriented
Payments in
Virginia



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



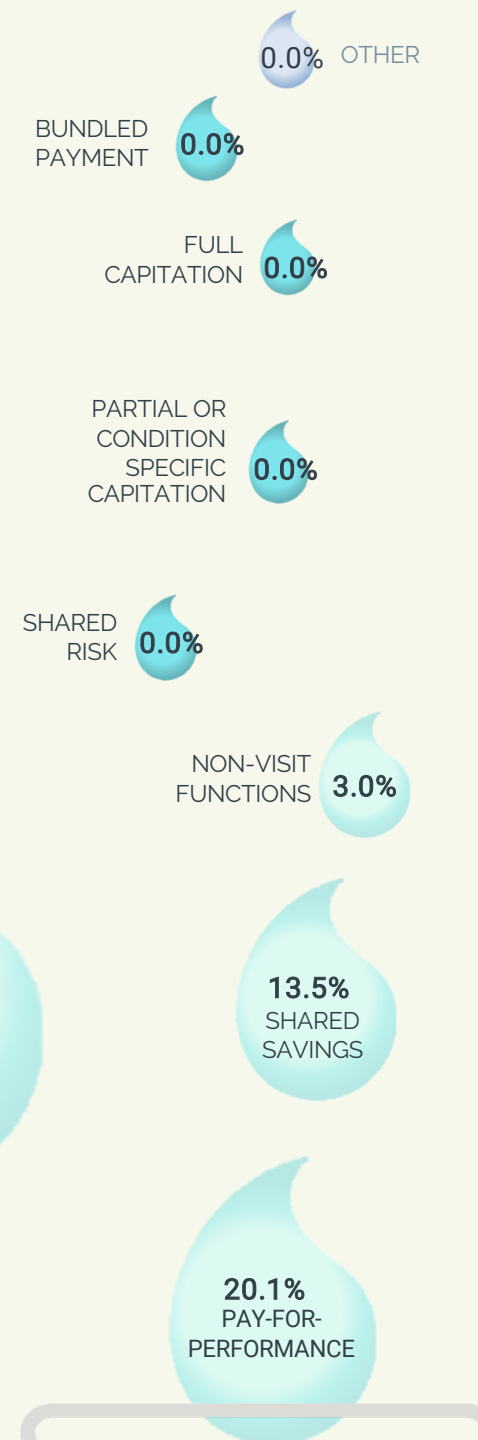
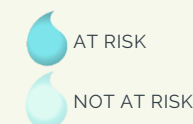
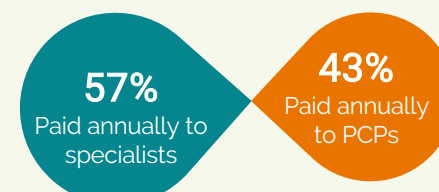
Provider Participation in
Value-Oriented Payments

12% of all hospital payments (in-patient)

8% of all specialist payments

41% of all primary care provider payments
are value-oriented

Share of Total Dollars Paid to
Primary Care Providers and Specialists



Economic Signals



ATTRIBUTED MEMBERS

21%

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

*NTSV measure. Source: Analysis by VHI.

SHARED RISK CONTRACTS



Zero shared risk contracts reported

Outcomes

HBA1C POOR CONTROL

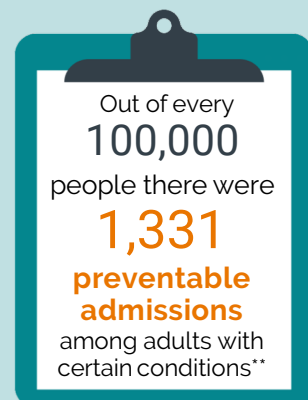


47%

of people with diabetes had poorly controlled blood sugar (HbA1c >9%)
Source: NCQA

PREVENTABLE ADMISSIONS

ALL-CAUSE READMISSIONS



Out of every 100,000 people there were **1,331** preventable admissions among adults with certain conditions**



8% of hospitalizations are followed by another hospitalization within 30 days*



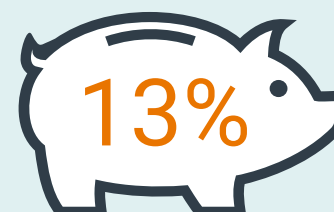
Source: NCQA. *Based on VA's case mix. See Methodology for details.

Source: AHRQ, analysis by VHI. **See Methodology for details.

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 Virginia.

UNMET CARE DUE TO COST



Source: BRFSS, cited by CMWF 2018

13% of adults went without care due to cost

HEALTH-RELATED QUALITY OF LIFE



14%

of adults report fair or poor health

Source: BRFSS, cited by CMWF 2018

HBA1C TESTING



88%

of people with diabetes had a blood sugar test (HbA1c)

Source: NCQA

CHILDHOOD IMMUNIZATIONS

66%

of children ages 1.5 - 3 years old received all recommended doses of seven key vaccines

Source: NIS, cited by CMWF 2018

HOME RECOVERY INSTRUCTIONS



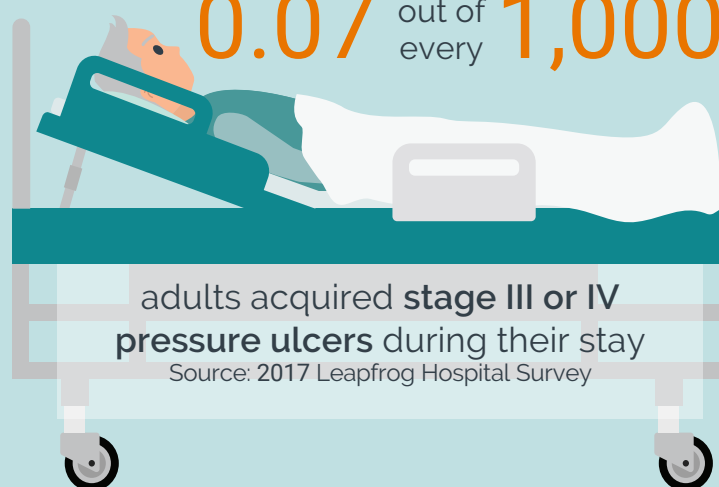
88%

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

Source: HCAHPS, cited by CMWF 2018

HOSPITAL-ACQUIRED PRESSURE ULCERS

0.07 out of every 1,000



adults acquired stage III or IV pressure ulcers during their stay

Source: 2017 Leapfrog Hospital Survey

CONTROLLING HIGH BLOOD PRESSURE

63%



of people with hypertension had adequately controlled blood pressure

Source: NCQA