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.

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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

57% Paid annually to specialists

43% Paid annually to PCPs

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Outcomes

**HBA1C POOR CONTROL**
- Of people with diabetes had poorly controlled blood sugar (HbA1c >9%)
- 47%
- Source: NCQA

**CESAREAN SECTIONS**
- Of women with low-risk pregnancies* had C-sections
- 29%
- Source: Analysis by VHI.

**PREVENTABLE ADMISSIONS**
- Out of every 100,000 people there were 1,331 preventable admissions among adults with certain conditions**
- Source: AHRQ, analysis by VHI. *See Methodology for details.

**ALL-CAUSE READMISSIONS**
- 8% of hospitalizations are followed by another hospitalization within 30 days*
- Source: NCQA. *Based on VA’s case mix. See Methodology for details.

**Economic Signals**

**ATTACHED MEMBERS**
- 21% 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 Virginia.

**SHARED RISK CONTRACTS**
- Zero shared risk contracts reported

**UNMET CARE DUE TO COST**
- 13% of adults went without care due to cost
- Source: BRFSS, cited by CMWF 2018

**HBA1C TESTING**
- 88% of people with diabetes had a blood sugar test (HbA1c)
- Source: NCQA

**HOME RECOVERY INSTRUCTIONS**
- 88% of adults reported being given information about how to recover at home
- Source: HCAHPS, cited by CMWF 2018

**CONTROLLING HIGH BLOOD PRESSURE**
- 63% of people with hypertension had adequately controlled blood pressure
- Source: NCQA

**CHILDHOOD IMMUNIZATIONS**
- Of children ages 1.5 - 3 years old received all recommended doses of seven key vaccines
- 66%
- Source: NIS, cited by CMWF 2018

**HEALTH-RELATED QUALITY OF LIFE**
- 14% of adults report fair or poor health
- Source: BRFSS, cited by CMWF 2018