

12th Annual

Value-based Care Report

Humana



By the numbers

Healthcare value is achieved by delivering high-quality care and positive patient experiences while keeping costs low. However, the current trajectory of healthcare system costs and workflows are unsustainable. That's where value-based care (VBC) comes in. By aligning payers and clinicians to support value across the healthcare system, VBC enables us to measure, monitor, and improve quality, patient experience, and costs simultaneously.

VBC supports collaboration between healthcare teams and payers. We can empower all stakeholders to increase the reach of VBC, aligning more patients with VBC clinicians.

On the following pages, we share data demonstrating how **VBC alignment correlates to improved healthcare quality, better experiences among patients and clinicians, and decreased costs for all.**

* Individual only, excludes dual demographic.

VBC arrangement is defined as PCPs in arrangements anywhere along the [VBC continuum](#) beyond FFS.

71%

of Humana's individual Medicare Advantage (MA) members are cared for by PCPs in VBC arrangements.*

By the numbers

92% of Humana's Medicaid members are cared for by primary care providers (PCPs) in VBC arrangements.[†]

78% of chronic special needs plan members are aligned with VBC providers.

75% of our MA urban population are aligned with VBC PCPs.

54% of our MA rural members are aligned with VBC PCPs, **up 19% since 2020.**

[†] Includes Humana Healthy Horizons Medicaid markets with active PCP VBC arrangements, including Florida, Kentucky, Louisiana, Ohio and South Carolina.

Improved access to care, real results

In VBC settings, patients see their PCP more often. With more touchpoints, patients are more likely to stay on top of preventive care and better manage their chronic conditions, leading to fewer unnecessary hospital visits. Furthermore, clinicians are able to spend more time with patients, forming stronger therapeutic relationships.

85%

of MA VBC patients saw their PCP at least once in 2024**

vs.

74%

of MA non-VBC patients saw their PCP at least once in 2024**

** Individual only, excludes dual demo, CarePlus, & delegated.



Value = (**Quality** + Experience) / Cost

Value-based care delivers higher on quality metrics



fewer inpatient admissions for patients in VBC compared with Original Medicare, saving 229K admissions



fewer admissions for VBC patients compared with non-VBC Medicare Advantage members, saving over 72K admissions or 465K inpatient days

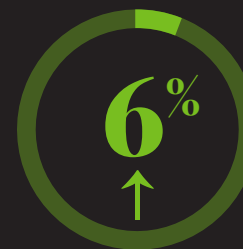


fewer ER visits for VBC patients compared with non-VBC Medicare Advantage members, saving more than 204K ER visits

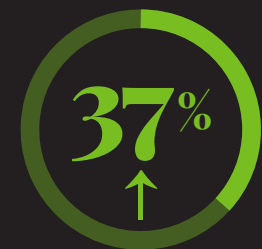
A recent study by [Humana Healthcare Research that was published in NEJM Catalyst](#) found patients of senior-focused VBC providers have better access to primary care than non-VBC patients. These results showed an increase in the intensity of primary care: frequency, regularity and continuity.[‡]



more primary care visits annually



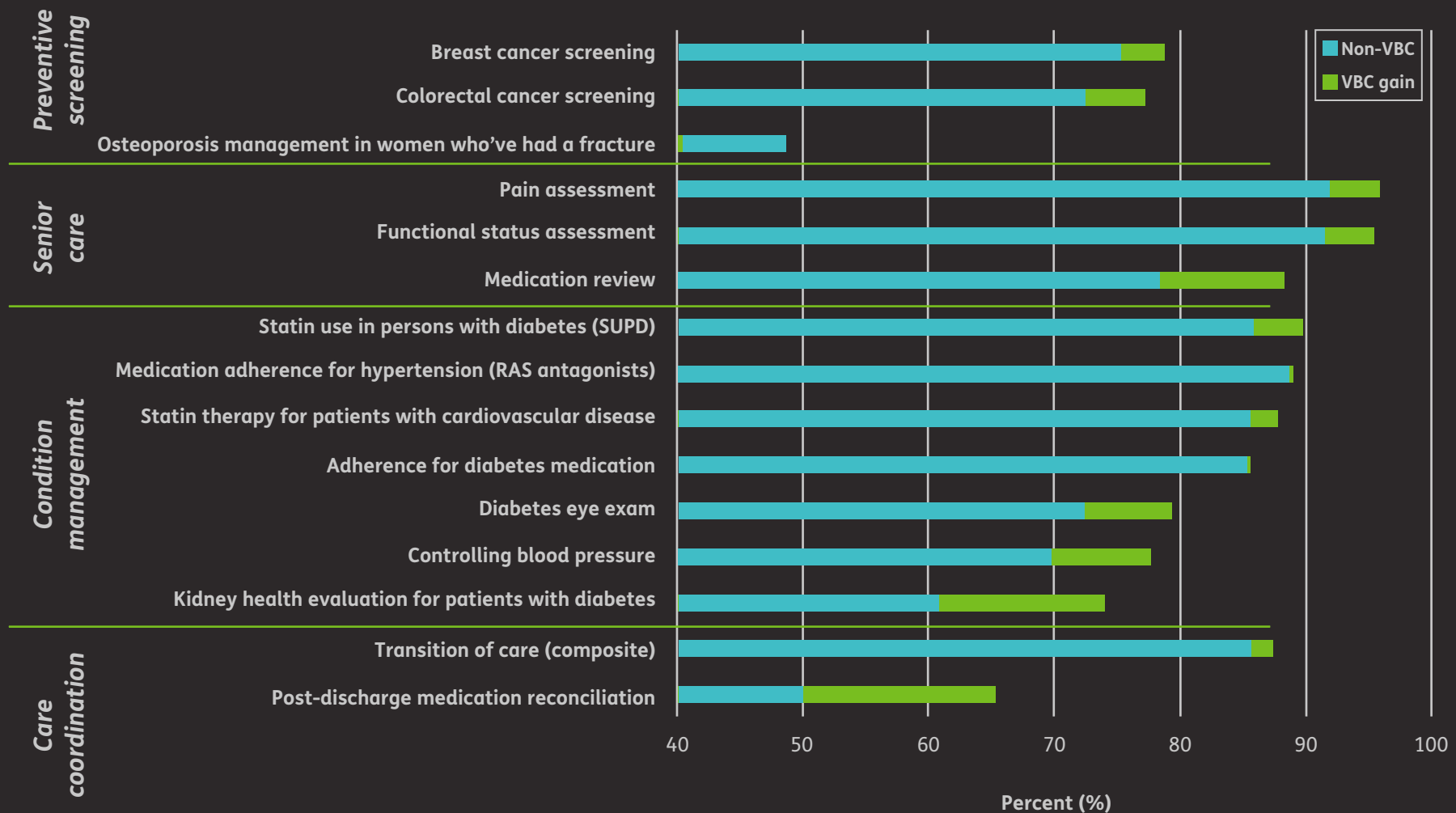
more regularly scheduled primary care visits



greater likelihood of continuous primary care

[‡] The referenced HHR study is based on Humana data from 2021-2023 and controlled for member demographics and health conditions.
<https://catalyst.nejm.org/doi/full/10.1056/CAT.24.04>

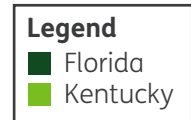
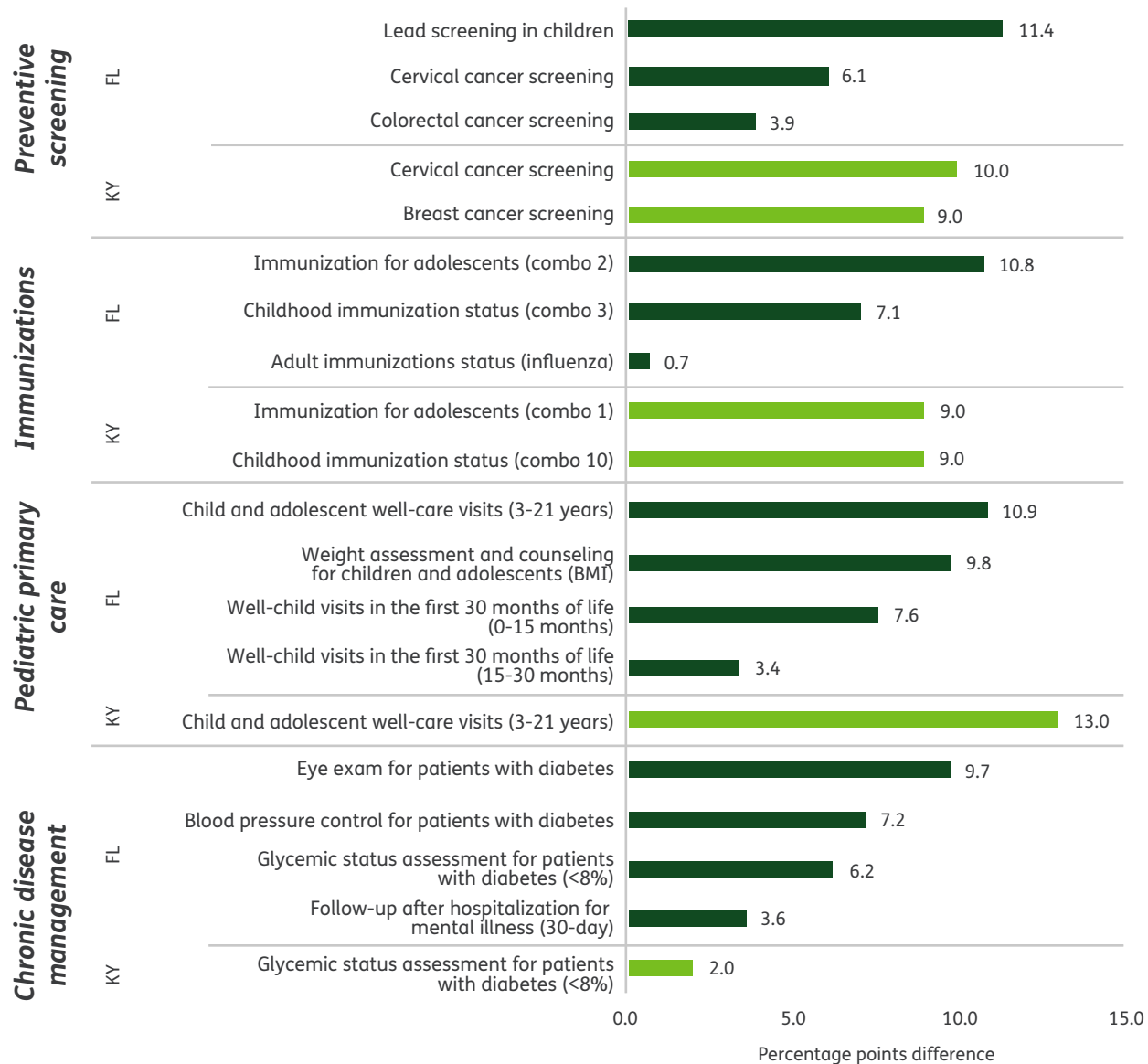
Medicare HEDIS® scores improve across every metric within VBC



Healthcare Effectiveness Data and Information Set (HEDIS®) scores are standardized metrics used to measure quality and performance. Medicare VBC providers have consistently higher scores than non-VBC providers, reflecting the high quality of care they deliver to their patients.

Medicaid VBC providers outperform non-VBC providers in multiple HEDIS quality metrics

Medicaid HEDIS scores VBC providers over non-VBC providers



VBC providers in Humana's Florida and Kentucky Medicaid markets have outperformed their non-VBC peers in HEDIS quality scores across multiple categories. This showcases how VBC can improve care for vulnerable populations and children.

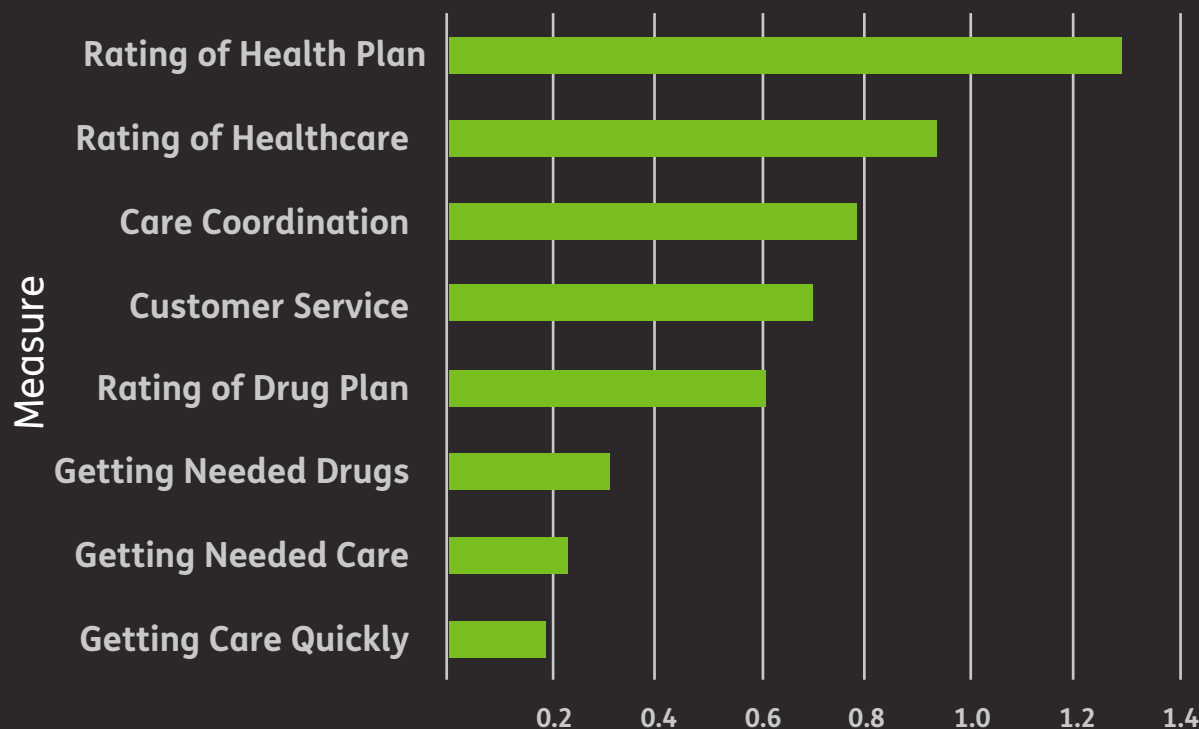
Each Medicaid market prioritizes a specific subset of quality measures according to state-specific priorities and population health needs. The data shown is for Florida and Kentucky, our two most mature Medicaid states.

VBC drives higher patient satisfaction among MA patients

MA patients aligned to VBC providers report higher experience scores on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey than those treated by fee-for-service clinicians. VBC allows clinicians more time to engage with their patients and educate them on their chronic medical conditions, create tailored care plans and help them proactively manage their health. By prioritizing a holistic understanding of each patient's needs, VBC ensures that care goes beyond treating symptoms to improving quality of life—building trust between patient and provider.

CAHPS scores are better in VBC than non-VBC

Average score gain for VBC compared with non-VBC providers (in percentage points)



The Net Promoter Score for individual MA members with VBC providers is **13 points higher** than members with non-VBC providers.

VBC reduces costs today to sustain healthcare into the future

\$12.8 billion

estimated saved by Humana MA value-based arrangements. That's a 26.3% reduction in medical costs over Original Medicare. Humana invests these savings into member benefits like lower premiums, home care, prescription delivery and healthy food cards.

\$3 billion

estimated saved by Humana MA value-based arrangements for dual-eligible members over Original Medicare.

\$270 million

earned by provider organizations in Humana Medicaid VBC program incentives.[‡]

2x

dollars earned more on average by VBC practices over the Medicare fee schedule, enabling them to invest in better care and practice sustainability.^{††}

†† Individual only, excludes CarePlus & delegated.

‡ Includes Humana Healthy Horizons Medicaid markets with active VBC arrangements, including Florida, Kentucky, Louisiana, Ohio, and South Carolina.

MA metrics reflect the whole population in each business line, but with the following exclusions applied: ESRD, Hospice, CarePlus, Puerto Rico, members with coordination of benefits, Group Medicare, and members attributed to delegated providers.



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All metrics throughout this report, unless otherwise specified, are 2024 Humana data.

Content curated by the Humana Office of the Chief Medical Officer/Physician Strategy & Advocacy team with data contributors throughout the enterprise. Project led by Dr. Alex Ding and Laurie Taylor. All data, figures, and metrics, unless otherwise specified, are calendar year 2024 Humana data. Unless specified otherwise, MA refers to the entirety of Humana's individual MA population, with exclusion of group MA.