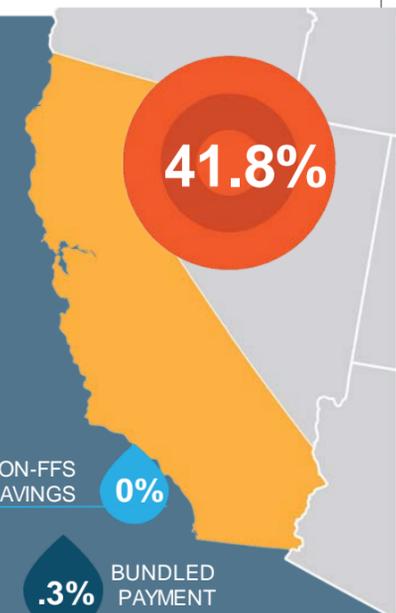


TRACKING PAYMENT REFORM: California

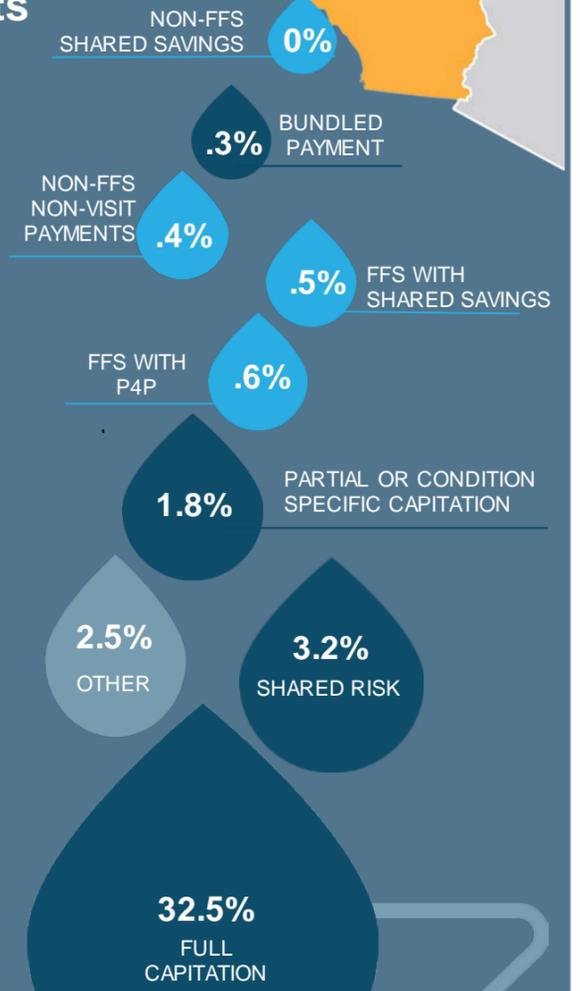
Almost 42% of health care payments in California are considered value-oriented by CPR's definition.



What portion of value-oriented payments in California place doctors or hospitals at financial risk for their performance?

97%
OF VALUE-ORIENTED PAYMENTS
are "at risk"

3%
OF VALUE-ORIENTED PAYMENTS
are "not at risk"



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Frequently asked questions and the methodology can be found at:
<http://www.catalyzepaymentreform.org/how-we-catalyze-california-scorecard>

30% of all hospital payments

52% of all outpatient payments (includes PCPs and Specialists)

are value-oriented

2013 CA **41.8%**
CPR 2020 GOAL **20%**

2013 NATIONAL 10.9%



Benchmarks for Future Trending

Attributed Members



Percent of commercial plan members attributed to a provider participating in a payment reform contract, such as those members who choose to enroll in, or do not opt out of, an Accountable Care Organization, Patient Centered Medical Home or other delivery models in which patients are attributed to a provider.

36%

Share of Total Dollars Paid to Primary Care Physicians and Specialists

Of the total outpatient payments made to primary care physicians and specialists, 72% is paid to specialists and 28% is paid to PCPs. Over time, this figure will show if there is a rebalancing of payment between primary and specialty care.



Non-FFS Payments and Quality

Quality is a factor in **96%** of non-FFS payments



Quality is *not* a factor in **3%** of non-FFS payments

* Unclassified

Transparency Metrics

7 out of 7 health plans offer or support a **cost calculator**

3 out of 7 health plan **hospital choice tools** have integrated cost calculators

3 out of 7 health plan **physician choice tools** have integrated cost calculators

5 out of 7 health plans reported that cost information provided to members considers the members' benefit design **relative to copays, cost sharing, and coverage exceptions**

Only **1%** of **total enrollment** uses these tools

Hospital Readmissions*

8% of hospital admissions are readmissions for any diagnosis within 30 days of discharge, for members 18 years of age and older



* Derived from data submitted to eValue8 using NCQA's all-cause readmission measure. Not an official NCQA Benchmark.