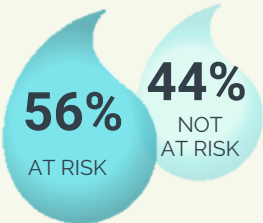
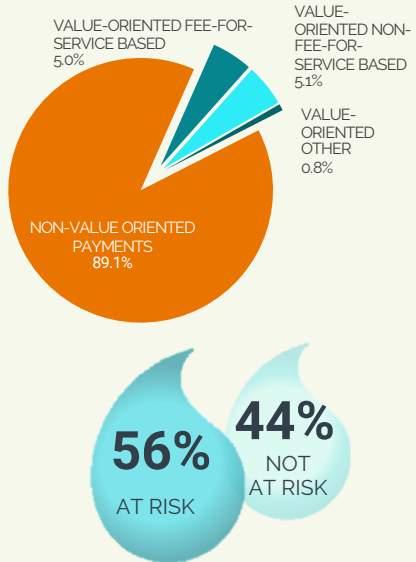


In 2013, Catalyst for Payment Reform published the first ever National Scorecard on Payment Reform, tracking the implementation of payment reform in the commercial sector.

Using health plan data from calendar year 2012, the National Scorecard on Commercial Payment Reform found that 10.9% of all commercial payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 89%.

In the early days of payment reform, value-oriented payments to providers were divided almost equally between those that maintained a fee for service (FFS) foundation (5% of total dollars) and those that did not involve FFS payment at all (5.1% were "non-FFS"). 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 44% of value-oriented payments in 2012 offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (56%) put providers at financial risk for their performance and spending.



ACKNOWLEDGMENTS

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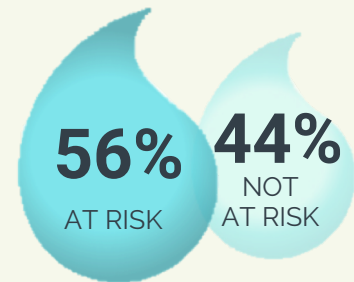
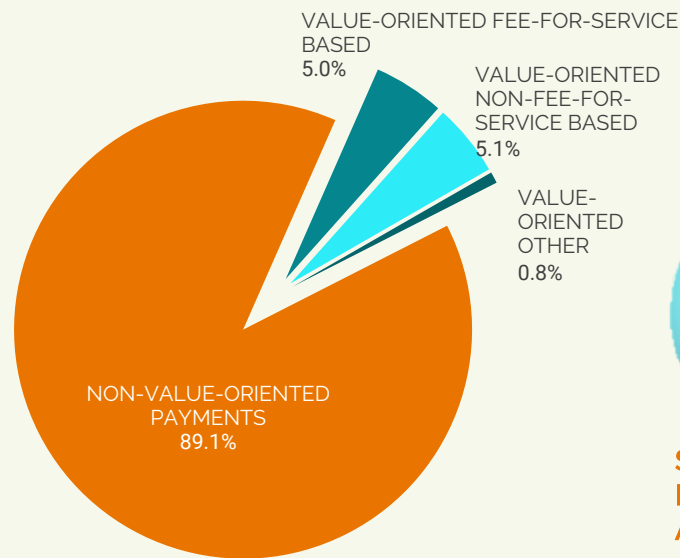
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2013 NATIONAL SCORECARD ON
Commercial
Payment Reform

UPDATED IN 2019

USE OF FEE-FOR-SERVICE
IN VALUE-ORIENTED PAYMENTS

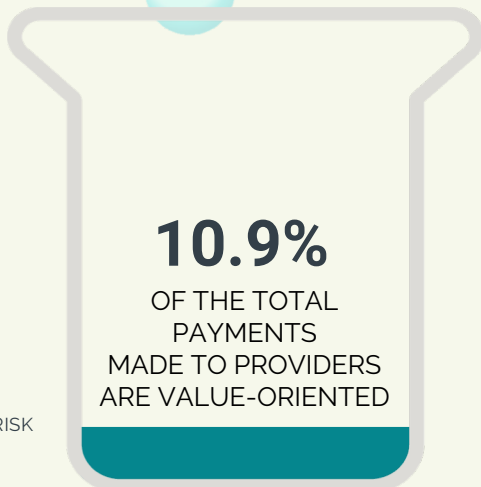
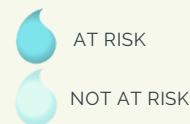


SHARE OF VALUE-ORIENTED
PAYMENTS THAT PUT PROVIDERS
AT FINANCIAL RISK

SHARE OF TOTAL DOLLARS PAID TO
PRIMARY CARE PROVIDERS AND SPECIALISTS



PROVIDER PARTICIPATION IN
VALUE-ORIENTED PAYMENTS



NON-VISIT
FUNCTIONS 0.6%

0.8% OTHER

SHARED
RISK 1.2%

PARTIAL OR CONDITION
SPECIFIC CAPITATION 1.3%

PAY-FOR-
PERFORMANCE 1.6%

FULL
CAPITATION 1.6%

BUNDLED
PAYMENT 1.6%

2.2% SHARED
SAVINGS

Economic Signals

ATTRIBUTED MEMBERS



2%

of commercial plan members were attributed to providers participating in a payment reform contract

System Transformation

ONLINE MEMBER SUPPORT TOOLS

HBA1C TESTING



89%

of commercial plan members with diabetes had a blood sugar test (HbA1c)

Source: NCQA

98% of plans offered or support a cost calculator

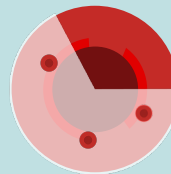
86% of plans reported that cost information provided to members considers member benefit design relative to co-pays, cost-sharing, and coverage exceptions.

77% of hospital choice tools had integrated cost calculators.

77% of physician choice tools had integrated cost calculators.

Outcomes

HBA1C POOR CONTROL

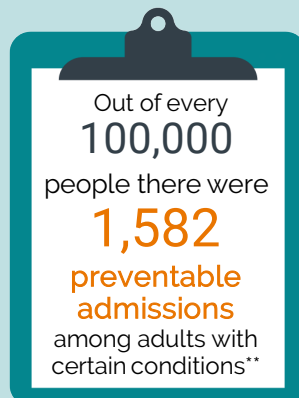


31%

of commercial plan members with diabetes had **poorly controlled** blood sugar (HbA1c >9%)

Source: NCQA

PREVENTABLE ADMISSIONS



ALL-CAUSE READMISSIONS



8%

of hospitalizations were followed by another hospitalization within 30 days*



Source: NCQA. *Custom calculation. See Methodology for details.

Source: HCUP State Inpatient Databases data, analysis by AHRQ 2015

** 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 the United States.

HEALTH-RELATED QUALITY OF LIFE

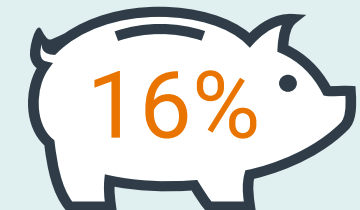


18%

of adults reported **fair or poor** health

Source: BRFSS, analysis by CPR, 2019

UNMET CARE DUE TO COST



16%

of adults went without care due to cost

Source: BRFSS, analysis by CPR, 2019

CHILDHOOD IMMUNIZATIONS

68%

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

Source: NIS, cited by CDC 2013

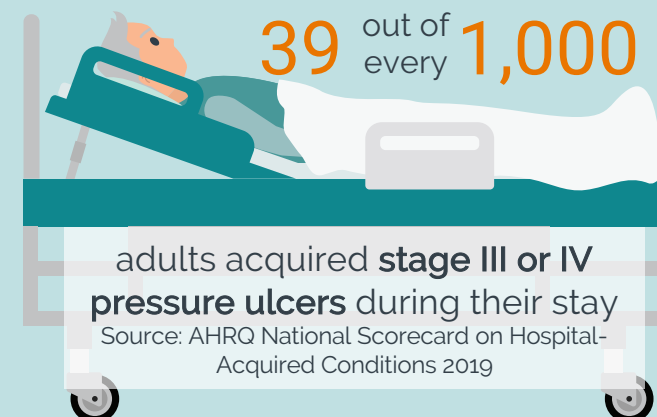


85%

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

Source: HCAHPS 2013

HOSPITAL-ACQUIRED PRESSURE ULCERS



CONTROLLING HIGH BLOOD PRESSURE

61%



of commercial plan members with hypertension had **adequately controlled** blood pressure

Source: NCQA