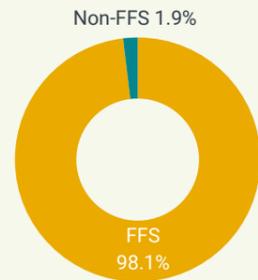




The results of the New Jersey Commercial Scorecard on Payment Reform are in, and 52% of all commercial payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 48%. These data are from calendar year 2016 or the most recent 12 months.



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 New Jersey in 2016, 98.1% are still based on FFS. Only 1.9% 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.



Very few value-oriented payments put providers at risk. About 95% of value-oriented payments offer providers a financial upside only, with no downside financial risk.

ACKNOWLEDGMENTS

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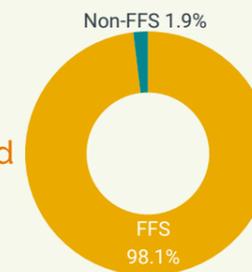


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2018 NEW JERSEY SCORECARD ON Commercial Payment Reform

Use of Fee-For-Service in Value-Oriented Payments in New Jersey



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



Provider Participation in Value-Oriented Payments

46% of all hospital payments (in-patient)

23% of all specialist payments

82% of all primary care provider payments are value-oriented

Share of Total Dollars Paid to Primary Care Providers and Specialists

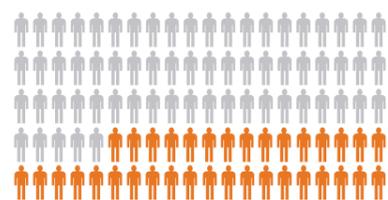


AT RISK
NOT AT RISK

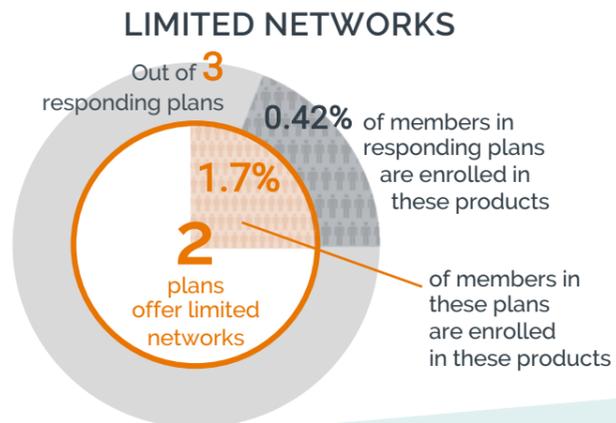
Economic Signals

ATTRIBUTED MEMBERS

35% of health plan members were attributed to providers



participating in a payment reform contract



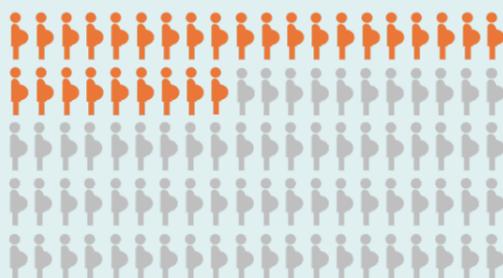
Payment Reform's Impact at a Macro-Level: Leading Indicators to Watch

Together, these metrics shed light on the impact of payment reform on the health care system in New Jersey.

System Transformation

CESAREAN SECTIONS

29% of women with low-risk pregnancies* had C-sections



*NTSV measure. Source: 2017 Leapfrog Hospital Survey

OF HEALTH PLANS OFFERING ONLINE MEMBER SUPPORT TOOLS

3 of 3 offer quality information



3 of 3 offer price information



3 of 3 offer treatment decision information



HBA1C TESTING



88% of people with diabetes had a blood sugar test (HbA1c)

Source: NCQA

HEALTH-RELATED QUALITY OF LIFE



16% of adults report fair or poor health

Source: BRFSS, cited by CMWF 2018

UNMET CARE DUE TO COST



13% of adults went without care due to cost

Source: BRFSS, cited by CMWF 2018

SHARED RISK CONTRACTS

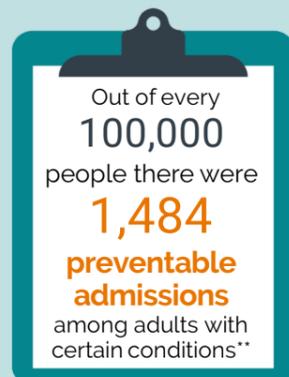


Insufficient data to report*

* Data withheld by CPR to preserve health plan confidentiality.

Outcomes

PREVENTABLE ADMISSIONS



ALL-CAUSE READMISSIONS



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

Source: AHRQ, cited by NJDOH 2016. ** See Methodology for metric specifications.

HBA1C POOR CONTROL



34% of people with diabetes had poorly controlled blood sugar (HbA1c >9%)

Source: NCQA

CHILDHOOD IMMUNIZATIONS

60% of children ages 1.5 - 3 years old received all recommended doses of seven key vaccines

Source: NIS, cited by CMWF 2018

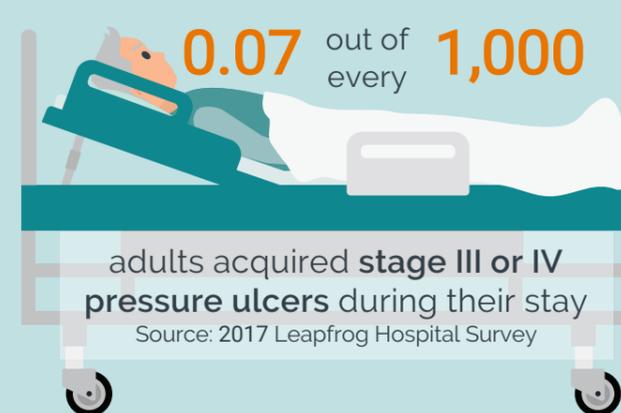
HOME RECOVERY INSTRUCTIONS



84% of adults reported being given information about how to recover at home

Source: HCAHPS, cited by CMWF 2018

HOSPITAL-ACQUIRED PRESSURE ULCERS



Source: 2017 Leapfrog Hospital Survey

CONTROLLING HIGH BLOOD PRESSURE

52% of people with hypertension had adequately controlled blood pressure

Source: NCQA

