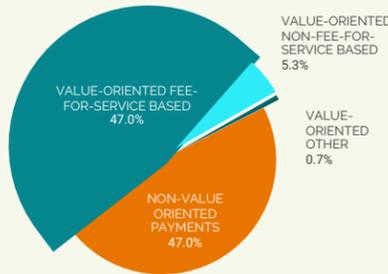
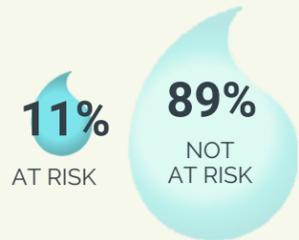




Using health plan data from calendar year 2017, the National Scorecard on Commercial Payment Reform found that 53% of all commercial payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 47%.



In 2017, most value-oriented payments to providers maintained a fee for service (FFS) foundation (47% of total dollars flowed through fee-for-service based value-oriented methods), while only 5.3% of payments flowed through value-oriented methods that did not involve any FFS payment. 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 89% of value-oriented payments in 2017 offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (11%) put providers at financial risk for their performance and spending.

ACKNOWLEDGMENTS

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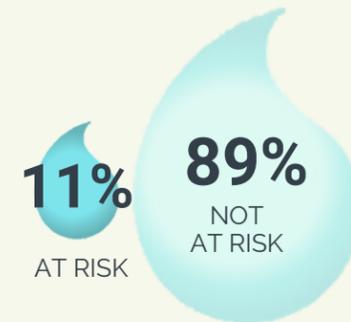
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2018 NATIONAL SCORECARD ON Commercial Payment Reform

PUBLISHED DECEMBER 2019



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



NON-VISIT FUNCTIONS **0.0%**

PARTIAL OR CONDITION SPECIFIC CAPITATION **0.5%**

0.7% OTHER

0.7% SHARED RISK

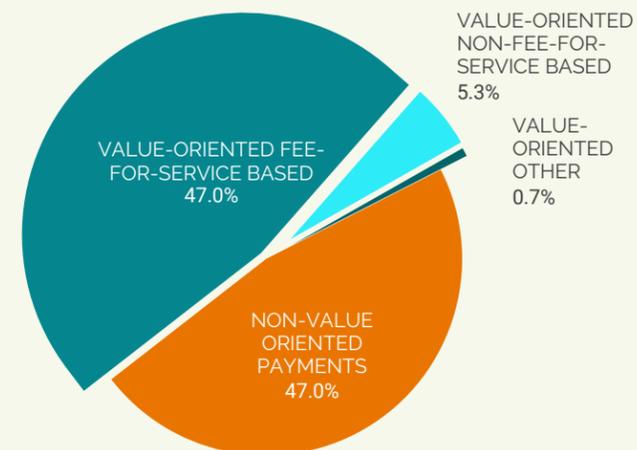
BUNDLED PAYMENT **2%**

FULL CAPITATION **2.8%**

PAY-FOR-PERFORMANCE **16.6%**

29.7% SHARED SAVINGS

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



AT RISK
NOT AT RISK

53%
OF THE TOTAL PAYMENTS MADE TO PROVIDERS ARE VALUE-ORIENTED

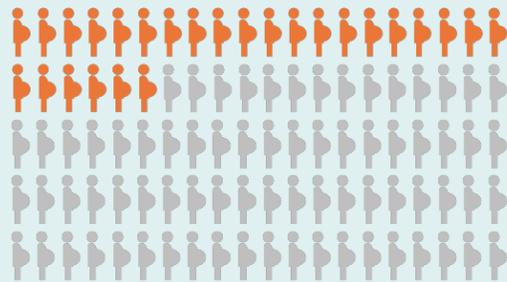
PAYMENT REFORM'S IMPACT AT A MACRO-LEVEL: LEADING INDICATORS TO WATCH

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

System Transformation

CESAREAN SECTIONS

26% of women with low-risk pregnancies* had C-sections



*NTSV measure.
Source: The Leapfrog Group 2019

ONLINE MEMBER SUPPORT TOOLS

100% of plans offered or support a cost calculator.

78% of physician choice tools had integrated cost calculators.

78% of plans reported that cost information provided to members considers member benefit design relative to co-pays, cost-sharing, and coverage exceptions.

Outcomes

HBA1C POOR CONTROL



36% of commercial plan members with diabetes had **poorly controlled** blood sugar (HbA1c >9%)
Source: NCQA

ALL-CAUSE READMISSIONS



8% of hospitalizations were followed by another hospitalization within 30 days*

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

HBA1C TESTING



90% of commercial plan members with diabetes had a **blood sugar test** (HbA1c)

Source: NCQA

HEALTH-RELATED QUALITY OF LIFE



16% of adults with commercial coverage reported **fair or poor health**

Source: BRFSS, analysis by CPR 2019

UNMET CARE DUE TO COST



9.6% of adults with commercial coverage went without care **due to cost**

Source: BRFSS, analysis by CPR 2019

CHILDHOOD IMMUNIZATIONS

70% of children ages 1.5 - 3 years old received **all recommended doses** of seven key vaccines

Source: NIS, cited by America's Health Rankings

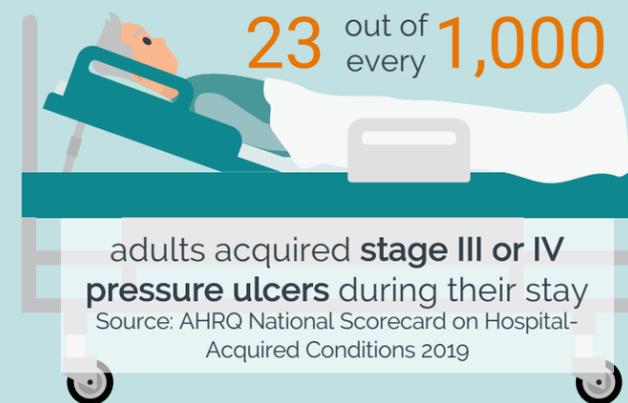
HOME RECOVERY INSTRUCTIONS



87% of adults reported being given **information about how to recover at home**

Source: HCAHPS., cited by CMWF 2019

HOSPITAL-ACQUIRED PRESSURE ULCERS



23 out of every **1,000** adults acquired **stage III or IV pressure ulcers** during their stay
Source: AHRQ National Scorecard on Hospital-Acquired Conditions 2019

CONTROLLING HIGH BLOOD PRESSURE

58% of commercial plan members with hypertension had **adequately controlled blood pressure**

Source: NCQA

