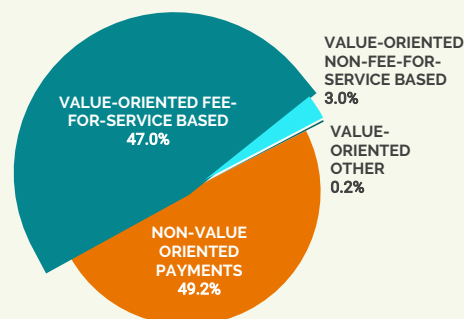
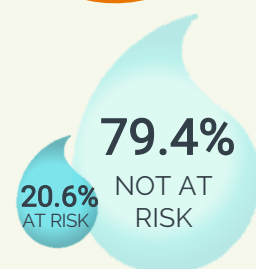


Using health plan data from calendar year 2018, the 2019 New York Scorecard on Commercial Payment Reform found that 50.8% of all commercial payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 49.2%.



In 2018, 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 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 79% of value-oriented payments in 2018 offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (20.6%) put providers at financial risk for their performance and spending.

ACKNOWLEDGMENTS

The 2019 New York Commercial Scorecard on Payment Reform 2.0 was made possible by the New York State Department of Health and the New York State Department of Financial Services. CPR thanks these entities, CPR project leads Andréa Caballero, Lea Tessitore, and Alejandra Vargas-Johnson, CPR staff Julianne McGarry and Emma Wager, CPR's executive director Suzanne Delbanco, and the NYS health plans that provided data for the Scorecard, for their significant contributions to this project.

NCQA's NOTICE OF COPYRIGHT AND DISCLAIMER

The source for certain health plan measure rates and benchmark (averages and percentiles) data ("the Data") is Quality Compass® 2019 and is used with the permission of the National Committee for Quality Assurance ("NCQA"). Any analysis, interpretation, or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

The Data is comprised of audited performance rates and associated benchmarks for Healthcare Effectiveness Data and Information Set measure ("HEDIS®") results. HEDIS measures and specifications were developed by and are owned by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish standards of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using HEDIS measures and specifications and NCQA has no liability to anyone who relies on such measures or specifications.

NCQA holds a copyright in Quality Compass and the Data and can rescind or alter the Data at any time. The Data may not be modified by anyone other than NCQA. Anyone desiring to use or reproduce the Data without modification for an internal, non-commercial purpose may do so without obtaining any approval from NCQA. All other uses, including a commercial use and/or external reproduction, distribution, publication must be approved by NCQA and are subject to a license at the discretion of NCQA.

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

© 2020 National Committee for Quality Assurance, all rights reserved.

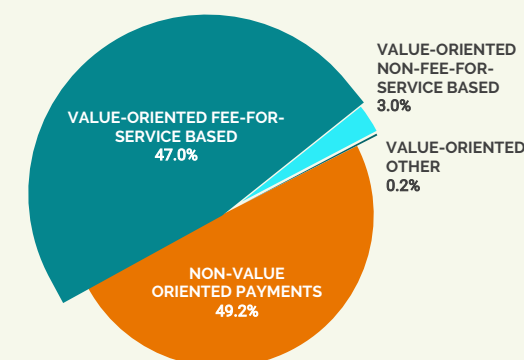


©2020 Catalyst for Payment Reform



2019 NEW YORK SCORECARD ON Commercial Payment Reform

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



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



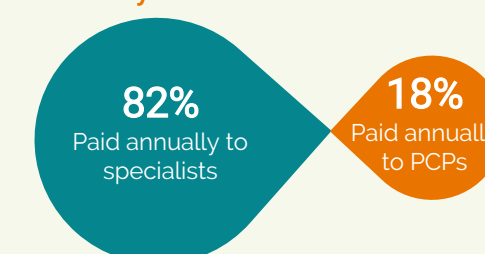
Provider Participation in Value-Oriented Payments

27% of all hospital payments (in-patient)

29% of all specialist payments

44% of all primary care provider payments are value-oriented

Share of Total Dollars Paid to Primary Care Providers and Specialists



0.2% OTHER
0.2% PARTIAL OR CONDITION SPECIFIC CAPITATION

0.5% NON-VISIT FUNCTIONS

0.7% BUNDLED PAYMENT

1.9% FULL CAPITATION

7.6% SHARED RISK

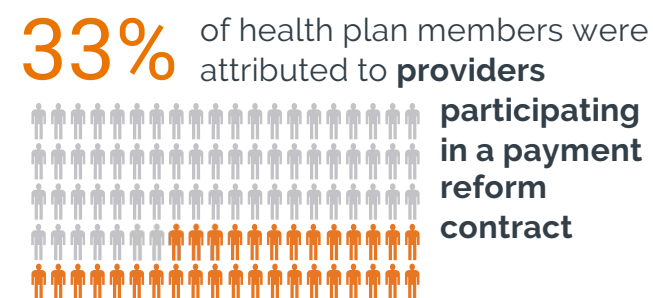
10.8% PAY-FOR-PERFORMANCE

28.9% SHARED SAVINGS

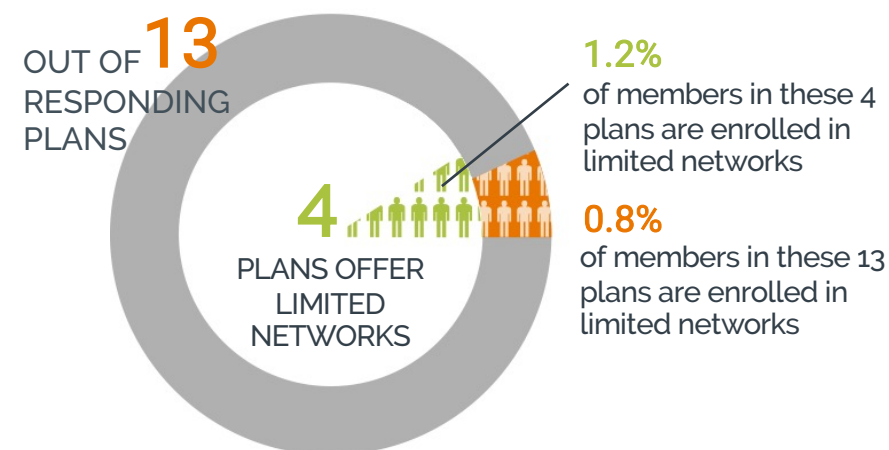
50.8%
of the total payments
made to providers are
value-oriented

Economic Signals

ATTRIBUTED MEMBERS



LIMITED NETWORKS



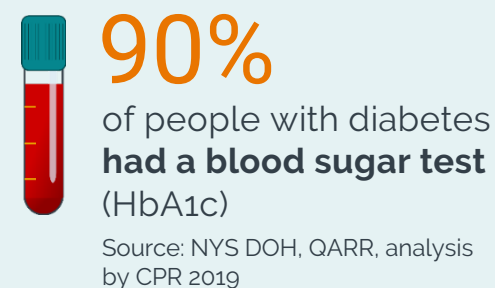
2019 NEW YORK SCORECARD ON COMMERCIAL PAYMENT REFORM

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

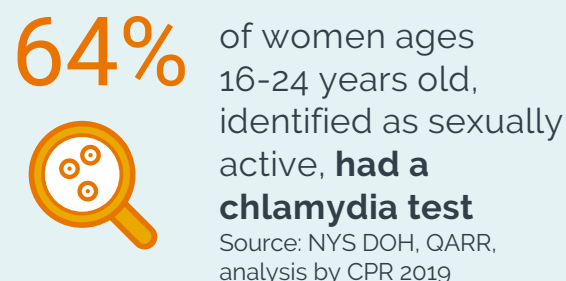
Together, these metrics shed light on the impact of payment reform on the health care system in New York. Metrics are specific to the population with commercial coverage, unless otherwise noted.

System Transformation

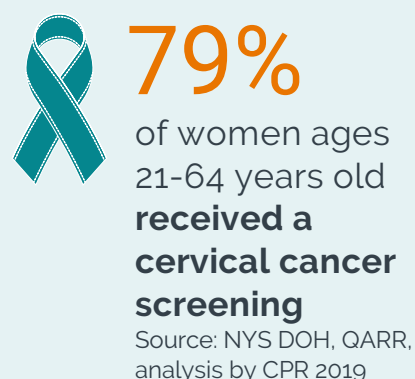
HBA1C TESTING



CHLAMYDIA SCREENINGS



CERVICAL CANCER SCREENINGS



OF HEALTH PLANS OFFERING ONLINE MEMBER SUPPORT TOOLS

7 of 10 offer **quality information**



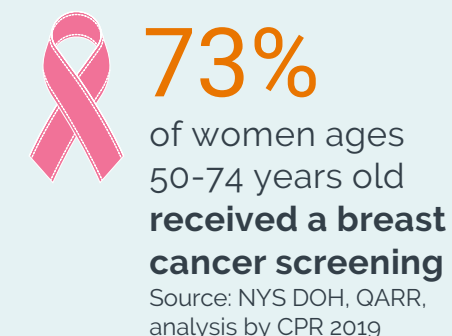
7 of 10 offer **price information**



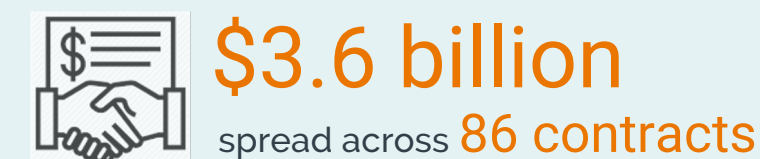
5 of 10 offer **treatment decision information**



BREAST CANCER SCREENINGS

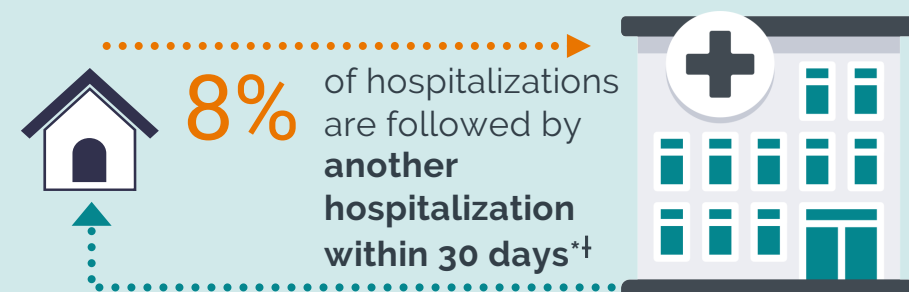


SHARED RISK CONTRACTS

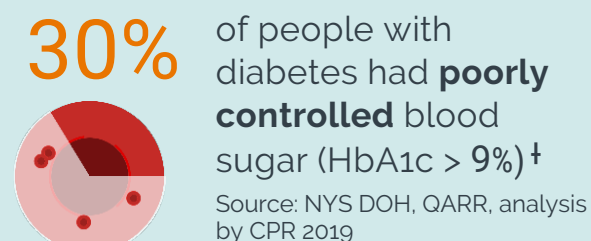


Outcomes

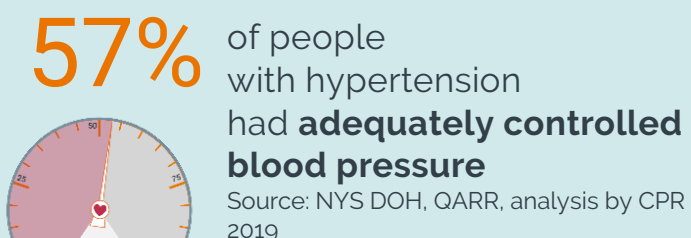
ALL-CAUSE READMISSIONS



HBA1C POOR CONTROL



CONTROLLING HIGH BLOOD PRESSURE



CHILDHOOD IMMUNIZATIONS



† A lower percent indicates better performance