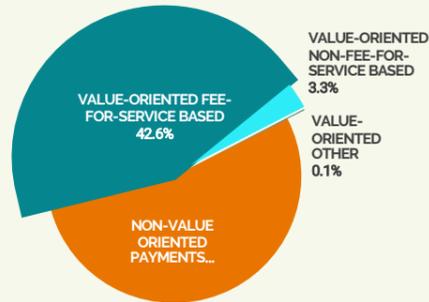
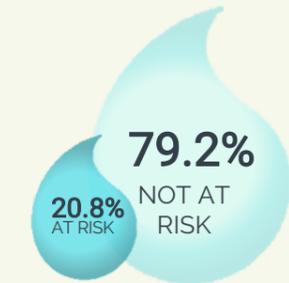




Using health plan data from calendar year 2017, the 2018 New York Scorecard on Commercial Payment Reform found that **46.8%** of all commercial payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 53.2%.



In 2017, most value-oriented payments to providers maintained a fee for service (FFS) foundation (42.6% of total dollars flowed through fee-for-service based value-oriented methods), while only 3.3% 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.



In 2017, 79.2% of value-oriented payments offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (20.8%) put providers at financial risk for their performance and spending.

ACKNOWLEDGMENTS

The 2018 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.

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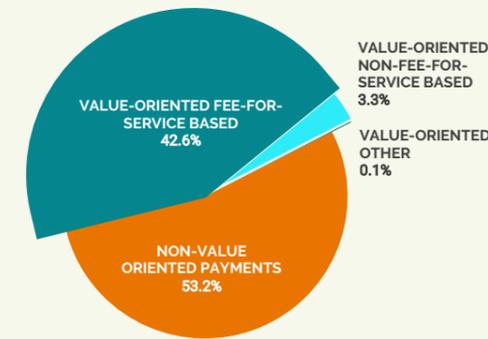


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2018 NEW YORK SCORECARD ON Commercial Payment Reform

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

21% of all hospital payments (in-patient)

29% of all specialist payments

42% of all primary care provider payments are value-oriented

Share of Total Dollars Paid to Primary Care Providers and Specialists

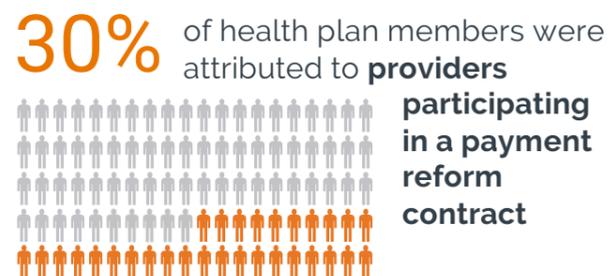


*AT RISK
*NOT AT RISK

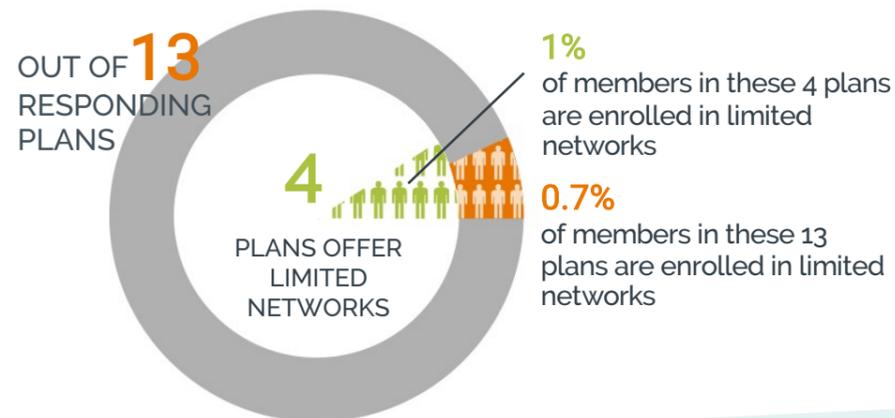


Economic Signals

ATTRIBUTED MEMBERS



LIMITED NETWORKS



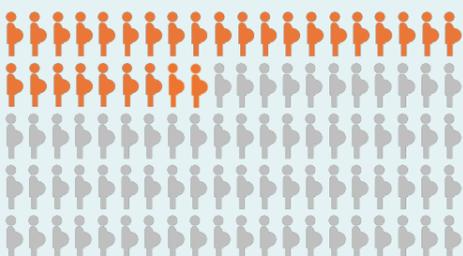
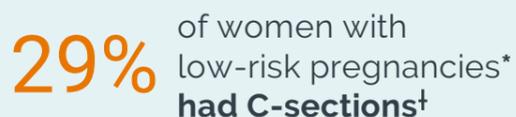
2018 NEW YORK SCORECARD ON COMMERCIAL PAYMENT REFORM

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.

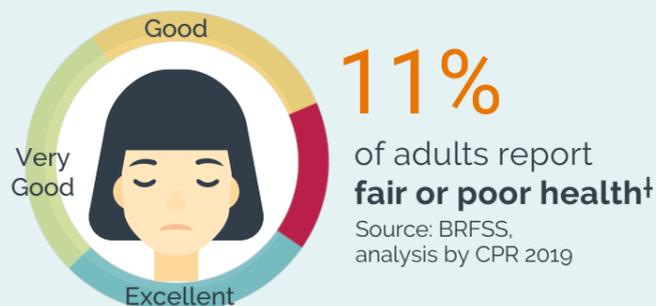
System Transformation

CESAREAN SECTIONS



*NTSV measure, not specific to population with commercial coverage
Source: 2017 CDC Natality Public Use File, cited by America's Health Rankings

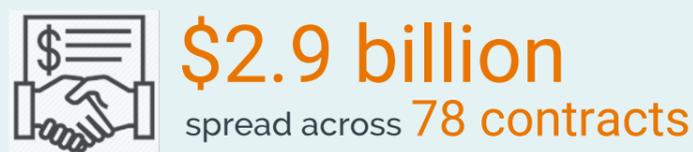
HEALTH-RELATED QUALITY OF LIFE



8% UNMET CARE DUE TO COST of adults went without care due to cost†

Source: BRFSS, analysis by CPR 2019

SHARED RISK CONTRACTS



OF HEALTH PLANS OFFERING ONLINE MEMBER SUPPORT TOOLS

7 of 10 offer **quality information**



7 of 10 offer **price information**



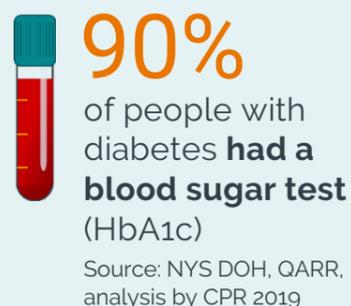
5 of 10 offer **treatment decision information**



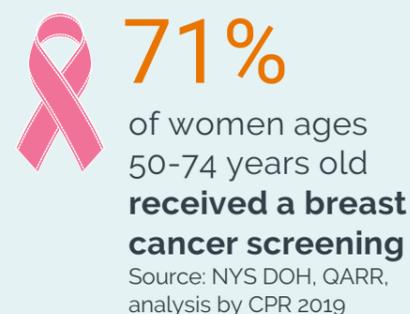
CHLAMYDIA SCREENINGS



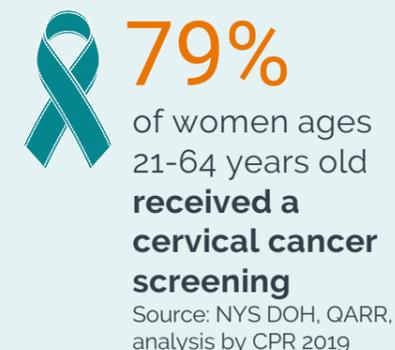
HBA1C TESTING



BREAST CANCER SCREENINGS

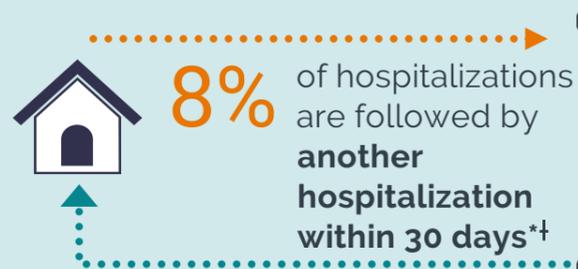


CERVICAL CANCER SCREENINGS



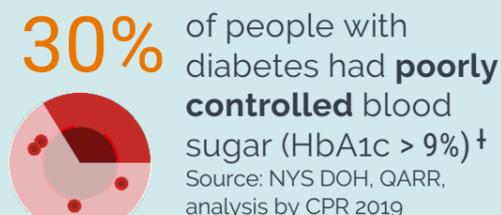
Outcomes

ALL-CAUSE READMISSIONS



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

HBA1C POOR CONTROL



† A lower rate indicates better performance

CHILDHOOD IMMUNIZATIONS



HOME RECOVERY INSTRUCTIONS



CONTROLLING HIGH BLOOD PRESSURE

