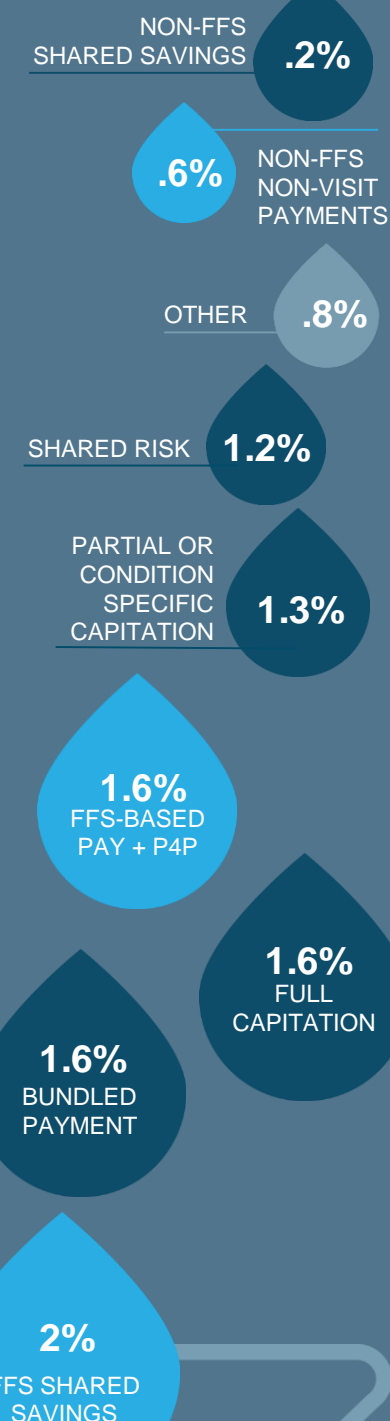


2013: 10.9%

## NATIONAL SCORECARD

## on Payment Reform

Catalyst for Payment Reform has set a target of **20%** of payments being value-oriented by 2020. How are we doing in 2013? The results of the first annual Scorecard are in and **10.9%** of all commercial in-network payments are value-oriented – either tied to performance or designed to cut waste. Traditional fee-for-service (FFS), bundled, capitated and partially capitated payments without quality incentives, make up the remaining **89.1%**. Progress toward value-oriented payment is evident, but much more needs to be done.



### What portion of value-oriented payments place doctors and hospitals at financial risk for their performance?

Of the 10.9% of payments that are value-oriented, most put providers at financial risk for their performance, though more than 40% offer a potential financial upside only.

57%

OF VALUE-ORIENTED PAYMENTS  
are “at risk”

43%

OF VALUE-ORIENTED PAYMENTS  
are “not at risk”

Only

11% of all hospital payments

6% of all outpatient specialist payments

6% of all outpatient PCP (primary care physician) payments

are value oriented

2020 GOAL 20%

2013 10.9%

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# Benchmarks for Future Trending

## Attributed Members



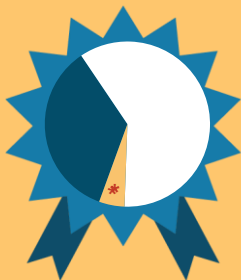
## Share of Total Dollars Paid to Primary Care Physicians and Specialists

Of the total outpatient payments made to physicians and specialists, 75% is paid to specialists and 25% is paid to PCPs. Over time, this figure will show if there is a rebalancing of payment between primary and specialty care.



## Non-FFS Payments and Quality

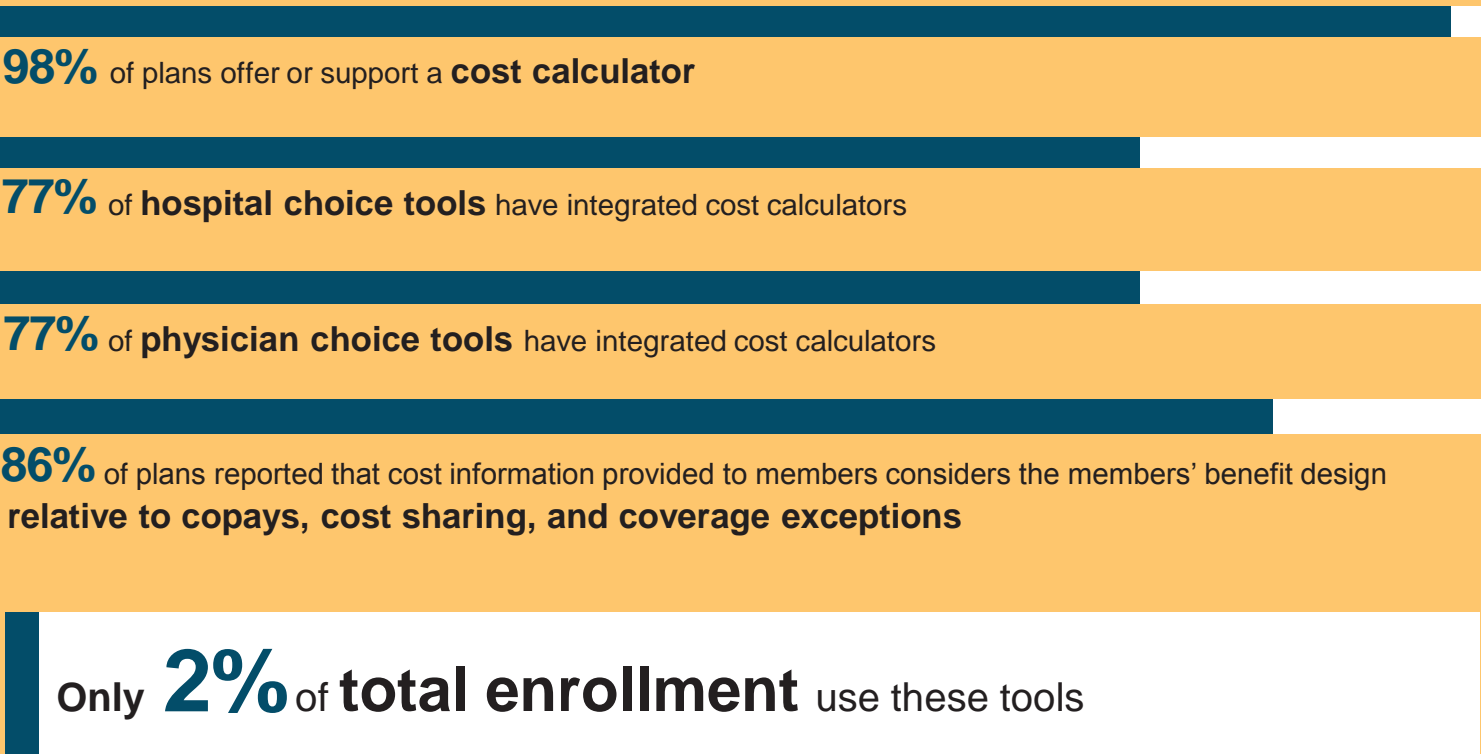
Quality *is* a factor in  
**only 35%**  
of non-FFS payments



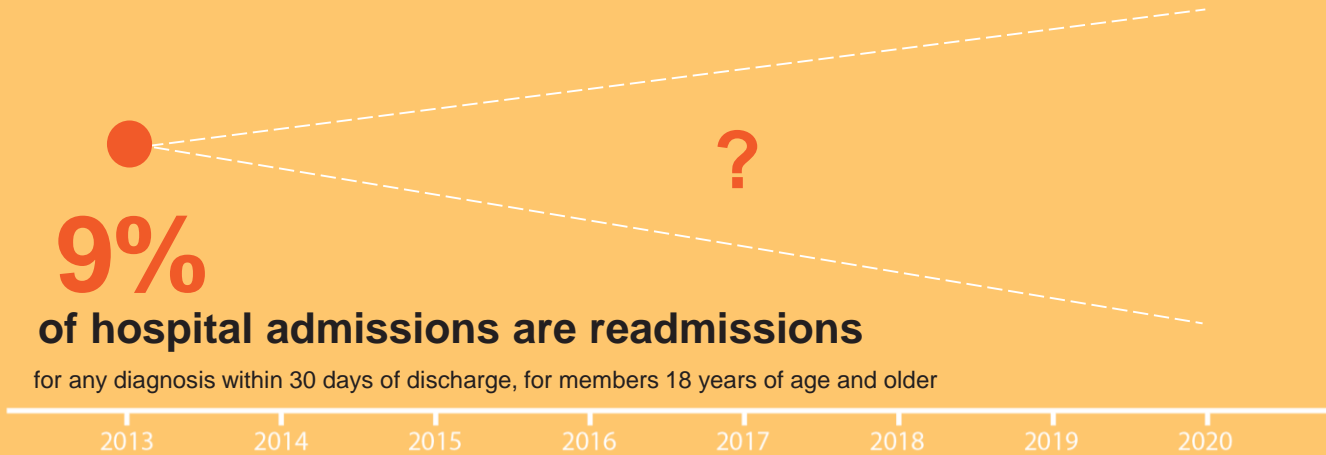
Quality is *not* a factor in  
**60%**  
of non-FFS payments

\* Unclassified

## Transparency Metrics



## Hospital Readmissions\*



\* Derived from data submitted to eValue8 using NCQA's all-cause readmission measure. Not an official NCQA Benchmark.