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NATIONAL SCORECARD

# on Payment Reform

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.

OF VALUE-ORIENTED PAYMENTS OF VALUE-ORIENTED PAYMENTS

are "at risk"

are "not at risk"

#### Only

11% of all hospital payments

of all outpatient specialist payments

of all outpatient PCP (primary care physician) payments

are value oriented

2020 GOAL **20%** 

CATALYST PAYMENT

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SHARED SAVINGS

NON-FFS NON-VISIT **PAYMENTS** 

.8% OTHER

SHARED RISK 1.2%

PARTIAL OR CONDITION SPECIFIC CAPITATION

1.3%

1.6% FFS-BASED PAY + P4P

> 1.6% FULL CAPITATION

1.6% BUNDLED **PAYMENT** 

2%

FFS SHARED SAVINGS

2013 10.9%

# **Benchmarks for Future Trending**

#### **Attributed Members**



Percent of commercial plan members attributed to a provider participating in a payment reform contract, such as those members who choose to enroll in, or do not opt out of, an Accountable Care Organization or a Patient Centered Medical Home.

2% NATIONAL AVERAGE

# **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.



25% Paid annually to PCPs

### **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**

98% of plans offer or support a cost calculator

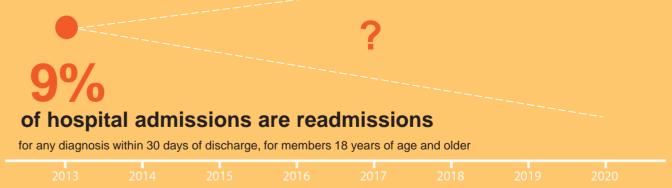
77% of hospital choice tools have integrated cost calculators

77% of physician choice tools have integrated cost calculators

86% of plans reported that cost information provided to members considers the members' benefit design relative to copays, cost sharing, and coverage exceptions

only 2% of total enrollment use these tools

## **Hospital Readmissions\***



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

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