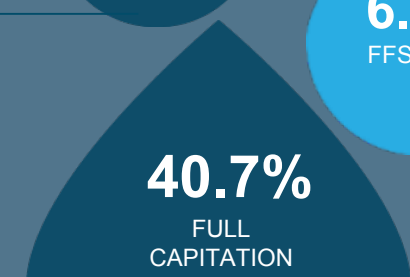
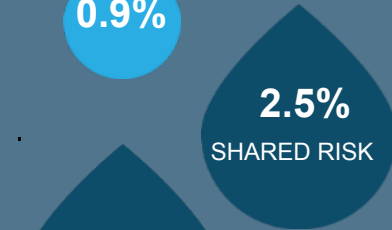
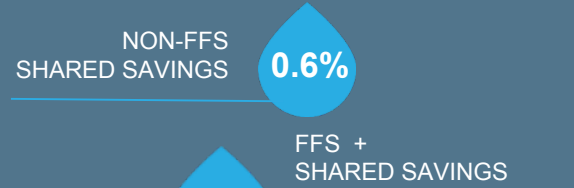
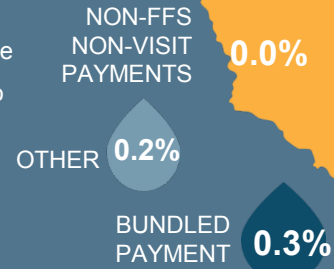
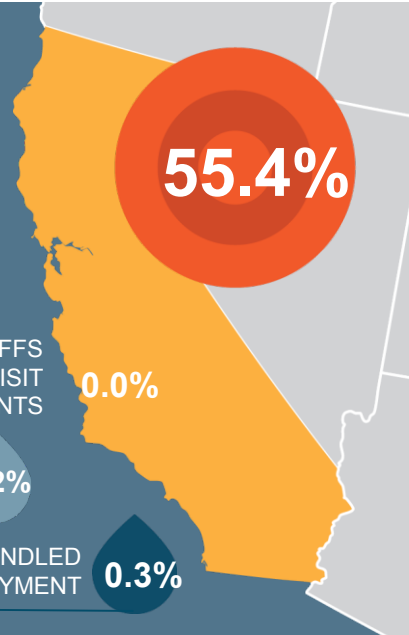


CALIFORNIA SCORECARD on Payment Reform

Catalyst for Payment Reform has set a target of **20%** of payments proven to improve value by 2020. How are we doing in 2014? The results of the second annual California Scorecard are in and **55.4%** 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 **44%**. The use of value-oriented payment is growing rapidly; now we need to determine whether it makes health care better and more affordable.



What portion of value-oriented payments in California place doctors or hospitals at financial risk for their performance?

86%

OF VALUE-ORIENTED PAYMENTS
are "at risk"

14%

OF VALUE-ORIENTED PAYMENTS
are "not at risk"

Only



37% of all hospital payments



54% of all outpatient payments
(includes PCPs and Specialists)

are value-oriented



Benchmarks for Future Trending

Attributed Members

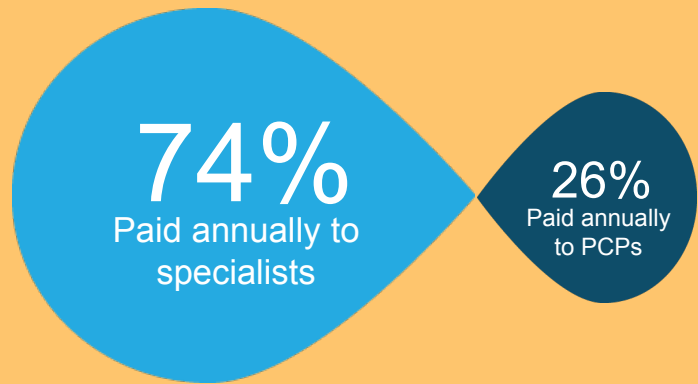


Percent of commercial plan members attributed to a provider participating in a payment reform contract, such as those members who choose to enroll in, or do not opt out of, an Accountable Care Organization, Patient Centered Medical Home or other delivery models in which patients are attributed to a provider.

35%

Share of Total Dollars Paid to Primary Care Physicians and Specialists

Of the total outpatient payments made to primary care physicians and specialists, 74% is paid to specialists and 26% 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
98%
of non-FFS payments



Quality is *not* a factor in
2%
of non-FFS payments

Transparency Metrics

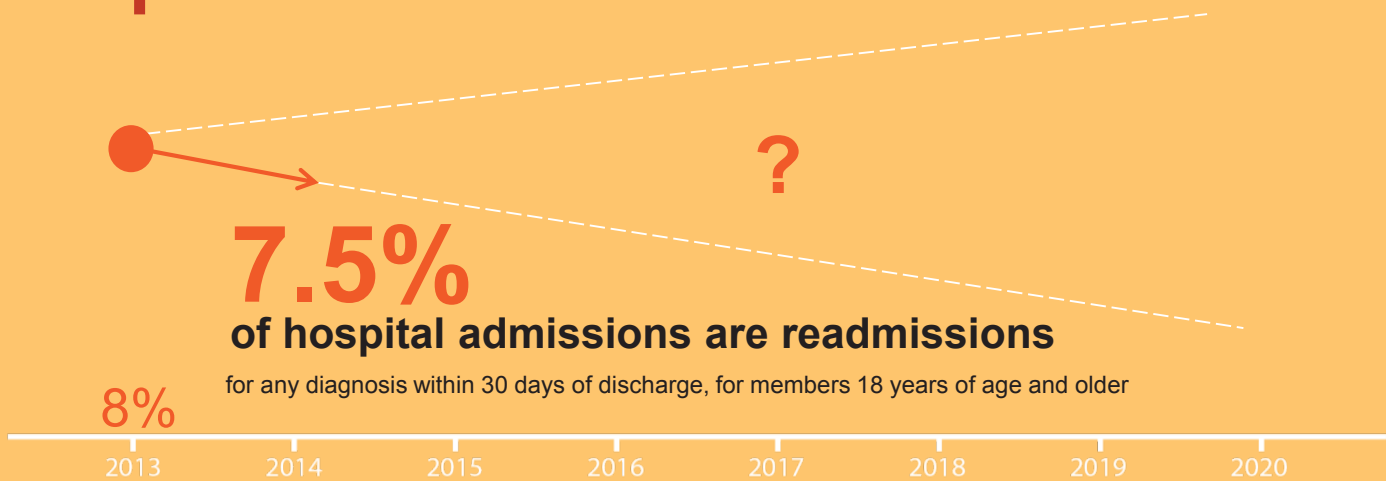
7 out of 7 health plans offer or support a **cost calculator**

3 out of 7 health plan **hospital choice tools** have integrated cost calculators

3 out of 7 health plan **physician choice tools** have integrated cost calculators

5 out of 7 health plans reported that cost information provided to members considers the members' benefit design **relative to copays, cost sharing, and coverage exceptions**

Hospital Readmissions*



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

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