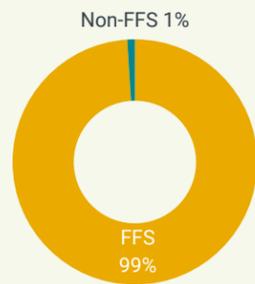


The results of the Virginia Commercial Scorecard on Payment Reform are in, and 67% of all commercial payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 33%. These data are from calendar year 2016 or the most recent 12 months.



Fee-for-Service (FFS) remains the dominant base method of payments to providers, even when the payment is value-oriented. Of all the value-oriented commercial payments health plans made in Virginia in 2016, 99% are still based on FFS. Only 1% use a non-FFS based payment method. 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 rely on FFS.



Very few value-oriented payments put providers at risk. About 89% of value-oriented payments offer providers a financial upside only, with no downside financial risk.

ACKNOWLEDGMENTS

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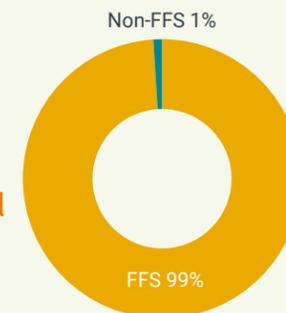


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2018 VIRGINIA SCORECARD ON Commercial Payment Reform

Use of Fee-For-Service in Value-Oriented Payments in Virginia



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



Provider Participation in Value-Oriented Payments



Share of Total Dollars Paid to Primary Care Providers and Specialists



FULL CAPITATION 0.0%

OTHER 0.1%

NON-VISIT FUNCTIONS 0.1%

PARTIAL OR CONDITION SPECIFIC CAPITATION 0.1%

BUNDLED PAYMENT 0.5%

SHARED RISK 6.8%

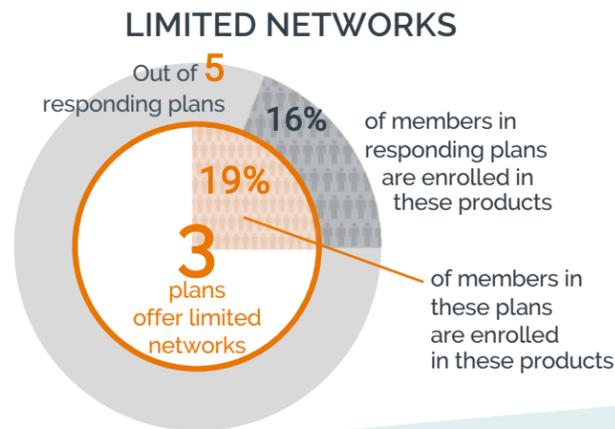
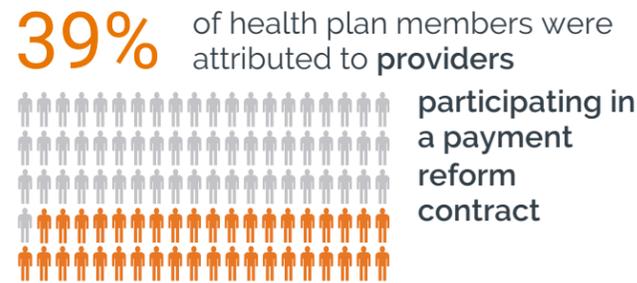
26.0% PAY-FOR-PERFORMANCE

33.7% SHARED SAVINGS



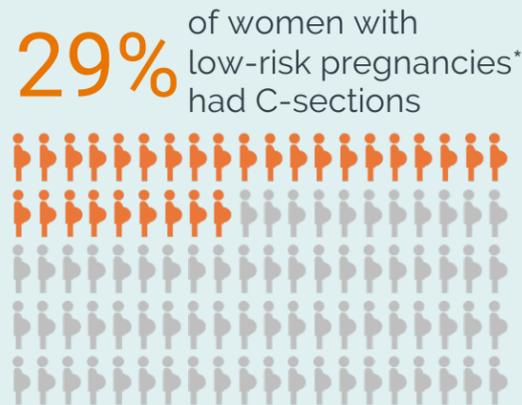
Economic Signals

ATTRIBUTED MEMBERS



System Transformation

CESAREAN SECTIONS

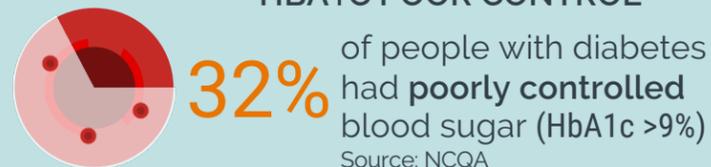


*NTSV measure. Source: Analysis by VHI.

OF HEALTH PLANS OFFERING ONLINE MEMBER SUPPORT TOOLS



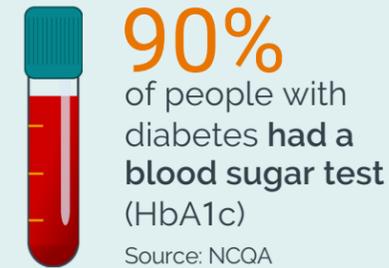
HBA1C POOR CONTROL



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 Virginia.

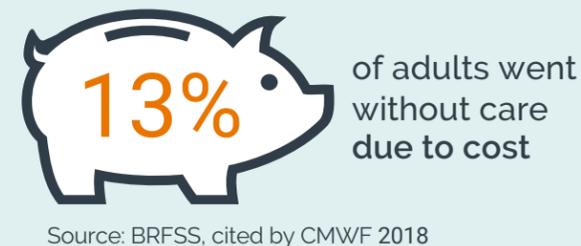
HBA1C TESTING



HEALTH-RELATED QUALITY OF LIFE



UNMET CARE DUE TO COST

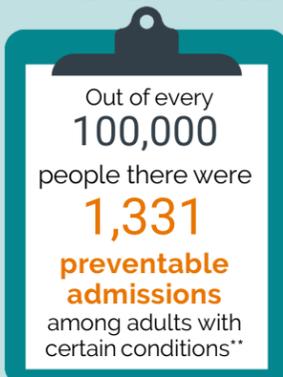


SHARED RISK CONTRACTS

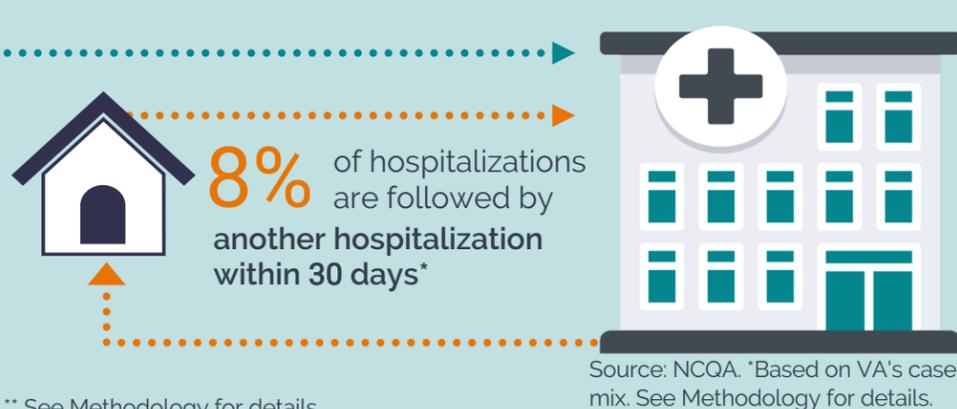


Outcomes

PREVENTABLE ADMISSIONS



ALL-CAUSE READMISSIONS

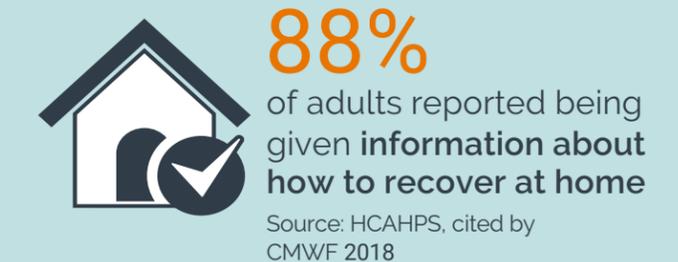


Source: AHRQ, analysis by VHI. ** See Methodology for details.

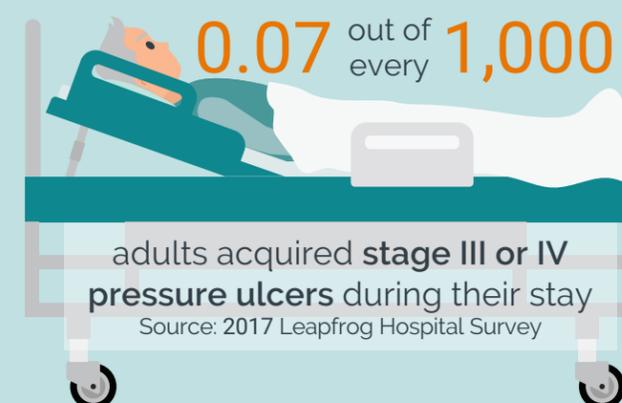
CHILDHOOD IMMUNIZATIONS



HOME RECOVERY INSTRUCTIONS



HOSPITAL-ACQUIRED PRESSURE ULCERS



CONTROLLING HIGH BLOOD PRESSURE

