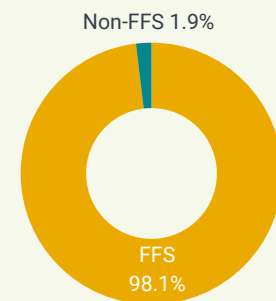
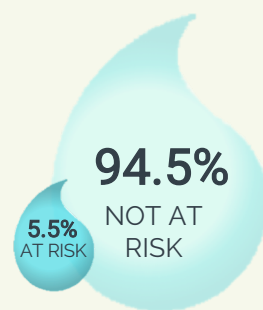




The results of the New Jersey Commercial Scorecard on Payment Reform are in, and 52% of all commercial payments are value-oriented—either tied to performance or designed to cut waste. Status-quo payments make up the remaining 48%. These data are from calendar year 2016 or the most recent 12 months.



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 New Jersey in 2016, 98.1% are still based on FFS. Only 1.9% 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 95% of value-oriented payments offer providers a financial upside only, with no downside financial risk.

#### ACKNOWLEDGMENTS

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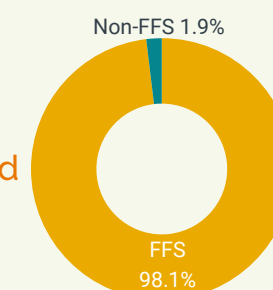
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## 2018 NEW JERSEY SCORECARD ON Commercial Payment Reform

### Use of Fee-For-Service in Value-Oriented Payments in New Jersey



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



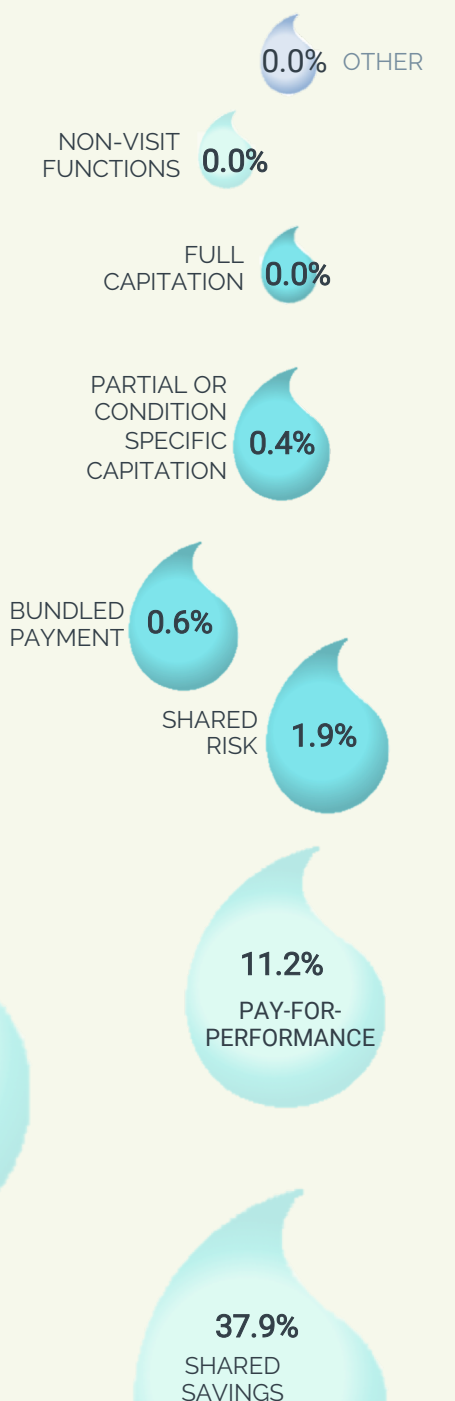
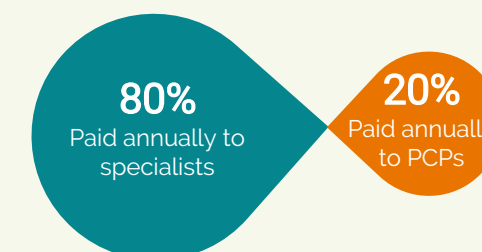
### Provider Participation in Value-Oriented Payments

46% of all hospital payments (in-patient)

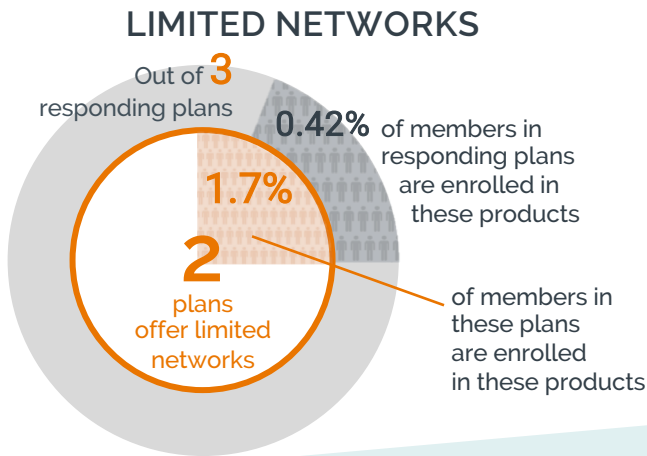
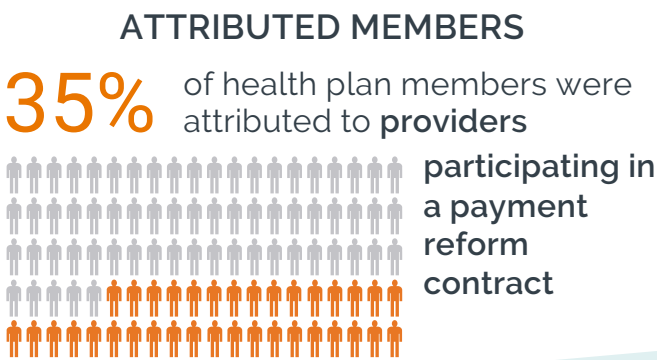
23% of all specialist payments

82% of all primary care provider payments  
are value-oriented

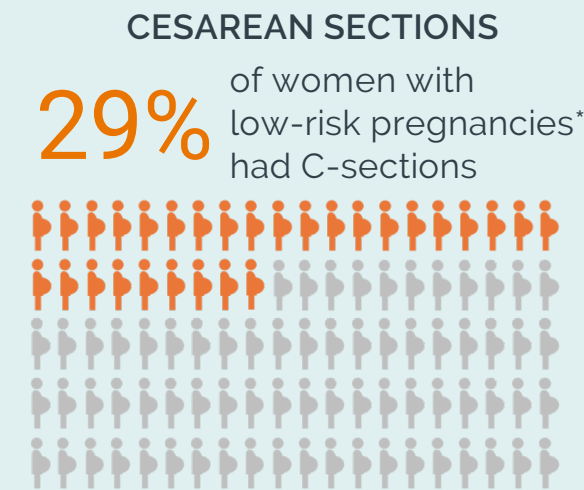
### Share of Total Dollars Paid to Primary Care Providers and Specialists



Economic Signals



System Transformation

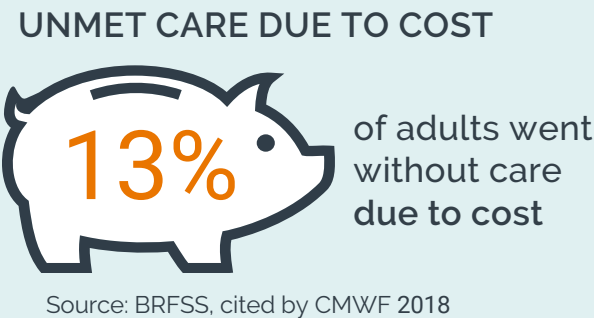
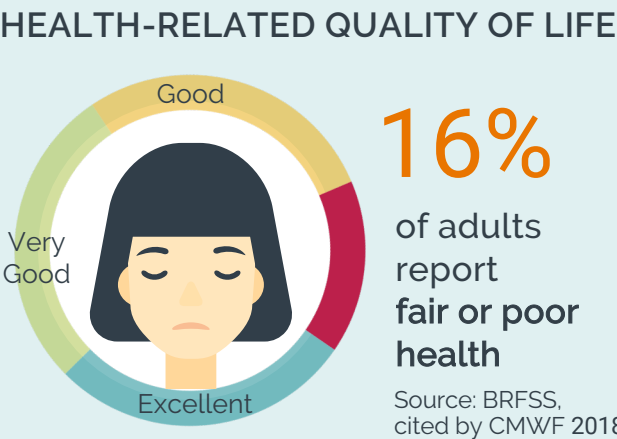
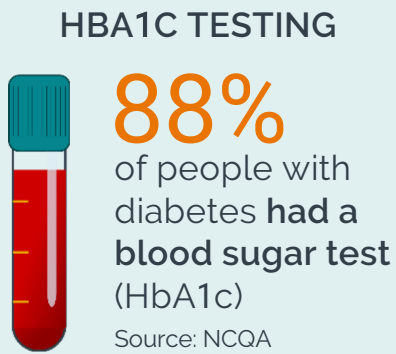


\*NTSV measure.  
Source: 2017 Leapfrog Hospital Survey

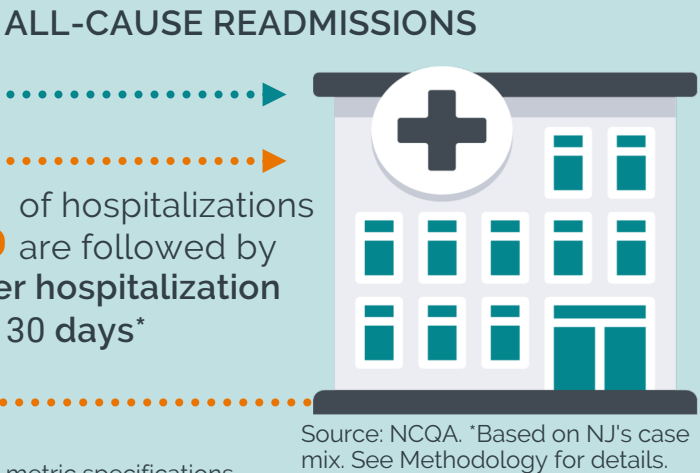
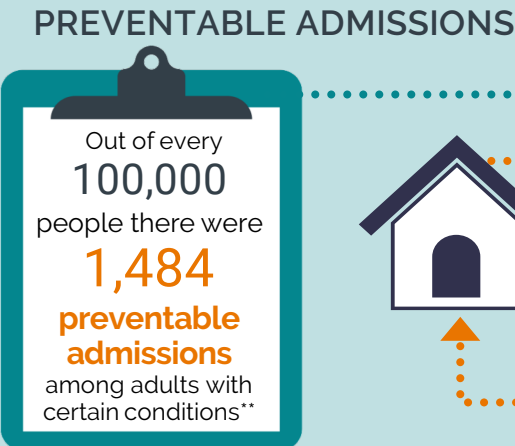


Payment Reform's Impact at a Macro-Level: Leading Indicators to Watch

Together, these metrics shed light on the impact of payment reform on the health care system in New Jersey.



Outcomes



Source: AHRQ, cited by NJDOH 2016. \*\* See Methodology for metric specifications.

