



2018 MEMBER TRANSFORMATION MEASUREMENT REPORTING

OUTCOMES

2018 – 42 total HCTTF members (20 of 28 provider and payer members reporting): Aggregate transformation progress score is **52 percent** in value-based payment arrangements.

2017 – 42 total HCTTF members (14 of 25 provider and payer members reporting): Aggregate transformation progress score is **47 percent** in value-based payment arrangements.

2016 – 42 total HCTTF members (23 of 27 provider and payer members reporting): Aggregate transformation progress score is **41 percent** in value-based payment arrangements.

2015 – 29 total HCTTF members (17 of 19 provider and payer members reporting): Aggregate transformation progress score is **30 percent** in value-based payment arrangements.

PROTOCOL

HCTTF is a group of private sector stakeholders committed to accelerating the pace of delivery system transformation. Representing a diverse set of organizations from various segments of the industry – including patients, payers, providers and purchasers – we share a common commitment to transform our respective business and clinical models to deliver the triple aim of better health, better care and reduced costs. Our organizations aspire to put 75 percent of their business into value-based arrangements that focus on the Triple Aim of better health, better care and lower costs by 2020.

Annual Reporting Instructions to HCTTF Members

HCTTF members report their current status through a response to the one of following four questions **based on arrangements in place as of December 31 of the reportable year:**

Payer category options:

1. The percentage of the health plan's total membership whose care is provided by a provider contracted under a global budget, bundled payment methodology, or a shared savings arrangement.
2. The percentage of total services that are provided by a provider contracted under a global budget, bundled payment methodology, or a shared savings arrangement.

Provider category options:

3. The percentage of current revenue that is from contracts that are under a global budget, bundled payment methodology, or a shared savings arrangement.
4. The estimated percentage of patients seen/attributed by a provider contracted under a payment model qualifying for Category 3 or 4 under the LAN's APM Framework.