




# Evolution of payment reform

## Past and Emerging Models of Accountability in Provider Payments



Supporting Better Performance		Paying for Better Performance		Paying for Higher Value	
<p><b>Pay for reporting.</b> Payment for reporting on specific measures of care. Data primarily claims-based.</p>	<p><b>Payment for coordination.</b> Case management fee based on practice capabilities to support preventive and chronic disease care (e.g., medical home, interoperable HIT capacity).</p>	<p><b>Pay for performance.</b> Provider fees tied to one or more objective measures of performance (e.g., guideline-based payment, nonpayment for preventable complications).</p>	<p><b>Episode-based payments.</b> Case payment for a particular procedure or condition(s) based on quality and cost.</p>	<p><b>Shared savings with quality improvement.</b> Providers share in savings due to better care coordination and disease management.</p>	<p><b>Partial or full capitation with quality improvement.</b> Systems of care assume responsibility for patients across providers and settings over time.</p>

