PROJECT CHARTER

GOAL 6: Align payment mechanisms across payers to transform payment methodology from volume to value.

Version 3.0 – FINAL

Summary

Mercer Lead	Scott Banken
SHIP Staff	Cynthia York
Key Participants	PCMHs, Commercial payers, Medicare, and the Idaho Department of Health and Welfare
IHC Charge	▪ Through collaboration across payers and providers, transform payment methodology from volume to performance-based value. ▪ Develop a phased-in system of payment transformation that supports primary care practices in maintaining an infrastructure as a patient-centered medical home (PCMH) through transition to a payment system based on outcomes.

Success Measures

Success Measures	SHIP Desired Outcomes	Measurement				
1.	• Payers contract with PCMH practices to receive alternative (non-volume based) reimbursements.	• Count of providers who are under contract with at least one payer to receive alternative (non-volume based) reimbursements.	**YR** / **Pre** / **1** / **2** / **3**	**Q4**: TBD, TBD, TBD, TBD		
2.	• Payers representing at least 80% of the Idaho population adopt new reimbursement models.	• Count of payers representing at least 80% of the beneficiary population that adopt new reimbursement models.				

Measure 1 table:

YR	Q4
Pre	TBD
1	TBD
2	TBD
3	TBD

Measure 2 table:

YR	Q1	Q2	Q3	Q4
Pre	0	0	0	0
1	0	0	0	4
2	4	4	4	4
3	4	4	4	4

Success Measures	SHIP Desired Outcomes	Measurement		
3.	• Beneficiaries are attributed to PCMHs for purposes of alternative reimbursement payments.	• The count of beneficiaries attributed for purposes of alternative reimbursement payments.	**Q4**	
			Pre	0
			1	275,000
			2	550,000
			3	825,000
4.	• 80% of all payments are under alternative reimbursement models	• Percentage of payments made in non-FFS arrangements compared to total payments made.	**YR**	**Q4**
			Pre	10%
			1	20%
			2	50%
			3	80%

Planned Scope

Deliverable 1	Result, Product or Service	Description	Owner	Impacted Parties
	• Payer matrix summary.	• Matrix of payers and payment methods included in contracts with PCMHs.	• Multi Payer Workgroup	• IMHC
Est. Timeframe	**Start**: 06/01/2015		**End**: 08/12/2015	
Milestones	**Event**		**Target Date**	
	• Payer submissions of draft matrix with updates of parameters for the payers' patient attribution, population risk/stratification methodology upon which the payers will build their payment amounts.		• 07/31/2015	
	• Approval of final matrix.		• 08/12/2015	

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Deliverable 2	Result, Product or Service	Description	Owner	Impacted Parties
	• Attribution Report	• Number of beneficiaries attributed to providers under alternative (non-fee-for-service) payment models	• Multi Payer Workgroup	• IMHC
Est. Timeframe	**Start**: 01/31/2015		**End**: 01/31/2019	
Milestones	**Event**		**Target Date**	
	• Year 1 • Year 2 • Year 3 • Year 4		• 01/31/2016 • 01/31/2017 • 01/31/2018 • 01/31/2019	
Deliverable 3	Result, Product or Service	Description	Owner	Impacted Parties
	• Alternative Payments Report	• Total payments made to providers under alternative reimbursement models (Note: total payments made to all providers are gathered in goal 7)	• Multi Payer Workgroup	• IMHC
Est. Timeframe	**Start**: 01/31/2015		**End**: 01/31/2019	
Milestones	**Event**		**Target Date**	
	• Year 1 • Year 2 • Year 3 • Year 4		• 01/31/2016 • 01/31/2017 • 01/31/2018 • 01/31/2019	
Deliverable 4	Result, Product or Service	Description	Owner	Impacted Parties
	• Providers with alternative reimbursement contracts	• Count of providers under contract with at least one payer to receive alternative (non-volume based) reimbursements.	• Mercer, IMHC	• IMHC

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Est. Timeframe	**Start**: 01/31/2015		**End**: 01/31/2019
Milestones	**Event**		**Target Date**
	• Year 1 • Year 2 • Year 3 • Year 4		• 01/31/2016 • 01/31/2017 • 01/31/2018 • 01/31/2019

Project Risks, Assumptions, and Dependencies

Risk Identification	Event	Likelihood	Seriousness	Potential Mitigation
	• Enough beneficiaries fail to attribute to each provider for each payer, making risk arrangements unfeasible.	L	M	Lower minimum threshold for beneficiary attribution and institute risk corridors to minimize risk for both payer and providers.
Assumptions	• [TBD]			
Dependencies and Constraints	• [TBD]			

Project Reporting and Scope Changes

Changes to scope must be reflected at the Workgroup Charter level as approved by the IHC after review by SHIP team.

Version Information

Author	Scott Banken	**Date**	12/22/2015
Reviewer	Casey Moyer	**Date**	12/23/2015

Final Acceptance

Name / Signature	Title	Date	Approved via Email
Cynthia York	SHIP Administrator	12/24/2015	☒
Katie Falls	Mercer Lead	12/24/2015	☒