



# PROJECT CHARTER

## Multi-Payer Workgroup

Version 1.0 – DRAFT — August 2015

### Workgroup Summary

<b>Chair/Co-Chair</b>	Jeff Crouch, Blue Cross of Idaho, and Dr. David Peterman, Primary Health Medical Group
<b>Mercer Lead</b>	Scott Banken
<b>SHIP Staff</b>	Cynthia York, Heather Clark
<b>IHC Charge</b>	<ul style="list-style-type: none"> <li>Through collaboration across payers and providers, transform payment methodology from volume to performance-based value.</li> <li>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.</li> </ul>
<b>SHIP Goals</b>	<ul style="list-style-type: none"> <li>Goal 6: Align payment mechanisms across payers to transform payment methodology from volume to value.</li> <li>Goal 7: Reduce overall healthcare costs.</li> </ul>

### Business Alignment

<b>Business Need</b>	<ul style="list-style-type: none"> <li>The workgroup is needed to develop a phased-in system of payment transformation that supports primary care practices in maintaining an infrastructure as a PCMH through transition to an outcome-based payment system. The workgroup relies on collaboration across payers and providers, working to transform payment methodology from volume to performance-based value.</li> </ul>
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<b>Success measures</b>	<b>SHIP Desired Outcomes</b>	<b>Measurement</b>	<b>Workgroup's Role</b>
	<ul style="list-style-type: none"> <li>Payers representing at least 80% of the beneficiary population adopt new reimbursement models.</li> </ul>	<ul style="list-style-type: none"> <li>The four largest commercial payers, Medicaid, and Medicare all adopt payment contracts with PCMHs that transition to an outcome-based payment.</li> </ul>	<ul style="list-style-type: none"> <li>Identify methods for contracting with PCMHs that transition to outcome-based payment.</li> </ul>
	<ul style="list-style-type: none"> <li>Payers contract with PCMH practices to receive alternative (non-volume based) reimbursements.</li> </ul>	<ul style="list-style-type: none"> <li>Fifty-five PCMH practices have contracts with payers by the end of the first year of the SIM grant Test period transitioning towards outcome-based payments.</li> </ul>	<ul style="list-style-type: none"> <li>Collect information from payers and report to IDHW/IHC the number of PCMHs with contracts. The payers will report counts of PCMHs with contracts, not naming the PCMHs with whom they have contracts.</li> </ul>

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Success measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
	<ul style="list-style-type: none"> <li>Beneficiaries are attributed for purposes of alternative reimbursement payments.</li> </ul>	<ul style="list-style-type: none"> <li>427,500 beneficiaries are attributed for varying levels of alternative reimbursement payments by the end of the first year of the SIM grant Test period.</li> </ul>	<ul style="list-style-type: none"> <li>Collect information from payers and report to IDHW/IHC the number of beneficiaries attributed to PCMHs.</li> <li>Identify the number with alternative reimbursements and those paid fee-for-service (FFS).</li> </ul>
	<ul style="list-style-type: none"> <li>Reduction in overall healthcare costs.</li> </ul>	<ul style="list-style-type: none"> <li>Lower costs versus projected expenses without the shift to the PCMH methodology</li> </ul>	<ul style="list-style-type: none"> <li>Provide summarized financial results.</li> </ul>

**Planned Scope**

<b>Deliverable 1</b>	<b>Result, product, or service</b>	<b>Description</b>
	<ul style="list-style-type: none"> <li>Payer transformation summary.</li> </ul>	<ul style="list-style-type: none"> <li>Summary of transformation by payers and payment methods included in contracts with PCMHs.</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 7/8/2015	<b>End:</b> 8/12/2015
<b>Milestones</b>	<b>Event</b>	<b>Target date</b>
	<ul style="list-style-type: none"> <li>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.</li> <li>Approval of final payer transformation summary.</li> </ul>	<ul style="list-style-type: none"> <li>7/31/2015</li> <li>8/12/2015</li> </ul>
<b>Deliverable 2</b>	<b>Result, product or service</b>	<b>Description</b>
	<ul style="list-style-type: none"> <li>Report on the number of PCMHs with contracts.</li> </ul>	<ul style="list-style-type: none"> <li>Provide the count of PCMHs with whom each payer has contracted.</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> [TBD]	<b>End:</b> 1/31/2019
<b>Milestones</b>	<b>Event</b>	<b>Target date</b>
	<ul style="list-style-type: none"> <li>Pre-Testing Phase Reporting</li> <li>Year 1</li> <li>Year 2</li> <li>Year 3</li> <li>Year 4</li> </ul>	<ul style="list-style-type: none"> <li>10/31/2015</li> <li>1/31/2016</li> <li>1/31/2017</li> <li>1/31/2018</li> <li>1/31/2019</li> </ul>

<b>Deliverable 3</b>	<b>Result, product, or service</b> <ul style="list-style-type: none"> <li>Member attribution.</li> </ul>	<b>Description</b> <ul style="list-style-type: none"> <li>Provide each practice a list of the all patients the payers feel would be assigned to the pilot practice. Provide a patient risk score of each patient based on the payer's risk stratification process. The payer will give the practice details on how this risk score was calculated.</li> <li>Provide the count of members (and member months) attributed to PCMHs.</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> [TBD]	<b>End:</b> [TBD]
<b>Milestones</b>	<b>Event</b> <ul style="list-style-type: none"> <li>Pre-testing phase reporting</li> <li>Year 1</li> <li>Year 2</li> <li>Year 3</li> <li>Year 4</li> </ul>	<b>Target date</b> <ul style="list-style-type: none"> <li>10/31/2015</li> <li>1/31/2016</li> <li>1/31/2017</li> <li>1/31/2018</li> <li>1/31/2019</li> </ul>
<b>Deliverable 4</b>	<b>Result, product, or service</b> <ul style="list-style-type: none"> <li>Summarized financial results.</li> </ul>	Provide summarized financial information to track progress in reducing overall healthcare costs.
<b>Est. Timeframe</b>	<b>Start:</b> 7/8/2015	<b>End:</b> 1/31/2019
<b>Milestones</b>	<b>Event</b> <ul style="list-style-type: none"> <li>[TBD]</li> <li></li> <li></li> </ul>	<b>Target date</b> <ul style="list-style-type: none"> <li>[TBD]</li> <li></li> <li></li> </ul>

**Project Risks, Assumptions, and Dependencies**

<b>Risk Identification</b>	<b>Event</b>	<b>H – M – L</b>	<b>Potential Mitigation</b>	<b>Potential Contingency</b>
	<ul style="list-style-type: none"> <li>Practices fail to achieve a high enough level of beneficiary attribution to justify risk-based compensation from each payer.</li> <li></li> </ul>	H	[TBD]	Higher level of quality-based incentives but not moving away from FFS as the primary payment.
<b>Assumptions</b>	<ul style="list-style-type: none"> <li>[TBD]</li> </ul>			
<b>Dependencies and Constraints</b>	<ul style="list-style-type: none"> <li>[TBD]</li> </ul>			

### Project Reporting and Scope Changes

Changes to scope must be approved by the IHC after review by SHIP team.

### Version Information

Author	Date	MM/DD/YYYY
Reviewer	Date	MM/DD/YYYY

### Charter Approval Signatures

Approval by the Workgroup on: \_\_\_\_\_.

### Final Acceptance:

Name /Signature	Title	Date	Approved Via Email
	Chair	MM/DD/YYYY	<input type="checkbox"/>
	Co-Chair	MM/DD/YYYY	<input type="checkbox"/>
	SHIP Administrator	MM/DD/YYYY	<input type="checkbox"/>
	Mercer Lead	MM/DD/YYYY	<input type="checkbox"/>

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