



PROJECT CHARTER

Multi-Payer Workgroup

Version 3.0 – October 2015

Workgroup Summary

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

Business Alignment

Business Need	<ul style="list-style-type: none"> 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.
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Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
1	<ul style="list-style-type: none"> Over 80% of payments to providers from all payers are in fee-for-service alternatives that link payment to value. 	<ul style="list-style-type: none"> Methods of payment that incent outcomes versus volume. 	<ul style="list-style-type: none"> Identify methods for contracting with entities including PCMH practice sites that transition to outcome-based payment.
2	<ul style="list-style-type: none"> Payers contract with entities that include PCMH practice sites to receive alternative (non-volume based) reimbursements. 	<ul style="list-style-type: none"> A count of contracts between payers and entities including PCMH practice sites transitioning towards outcome-based payments. 	<ul style="list-style-type: none"> Collect information from payers and report to IDHW/IHC the number entities that include PCMH practice sites with contracts. The payers will report counts of providers compensated based on value rather than volume.

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Success Measures	SHIP Desired Outcomes	Measurement	Workgroup's Role
3	<ul style="list-style-type: none"> Beneficiaries are attributed for purposes of alternative reimbursement payments. 	<ul style="list-style-type: none"> The number of beneficiaries attributed for varying levels of alternative reimbursement payments. 	<ul style="list-style-type: none"> Collect information from payers and report to IDHW/IHC the number of beneficiaries for whom non-FFS reimbursement is paid.
4	<ul style="list-style-type: none"> Reduction in overall healthcare costs. 	<ul style="list-style-type: none"> Medical expenses before and during the model testing period. 	<ul style="list-style-type: none"> Provide summarized financial results.

Planned Scope

Deliverable 1	Result, Product, or Service Payer transformation summary.	Description Summary of transformation by payers and payment methods included in contracts with entities that include PCMHs.
Est. Timeframe	Start: 7/8/2015	End: 8/12/2015
Milestones	Event <ul style="list-style-type: none"> 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. Approval of final payer transformation summary. 	Target Date <ul style="list-style-type: none"> 7/31/2015 8/12/2015
Deliverable 2	Result, Product or Service Report on the number of PCMHs with contracts.	Description Provide the count of entities that include PCMHs with whom each payer has contracted using alternative reimbursement strategies based on value.
Est. Timeframe	Start: 10/31/2015	End: 1/31/2019
Milestones	Event <ul style="list-style-type: none"> Pre-Testing Phase Reporting. Year 1. Year 2. Year 3. 	Target Date <ul style="list-style-type: none"> 10/31/2015 1/31/2017 1/31/2018 1/31/2019
Deliverable 3	Result, Product or Service Member attribution.	Description Provide the count of members (and member months) for whom value-based compensation is paid.
Est. Timeframe	Start: 10/31/2015	End: 1/31/2019
Milestones	Event <ul style="list-style-type: none"> Pre-testing phase reporting. 	Target Date <ul style="list-style-type: none"> 10/31/2015

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	<ul style="list-style-type: none"> Year 1. Year 2. Year 3. 	<ul style="list-style-type: none"> 1/31/2017 1/31/2018 1/31/2019
Deliverable 4	<p>Result, Product or Service</p> <p>Summarized financial results.</p>	<p>Description</p> <p>Provide summarized financial information to track progress in reducing overall healthcare costs.</p>
Est. Timeframe	Start: 7/8/2015	End: 1/31/2019
Milestones	<p>Event</p> <ul style="list-style-type: none"> Data request delivered to payers. Initial data received from payers. Cost savings assumptions developed. Initial report on financial savings projection. Model Test year 1 data request. Test year 1 data received from payers. Test year 1 comparison to financial savings projection report. Model Test year 2 data request. Test year 2 data received from payers. Test year 2 comparison to financial savings projection report. Model Test year 3 data request. Test year 3 data received from payers. Test year 3 comparison to financial savings projection report. 	<p>Target Date</p> <ul style="list-style-type: none"> 7/17/2015 10/5/2015 11/2/2015 1/1/2016 1/31/2017 3/31/2017 4/30/2017 1/31/2018 3/31/2018 4/30/2018 1/31/2019 3/31/2019 4/30/2019

Project Risks, Assumptions, and Dependencies

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

Project Reporting and Scope Changes

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

Version Information

Author	Scott Banken	Date	09/18/2015
Reviewer	Cynthia York	Date	09/18/2015

Charter Approval Signatures

Date Approved by the Workgroup: 10/09/2015

Final Acceptance

Name /Signature	Title	Date	Approved Via Email
Jeff Crouch	Chair	10/05/2015	<input checked="" type="checkbox"/>
David Peterman	Co-Chair	09/25/2015	<input checked="" type="checkbox"/>
Cynthia York	SHIP Administrator	10/05/2015	<input checked="" type="checkbox"/>
Scott Banken	Mercer Lead	10/09/2015	<input checked="" type="checkbox"/>