Approved by ICNF Board 7/7/2020
Updated 8/19/2020

Integrated Care Network of Florida (ICNF)
Clinical Operations Committee Charter

Committee purpose and scope

The ICNF Clinical Operations Committee reports to the Board of the ICNF and is responsible for evaluating and modifying the clinical and operations models that support the overall goals of the ICNF. Using the framework of the quadruple aim of care (client experience; quality; cost; and provider team satisfaction), the Clinical Operations Committee will work to ensure there is a network of behavioral health services that meet identified quality standards, monitor and review data. Recommend strategies to maintain and improve performance that supports ICNF contracts. It will monitor the features that all network providers will commit to as standard approach, and those that are adaptable by each organization. The Clinical Operations Committee will provide oversight for shared clinical workflows, clinical guidelines, and ICNF pilot or shared clinical programs and will report performance to the ICNF Board. The Clinical Operations Committee will work with ICNF leadership and the Management Service Organization (MSO) to evaluate the quality of information shared between the ICNF, MSO and ICNF provider organizations. ICNF's Chief Clinical Officer (CCO) will staff the Committee and designated MSO staff will participate in Clinical Operations Committee meetings. On an ongoing basis, the Committee will be responsible for monitoring clinical and quality performance for Value Based Payment arrangements and report trends to the ICNF Board recommending changes to operational practices as indicated.

Membership

1. The Clinical Operations Committee will be comprised of up to 12 appointed members from ICNF owner organizations and Centene. Members must have the operational and clinical experience needed to meet the outlined responsibilities, deliverables and actions related to the requirements listed below.
2. Designated staff from the MSO will participate.
3. Centene staff may designate a representative to participate.
4. The Clinical Operations Committee will include an appointed provider who holds a clinical PhD, PsyD, or MD unless the CCO meets this requirement.
5. The Committee will have co-chairs, one provider owner and one from Centene; at least one co-chair will be a member of the ICNF Board.
6. ICNF staff will support the Committee by coordinating meetings, taking minutes and providing overall staffing functions for the Committee.

Time commitment and schedule of meetings

The Clinical Operations Committee recommended to meet monthly and expected to meet no less than quarterly. Committee members are expected to attend seventy-five percent (75%) of meetings on an annual basis whether designated as an in-person, teleconference, or web-based meeting. Failure to meet participation requirements may result in removal from the Committee. When allowed, participating by teleconference is deemed acceptable as long as all persons participating in the meeting can speak to and hear each other and each member can participate in all matters before the Committee, including the ability to propose, object to, and vote upon a specific action to be taken by the Committee.

At all meetings, a majority of the voting power of the committee shall constitute a quorum for the transaction of business, and the vote of an absolute majority of the voting power of the committee present at any meeting at which there is a quorum shall be the act of the committee. If a quorum is not reached at a specific meeting, votes may take place electronically.

In the event a committee member cannot attend a committee meeting in person, a Designated Alternate may attend. Each committee member is required to keep the committee member's Designated Alternate informed about committee issues.

Responsibilities, deliverables and actions

1. The Clinical Operations Committee reports to the ICNF Board, Committee authority is to be determined by the ICNF Board (TBD)
2. Provide input and monitor clinical scope contracted by payers (e.g. contracted MMA), the ICNF, and ICNF provider organizations and recommend standard approaches to be adopted by ICNF provider organizations such as:
    a. Clinical workflows, guidelines and protocols
    b. Tools to support care, such as assessments, and care/treatment plans
    c. Measures of clinical and performance outcomes
3. Provide guidance on the development and implementation of shared ICNF clinical programs and pilots under the direction and guidance of the ICNF Board
    a. Identify opportunities to leverage the strength of ICNF
    b. Review protocols that have been developed to implement and measure the success of the pilots
4. Recommend and modify the ICNF Attribution Methodology in conjunction with ICNF Finance Committee as necessary to ensure it identifies the appropriate populations
    a. Recommend to the ICNF Board populations to be served by ICNF
    b. Review methodology to determine if methodology requires updating for purposes of accuracy, identification of priority populations, etc.
5. Recommend and modify the ICNF Assignment Methodology as necessary to ensure it assigns appropriate clients and populations from the ICNF attributed members to the appropriate ICNF provider organizations
    a. Review assignment methodology to determine if methodology requires updating for purposes of equity and ensuring access to services meets ICNF accessibility standards among ICNF provider organizations
6. Monitor and review all items in this charter against any federal, state or accrediting requirements.
7. Monitor applicable state initiatives and identify opportunities related to Federal Waivers, State Plan Amendments and other state opportunities, legislative and policy initiatives
8. Identify any new tasks directed by the ICNF Board that the Clinical Operations Committee needs to address
9. Through review of data and reports, identify tasks the Clinical Operations Committee should address. As appropriate, communicate these to ICNF Board for confirmation whether to address and complete
10. Quality Improvement (QI) Activities[i] include:

a. Approve the ICNF QI Program Description and QI Work Plan. Review the ICNF QI Program Description and QI Work Plan at minimum on an annual basis and provide approval of suggested edits and changes.
    i. The ICNF QI Program Description and Work Plan, policies, processes, and supports includes monitoring for quality metrics and performance improvement. See ICNF Performance and Accountability Plan for processes for analyzing performance and implementing corrective action, as applicable.
    ii. Provide input, suggested edits, and approval of the annual QI program evaluation prior to submission to the Health Plan.
b. Analyze and evaluate results of QI activities, recommend policy decisions, institute needed actions, and ensure follow-up as appropriate.
c. Recommend and review defined ICNF quality and performance measures
d. Review ICNF metrics and performance reports for ICNF and ICNF provider organizations. Metrics and reports include payer contract metrics and performance requirements as well as ICNF approved metrics and performance objectives
e. Review and provide recommended training, quality improvement processes and input regarding quality, grievance and appeals, and critical incident performance and processes
f. Review payer identified ICNF Attributed Member complaints, grievance or appeal requests, adverse or critical event, or quality of care concerns occurring at an ICNF provider organization and make recommendations for ICNF improvements based on review (note these processes are not delegated to the ICNF)
g. Continuously monitor access to services and capacity across ICNF provider organizations
    i. Monitor and update the service inventory, mapping locations, and types of services offered by network providers, identifying capacity and gaps
    ii. Survey and update ICNF provider organizations and create a database and map of service types and locations
    iii. Classify the services on a spectrum of high capacity to gap/void given geographic need
    iv. Inventory ancillary services and provider organizations that will be critical to the success of the ICNF clinical model, e.g. inpatient services, pharmacy, physical health
h. Review ICNF generated reports and data and recommend improvement to ensure that clinical and utilization data meet the needs of the ICNF provider organizations
i. Review and revise as indicated a systematic approach for risk stratification and case management activities of ICNF Member populations
j. Review and provide recommendations to required payer QI reports. Use findings and trends to revise ICNF QI Work Plan

11. Utilization Management Monitoring (UMM) Activities[ii] include
    a. Provide oversight for the ICNF Utilization Management Monitoring strategy, focusing on the monitoring of outpatient behavioral health services and the pattern of utilization by ICNF provider organizations, identify trends, and guide education, outreach, and support to ICNF provider organizations or members, as appropriate, based on identified trends.
        i. Review the UMM Program Description at minimum on an annual basis; provide suggested edits and changes.

        ii. Review results of UMM Program, provide input, suggested edits, and approval of the annual UMM Program Evaluation prior to annual delivery to Health Plan.
        iii. Review annual UMM Work Plan and provide suggested edits and changes to guide the operational focus for the upcoming year, prior to delivery to Health Plan for review.
    b. Track and analyze utilization and cost of in scope services for ICNF attributed members.
    c. Identify best practice operational models that optimize service utilization and promote these models to ICNF provider organizations as appropriate.
    d. Guide improvements to member outreach and engagement strategies to improve utilization outcomes for attributed members.
    e. Promote communication and outreach to ICNF providers to maximize the efficiency of service utilization for attributed members.
    f. Review and make recommendations for optimization of defined cost and utilization measure results and reports for ICNF and ICNF provider organizations.
    g. Ensure that a behavioral health licensed clinician will be part of the committee to oversee the tracking and monitoring of utilization patterns and reports.
12. Credentialing Activities[iii] include
    a. Approve, suggest improvements and recommend revisions to ICNF credentialing and recredentialing policies and procedures
        i. Review credentialing and re-credentialing policies and procedures at least on an annual basis, provide approval of suggested edits and changes
    b. Review reports and trends regarding the ICNF credentialing processes and performance
        i. Include suggested recommendations into credential policy and process updates

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[i] Quality Improvement is the process of monitoring that the delivery of behavioral healthcare is available, accessible, timely and medically necessary. Continual effort to improve the quality of services produced by the ICNF should be evidenced across all processes.

[ii] Traditional Utilization Management (UM) involves systematically reviewing and controlling the use of services to optimize efficiency and appropriateness of care. It can be accomplished through activities such as prior authorization, concurrent review, chart/retrospective review, discharge planning, and appeals and grievances. UM aims, at a high level, to determine who is using services, what services are being used, how much of a certain service is being used, the cost of services being used; and the impact of the services on those using them. Formal Utilization Management functions and responsibilities are not delegated to ICNF; however, the monitoring of utilization is a specific contractual requirement for ICNF.

[iii] Credentialing and re-credentialing are processes to monitor ICNF providers and identified staff to ensure compliance with regulatory standards.