Glossary of Common Terms

Term	Definition
Key Terms	
Assignment	Once a member is attributed to the ICNF, the ICNF assigns each member to one participating ICNF provider organization who is responsible for the clinical oversight of that member.
Attribution	The process to designate a group of health plan members to the ICNF for whom they will have accountability. Members are *attributed* to the ICNF based on claims history utilization at participating ICNF provider organizations and based on claims that support behavioral health utilization. The ICNF will receive a per member per month (PMPM) payment from the health plan to manage these members which categorizes this group as "risk based."
Behavioral Health Partners of Florida (BHPF)	Behavioral Health Partners of Florida, LLC (BHPF) is a limited liability company owned by behavioral health organizations who have chosen to invest in the ICNF.
De-attribution	Members will be de-attributed from ICNF for the following reasons: 1) At four months without receipt of any behavioral health outpatient service; 2) when a member's use of behavioral health outpatient services no longer meets the 40% threshold of services with an ICNF provider organization; or 3) a member is disenrolled from Sunshine Health.
ICNF Provider Organizations	All provider organizations contracted with ICNF who comprise its network (ICNF provider owners and ICNF contracted providers).
ICNF Provider Owner	An IPA provider that has entered into a binding contract for services and is an investor in the IPA.
ICNF Contracted Provider	An IPA provider that has entered into a binding contract to provide services to Attributed Members of the IPA that is not an owner or investor in the IPA.
Independent Practice Association (IPA)	A network of providers who agree to participate in an association to contract with managed care plans. Although providers maintain ownership of their practices and administer their own offices, the IPA serves as a corporate structure for negotiating and administering managed care contracts for its members.
Integrated Care Network of Florida (ICNF)	The Integrated Care Network of Florida, LLC (ICNF) is a limited liability company (LLC) owned by Behavioral Health Partners of Florida, LLC and a subsidiary of Centene Corporation. The ICNF is 50% owned by the Behavioral Health Partners of Florida and 50% owned by a subsidiary of Centene Corporation. The partners share a commitment to helping individuals with serious behavioral health disorders, which are often coupled with complex social disadvantages, to lead lives that are independent and fulfilling. Together the partners agree to participate in an independent practice association (IPA).
Managed Services Organization (MSO)	An organization that performs non-clinical, administrative support services to groups of providers such as access to data and reporting, population health analytics, claims processing, provider education, performance measurement and call center services. Envolve Health is the MSO with which ICNF will contract for these services.
Reassignment	Process through which an ICNF member's assignment changes from one ICNF provider organization to another. Member assignment will change when the

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	services a member receives triggers the assignment protocol. However, if a referral for all services is made from one ICNF provider organization to another or an ICNF provider organization believes reassignment is necessary, the assigned ICNF provider organization can contact the ICNF to request the member be reassigned.
Value-Based Payment Terms	
Capitation	Payment of a set amount of money for every attributed member every month (per member per month/PMPM); capitated payments are a fixed amount and require providing services within that fixed budget regardless of actual costs required to provide the total services. (Given ICNF is being contracted for outpatient behavioral health services only this arrangement may be referred to as a sub-capitation.)
Fee for service (FFS) with upside risk only	Claims are paid on a FFS basis; bonus incentive payments earned are included in the contract in addition to FFS.
Pay for Performance (P4P)	Provider organizations are rewarded for meeting certain quality targets. The targets are often a combination of utilization, outcome, and process measures.
Per Member Per Month (PMPM) payment	A set amount of money paid each month to a provider, health system or payer to cover the cost of all contractually agreed-upon services provided to a member.
Total Cost of Care (TCOC)	Total cost refers to the aggregated cost of all services for a specific population over the course of a specific time period. For ICNF, this would be the cost for all members attributed to them by an MMA. Often abbreviated TCOC (Total Cost of Care), is a common metric used to determine cost trends in populations.
Care Management Terms	
Care management	Care management programs apply systems, science, incentives, and information to improve medical practice and assist consumers and their support system to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively. The goal of care management is to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services. This is the term that ICNF will be using for ICNF-delegated care coordination activities (as described in the ICNF Care Management Workflow for Complex Clients, ICNF Care Management Workflow for Non-Complex Clients, etc.)
Health Risk Assessment (HRA)	A comprehensive questionnaire used to evaluate the health status of an individual, estimate his or her health risks, and inform and provide feedback for clients to motivate behavior change intended to reduce health risks. Questions address demographic characteristics, lifestyle, personal and family medical history, physiological data, social and emotional factors, and attitudes and willingness to change behavior to improve health.
Health Risk Screening (HRS)	A questionnaire, shorter than the health risk assessment, that is designed to identify diseases or health conditions and help direct clients to more comprehensive assessments, clinical evaluation, and treatment as necessary.
Integrated care	The systemic coordination of behavioral health care with physical health care.
Mental Health Targeted Case Management (TCM) – billable service	Provides case management to adults with a serious mental illness and children with a serious emotional disturbance to assist them in gaining access to needed medical, social, educational, and other services. The billable service codes specific to TCM can be found in the ICNF Provider Manual.

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Population Health	The health outcomes of a group of individuals, including the distribution of such outcomes; includes the range of personal, social, economic, and environmental factors that influence the distribution of health outcomes, and the policies and interventions that affect those factors.
Population Health Management	A data-driven healthcare delivery model that provides individualized care plans to populations based on health risks and conditions. Population Health Management uses data aggregation, risk stratification, and analytics to design and monitor the effectiveness of treatments and interventions tailored to individual health profiles. A Population Health Management model requires functional integration to deliver coordinated care, clinical integration of providers, and advanced health informatics capabilities to risk stratify and manage the population for quality outcomes.
Risk Stratification	A standardized process for determining all the clients in your population that fall into low, moderate and high levels of risk. MMAs use a standard algorithm and probability logic (often proprietary) to assign risk levels to members. Algorithms are run regularly (usually monthly or quarterly) and updated results may determine changes in clinical care. Algorithms may differ among MMAs but generally individuals who are categorized as "high" risk have multiple chronic conditions and high utilization; moderate risk individuals have multiple chronic conditions or are determined to be at risk of moving to the high category. Low risk individuals require minimal interventions and receive support to ensure they do not move up the risk hierarchy.
Social Determinants of Health (SDOH)	Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Sunshine Case Management Program	The mission of Sunshine Health's Case Management program is to: • Assist members by facilitating timely receipt of appropriate services in the most appropriate setting • Assist members in achieving optimum health, functional capability and quality of life through improved management of their disease or condition • Assist members in determining and accessing available benefits and resources • Maximize benefits and resources through oversight and cost-effective utilization management • Work collaboratively with members, family and significant others, providers, and community organizations to develop goals and assist members in achieving those goals Sunshine Care Managers (CMs) are designated staff members that support the Sunshine Case Management program. ICNF Attributed Members who are complex will be assigned a Sunshine Care Manager. Sunshine case management resources and assistance can be requested for non-complex members.
Treatment plan	A written document that include a client's personal information, the diagnosis(es), a general outline of the treatment prescribed, and documentation to measure the client's progress as they move through treatment.
Health Information Technology Terms	
ADT notification	Real-time, electronic message that is generated when an attributed member is Admitted, Discharged or Transferred to/from a hospital inpatient setting or emergency department.

Term	Definition
Certified EHR	Certified means EHR software that has been tested and certified under the federal Office of the National Coordinator (ONC) Health IT Certification program.
IT Integration	A direct connection/electronic interface between a provider electronic health record system and the ICNF population health management platform, HealthEC, that enables automated transmissions of data from one system to the other.
Member portal	A website that provides specific and customized information to managed care plan members about their benefits, how to access services, network providers and other information to assist them with using their benefits effectively.
Population Health Platform	A technology solution that enables users to view and manipulate multiple types of data, from multiple sources, for their whole population of members, as well as subsets of that population based on health risks and conditions. HealthEC is the population health management platform that ICNF will use through its contract with Envolve Health.
Provider portal	A website that will provide information in structured reports, such as rosters of attributed members, client eligibility, and claims data, to the ICNF and its owners and network providers.
Quality Management Terms	
Access	Appointment availability for individual clients to complete needed intakes and assessments required to determine treatment needs.
Capacity	Staff and service availability for ongoing treatment determined necessary based on client assessment and treatment plan. Capacity implies the ability to add or decrease staff to ensure enough people to serve all individuals referred to the organization.
HEDIS (Healthcare Effectiveness Data and Information Set)	A nationally used set of performance measures, developed and maintained by the National Committee for Quality Assurance (NCQA), to measure health plan performance and compare it with other plans using regional or national benchmarks.
NCQA (National Committee for Quality Assurance)	A national, non-profit organization that promotes quality and quality improvement in healthcare. It offers accreditation programs for health plans, individual providers and provider groups using evidence-based standard sets of performance measures and nationally- and regionally- based benchmarks.
NQF (National Quality Forum)	A membership organization that promotes quality improvement in healthcare by endorsing quality measures developed by other entities such as NCQA and convening industry stakeholders to promote consensus on performance measures.
Florida-Specific Terms	
Baker Act	The Florida Mental Health Act of 1971 (Florida Statute 394.451-394.47891 [2009 rev.]), commonly known as the "Baker Act," allows the involuntary institutionalization and examination of an individual. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment), which can be initiated by judges, law enforcement officials, physicians, or mental health professionals. There must be evidence that the person: possibly has a mental illness and/or is in danger of becoming a harm to self, harm to others, or is self-neglectful. Both of these are defined in the Baker Act. 72 hours is the upper limit on how long an examination may be without a court order.

Term	Definition
Community Based Care (CBC) Lead Agency	Entity authorized by the FL Department of Children and Families to plan, coordinate, and contract with providers for provision of supports and services for children and families covered by child welfare programs.
Managed Medical Assistance (MMA)	Medicaid managed care plans in Florida are called MMA plans and offer expanded benefits beyond those covered by the traditional fee-for-service Medicaid program.
Managing Entities	The Florida Department of Children and Families (DCF) is responsible for planning, managing, and evaluating a statewide program of mental health services and supports, including community programs, crisis services, state residential treatment facilities, and children's mental health services. DCF contracts for some behavioral health services through regional systems of care called Managing Entities (MEs). These entities do not provide direct services; rather, they allow the department's funding to be tailored to the specific behavioral health needs in the various regions of the State that are provided by Community Mental Health Centers. People who need services get them by going to those providers directly - the state mental health program offices and MEs do not provide services.
Marchman Act	The Marchman Act, officially the "Hal S. Marchman Alcohol and Other Drug Services Act of 1993", is a Florida law that provides a means of involuntary and voluntary assessment and stabilization and treatment of a person allegedly abusing alcohol or drugs. The involuntary assessment and treatment has two categories - non-court and court involved admissions. Most Marchman Act programs are open door, voluntary programs. The only thing holding a patient in a facility is a court order. The criteria for involuntary admission is: "There is good faith reason to believe the person is substance abuse impaired and, because of such impairment: 1. Has lost the power of self-control with respect to substance use; AND EITHER 2.a. Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; ***OR*** 2.b. Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.