

ICNF Guidance Regarding Clients Not Attributed to ICNF or Assigned to an ICNF Provider Organization

Why attribution is important to the ICNF, ICNF provider organizations, and clients

- Each member attributed to the ICNF drives capitation payments to the ICNF and associated performance metrics incentives resulting in increased revenue to the ICNF and ICNF provider organizations.
- Attributed members trigger the flow of claims (behavioral and medical) and other pertinent clinical data to the ICNF that becomes available through HealthEC to the ICNF and ICNF provider organizations that support improved client management and clinical care.
- Once attributed and assigned, additional resources can be made available to the ICNF provider organization, e.g. routine access to MMA care managers through Weekly Collaborative Rounds, ICNF billable codes, and revenue.
- Increased access to comprehensive care offered by the ICNF to not yet attributed/assigned clients will improve continuity of care resulting in improved health outcomes for the client
- Once a client is assigned to an ICNF provider organization, the client will receive additional services and supports that may result in improved health outcomes, e.g. ICNF care management, outreach and engagement services, improved referrals, and follow up.

Identifying potential clients not yet attributed to ICNF

- 1) ICNF provider organizations should review current clients served that have insurance coverage from an MMA that ICNF is currently contracted with who are not yet on their assignment list (e.g. identify MMA beneficiaries open in their EHR who are not currently assigned to them)
 - a. Providers should submit claims on a timely basis (within 30 days of each billable service is suggested). Timely submission of claims ensures that members are attributed to the ICNF as soon as they meet the attribution logic (e.g., 40% or more of outpatient BH claims with an ICNF provider organization).
 - b. If ICNF provider organization determines client is not attributed to ICNF, clinician review is indicated. Review existing treatment plan, level of care included, and determine if client is currently engaged in clinical services being offered and service pattern utilization.
 - c. If clinician determines the client is not receiving the services that would best benefit them, consider initiating a treatment plan update, follow organization or ICNF Outreach and Engagement Protocol if indicated, and determine how the client can best receive and become engaged in the services they need.
 - i. **Please note:** *ICNF Outreach and Engagement billing codes and any revenue ICNF offers can only be used for assigned clients. Use of these codes are not included in the ICNF attribution logic as they are not part of outpatient Medicaid taxonomy.*
 - d. ICNF provider organizations should internally review and/or monitor claim submissions for these clients to ensure they are being processed appropriately as claim rejections and/or denials could cause clients to be missed in ICNF attribution logic. If a problem is identified, the ICNF provider organization should work to resolve the claims issues with Envolve as appropriate.

- 2) Flag ICNF members who have insurance coverage from a plan that ICNF contracts with who are not yet assigned who arrive through provider intake. Orient intake clinicians regarding potential opportunities ICNF can offer once clients are assigned and align treatment recommendations as appropriate. Referring to a program that has the capability to outreach and maintain clinical effort over time is critical so that the client is successfully engaged in care. Consider a referral to another ICNF provider if they offer the needed services the ICNF provider organization conducting the intake does not. Attribution to the ICNF should be a priority rather than considering assignment to a specific ICNF provider organization.
- 3) Co-location of services can help identify new ICNF members. Consider where in the community potential ICNF members present for services in volume e.g. emergency departments, hospital inpatient units, jails, FQHCs, schools, or community-based care agencies for foster care. Once clients are identified, engage them into appropriate services at your organization, or refer to another ICNF provider organization as needed.
- 4) Ensure ICNF provider organizations and community providers that perform mobile crisis response, CSU, or inpatient services are aware of access to care ICNF provider organizations offer. Develop pathways between programs and organizations that allow for timely connection between crisis and inpatient services and ICNF provider outpatient services. Engagement during a critical time in treatment and ensuring a smooth transition between levels of care are strong indicators of ongoing engagement in services.