

ICNF Performance and Accountability Framework

This framework offers possible activities that ICNF could use to manage performance in relationship to quality metrics (Pay for Performance incentive metrics). The success of ICNF relies on the ability of ICNF provider organizations to deliver on agreed upon metrics the ICNF contracts with health plans to achieve. The more ICNF is able to expand access to high-quality and effective services while improving health outcomes, and reduce total cost of care, the more opportunities ICNF will have to secure payer contracts and drive revenue to the ICNF. To help meet these goals, ICNF will offer performance incentives to provider organizations that are able to demonstrate quality by achieving performance expectations established by the ICNF Board.

Purpose

ICNF will strive to achieve specific performance metrics in contracts with health plans. In addition, ICNF may choose to establish performance standards that will demonstrate both the provider and ICNF's ability to deliver quality services to clients in a cost-effective manner. This Performance and Accountability (P&A) Framework is intended to support the design and implementation of the Quality Improvement (QI) and Utilization Management (UM) programs, identify roles and responsibilities, and create a scalable, sustainable methodology for ongoing performance monitoring, improvement processes, and structures that will allow ICNF to incentivize and reward performance. The purpose of these ICNF programs is not to replicate ICNF provider organizations' existing quality management or utilization management processes. The goal is to provide ICNF leadership, ICNF provider organization staff, and Envolve with a transparent framework for how performance and accountability within the ICNF could be measured, monitored, and rewarded. Goals for the P&A Framework include:

- a) Establish ICNF provider organization performance expectations and align them with ICNF upstream payer performance measures and standards.
- b) Establish measurable outcomes and reports that demonstrate the value proposition of ICNF.
- c) Identify best practices across the ICNF and disseminate to support performance across the network.
- d) Identify and develop performance initiatives across ICNF to drive continuous improvement in quality and performance.
- e) Identify root causes of non-performance and provide support to ICNF and ICNF provider organizations where needed.

Performance & Accountability Roles and Responsibilities

ICNF Board

- Establish ICNF performance metrics, definitions, and baseline expectations.
- Approve provider contracts that reward ICNF provider organizations for their ability to meet or exceed ICNF metric goals and expectations.
- Review reports and recommendations provided by Clinical Operations and Finance Committees as a standing agenda item (committees staffed by ICNF leadership).
- Approve actions directed to Clinical Operations and Finance Committees.
- Direct needed supports to ICNF provider organizations who may not be adequately performing based on ICNF contract/performance expectations. If needed, approve plan(s) to issue

performance improvement actions and ensure that performance improvement is initiated and completed in a manner that is transparent, objective, and consistent across ICNF provider organizations.

ICNF Leadership

- The ICNF Chief Clinical Officer (CCO) will staff the Clinical Operations Committee that provides oversight for the P&A Framework (see Clinical Operations Committee charter)
- The ICNF Chief Financial Officer (CFO) will staff the Finance Committee (see Finance Committee charter)
- Design and provide P&A oversight and performance improvement support/technical assistance at the direction of the ICNF Board

ICNF Clinical Operations Committee (see Clinical Operations Committee charter)

- Recommend and revise when needed ICNF metrics, reports, and dashboards to the ICNF Board for approval
- Recommend baseline performance expectations and acceptable variances to ICNF Board for approval
- Review monthly performance results by ICNF network and ICNF provider organizations
- Identify and provide evidenced-based practices and guidelines that increase ICNF provider organizations' ability to earn incentives based on their performance
- Recommend monitoring actions, consultation, technical assistance and performance improvement actions as results and performance trends indicate are needed to ICNF Board and ICNF Chief Executive Officer (CEO)
- Review monitoring reports/results of any action instituted to improve performance on a monthly basis and determine if further action is deemed necessary
 - If no further action is warranted, recommendation provided to ICNF Board that issues have been resolved
 - If further action is indicated, recommendation provided to CEO and if warranted, brought to ICNF Board

ICNF Finance Committee

- Review ICNF reports or dashboards as applicable (see Finance Committee charter)
- Provide input to the Clinical Operations Committee and ICNF Board regarding results, opportunities for improvement, etc.
- Respond to actions requested by the CEO and ICNF Board taking into consideration the impact and intersection of clinical and financial metrics in total

Engolve (as contracted by ICNF)

- Produce performance reports and dashboards in a timely manner based on contractual agreements held by ICNF, input from ICNF committees, and approved by the ICNF Board
- Provide, document, and track monitoring activities and consultation/training/technical assistance as authorized by the ICNF Board, Clinical Operations, and Finance Committees

ICNF Provider Organizations

- Identify point of contact to work with ICNF CCO and Engolve
- Provide data and respond to requests for information

- Participate in monitoring activities, consultation, training, and technical assistance as requested

Process for Monitoring and Accountability for ICNF Provider Organizations

ICNF will follow a continuous quality improvement process intended to support successful performance and hold provider organizations accountable to ICNF contractual expectations. The goal is to provide objective benchmarks (specific baselines and performance expectations to be recommended by Clinical Operations and Finance Committees and approved by the ICNF Board) and possible incentive and improvement actions that could be employed by the ICNF.

Performance expectations for individual ICNF provider organizations may vary based on contract requirements. ICNF may choose to: 1) weight certain metrics to ensure high impact performance expectations are achieved by the ICNF network, and/or 2) group ICNF provider organizations by certain factors which could be used to determine baseline expectations for each performance metric and percent of increase/decrease expected. For example, ICNF provider organizations may be grouped by number of assigned members, which could influence baseline expectations and corresponding incentives based on the grouping assigned. Sample groupings for number of assigned members could be the following:

- 0-100
- 101-500
- 501-1000
- 1001+

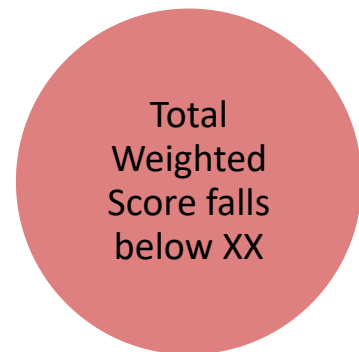
Some ICNF metrics will not be applicable for all providers and/or some providers may have a smaller number of assigned members who are eligible for certain metrics based on the type of provider. For example, providers who only serve adults will not be measured or rewarded for metrics that are focused on children only (e.g. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics), or providers who primarily provide substance abuse services will likely have few, if any, members eligible for the Follow up after Hospitalization for Mental Illness (FUH) metric. In addition, ICNF could choose to weight metrics differently for certain provider organization type if needed to help ICNF be successful with payer contracts. For example, substance abuse only providers may have the Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET) metric more heavily weighted than FUH.

The Provider Participation Agreement (PPA) may be reviewed by ICNF leadership on an annual basis. When needed, amendments will be provided to each ICNF provider organization outlining proposed or updated performance metrics and expectations. (Process for dissemination to be determined by ICNF CEO.) Each PPA will include guidance on frequency of measurement and variance by metric allowed to meet performance expectations (see below). Any variance in performance expectations based on volume (number of assigned members) or provider/service type will be clarified in the ICNF Quality Improvement Plan that is approved by the ICNF Board and included in the ICNF reference materials (provider manual).

Performance Categories and Corresponding ICNF Actions

Each ICNF provider organization will receive a summary score based on the ICNF provider organization's performance metric set (see sample below) and be classified as:

- 1) Exceeds performance expectations (Total Weighted Score exceeds XX)
- 2) Meets performance expectations (Total Weighted Score falls within XX - XX)
- 3) Below performance expectations (Total Weighted Score falls below XX)



Exceeds performance expectations in the last 6 months (Total Weighted Score exceeds XX)

- Incentives offered based on ICNF contract executed (Incentive payment expected to be based on individual metrics)
- Pre-authorizations or administrative reviews could be minimized
- Pilot and service expansion opportunities may be offered
- New member assignment (preferred provider status) could be offered
- Preferred referral status for ICNF services (ICNF attributed and assigned member requires services that the assigned ICNF organization cannot provide) could be offered

Meets performance expectations in the last 6 months (Total Weighted Score that falls within XX – XX)

- Incentives offered based on ICNF contract executed (Incentive payment expected to be based on individual metrics)
- Pre-authorizations or administrative reviews could be minimized
- Pilot and service expansion opportunities may be offered
- Preferred referral status for ICNF services (ICNF attributed and assigned member requires services that the assigned ICNF organization cannot provide)

Below performance metrics over the last 6 months resulting in a Total Weighted Score that falls within XX – XX

- Consultation and performance measure review
- Root cause analysis conducted to identify opportunities for improvement
- Technical assistance, training, and resources offered
- ICNF provider organization requested to provide a written response and plan to improve performance to Clinical Operations Committee within 30 business days
- 90-day performance measure review completed to determine if improvements have been achieved
- If improvement has not been achieved at the 90-day review, the ICNF Clinical Operations Committee could recommend a Corrective Action Plan (CAP) be issued

- If a corrective action plan (CAP) is issued and expectations are not met within the agreed upon timeframe (as determined by ICNF Clinical Operations Committee and approved by ICNF Board), the ICNF Board could decide to minimize potential impact to ICNF by
 - Stopping new client assignment
 - In extreme circumstances, suspension from the ICNF network may be considered in accordance with contract requirements
 - In the case of suspension: ICNF will issue written notice of suspension that includes detailed criteria to be completed to be considered for reinstatement and any specific timelines, if applicable

SAMPLE for illustration purposes only

Objective	Measure Target	Performance Expectation	Weighting	Weighted Score			
FUH: Follow-up after hospitalization for mental illness (HEDIS-FUH) - 7 days	Achievement in the 80 th percentile, the percentage of discharges for members ≥6 years of age who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge.	<table border="1" style="width: 100%; text-align: center;"> <tr><td style="background-color: #2e5c3e; color: white;">3 = ≥</td></tr> <tr><td style="background-color: #c6e0b4;">2 = ≥80%</td></tr> <tr><td style="background-color: #f4cccc;">1 = <60%</td></tr> </table>	3 = ≥	2 = ≥80%	1 = <60%	x3	
3 = ≥							
2 = ≥80%							
1 = <60%							
Mental Health Readmission Rate (RER) - 30 days	The percentage of all-cause, 30-day re-admissions for patients with a principal discharge diagnosis of a psychiatric disorder.	<table border="1" style="width: 100%; text-align: center;"> <tr><td style="background-color: #2e5c3e; color: white;">3 =</td></tr> <tr><td style="background-color: #c6e0b4;">2 = 15% or lower</td></tr> <tr><td style="background-color: #f4cccc;">1 = ≥26%</td></tr> </table>	3 =	2 = 15% or lower	1 = ≥26%	x2	
3 =							
2 = 15% or lower							
1 = ≥26%							
TOTAL WEIGHTED SCORE							