Integrated Care Network of Florida (ICNF)

Utilization Management Monitoring (UMM) Program Description

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INTRODUCTION

The Integrated Care Network of Florida, LLC (ICNF) is a statewide Independent Practice Association made up of Florida behavioral health providers. The goal of ICNF is to provide person-centered services that expands access to high quality and effective services, improves health outcomes, and reduces the total cost of care. The ICNF is committed to helping individuals with behavioral health disorders, which are often coupled with complex social disadvantages, to lead lives that are independent and fulfilling.

PURPOSE

The Utilization Management Monitoring Program (UMM) defines the structure and processes necessary to monitor and improve the utilization of the clinical care and services that Attributed Members receive by providers in the ICNF network. The Clinical Operations Committee will serve as the committee to monitor utilization reports, analytics, and other information with the goal of improving access to timely, quality and cost-effective services. **Utilization Management is not a currently delegated operational function of ICNF.**

The ICNF UMM Program serves to:

- Objectively and consistently monitor and evaluate the delivery of high quality and cost-effective behavioral health outpatient services;
- Measure and monitor utilization by ICNF provider organizations, identify trends, and provide education and support to ICNF provider organizations for any adverse variations identified; and
- Ensure confidentiality of personal health information.

SCOPE OF ICNF UTILIZATION MANAGEMENT MONITORING PROGRAM AND OPERATIONS

The ICNF UMM Program includes the utilization of services provided to Attributed Members and scope of services as payers contract with the ICNF. The scope of the UMM Program is comprehensive and addresses both the quality and safety of clinical care and quality of behavioral health services provided to members according to contractually covered benefits. The UMM Program is comprised of three key elements: UMM Program Description, annual UMM Work Plan, and annual UMM Work Plan Evaluation. The scope of the UMM Program includes the following:

- The populations and the types of services that are provided to Attributed Members.
- The scope of the UMM Program (detailed in subsequent sections) which includes:
    - Identification of priorities and goals for the UMM Program that aligns with regulators, payers, providers and member/family needs;
    - Use of data, information and reports to inform decisions and actions based on utilization trends and outliers as needed to improve care, efficiency, effectiveness, etc.;
    - Focus on health equity including what will be reviewed to understand potential treatment disparities and improve provider performance related to these areas;

- Structure and role of the Clinical Operations Committee to meet the UMM Program needs of ICNF and provide recommendations to the Board;
- Process and timeline for review and updates to the UMM Program Description, UMM Work Plan and a UMM Program Evaluation – all of which demonstrate a systematic process for administering the oversight and monitoring of utilization;
- Review of performance based on available data, including utilization input (claims, notifications) and related data elements (socio-economic, geographic), communication, and proposed actions to be taken as needed.

PRIORITIES AND GOALS

ICNF's UMM Program exists to proactively provide the structure and process to support monitoring and targeted improvement in services provided to the members it serves. Utilization monitoring efforts support ICNF priorities, goals, and desired outcomes. "Appropriate utilization" of services will be continuously determined as utilization and trend data is collected, assessed, and evaluated in the context of ICNF priorities, goals, and target outcomes.

Priorities include:

- Ensuring access to timely, quality and high-value care;
- Evaluating attributed members level of engagement with ICNF providers based on utilization of services;
- Identifying utilization trends including under and over utilization of services with a focus on improving health outcomes and coordinating population health initiatives;
- Proactively assessing trends that impact total cost of care outcomes; and
- Provider support for ensuring appropriate utilization of services.

CONFIDENTIALITY

Confidential information is defined as any data or information that can directly or indirectly identify a member or provider. ICNF and all ICNF provider organizations comply with the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and all applicable federal and state privacy laws. The ICNF Clinical Operations Committee has the responsibility to review quality of care and resource utilization. The ICNF Clinical Operations Committee conduct such proceedings in accordance with ICNF's policies and applicable federal and state statutes and regulations.

Confidential quality findings are accessible only to the following individuals/groups:

- Board of Managers;
- ICNF Leadership;
- Clinical Operations and Finance Committee(s);
- MSO (Envolve);
- External regulatory agencies, as mandated by applicable state/federal laws.

AUTHORITY

ICNF's Board of Managers has authority and oversight of the development, implementation, and evaluation of the UMM Program and is accountable for oversight of the utilization of services provided to Attributed Members. The Board of Managers supports the UMM Program by:

- Adopting and approving the initial and annual UMM Program which requires regular reporting (at least quarterly) to the Board of Managers, and establishes mechanisms for monitoring and evaluating quality, utilization, and risk;
- Authorizing and supporting the Clinical Operations Committee's and ICNF leadership recommendations and other initiatives and actions taken;
- Providing the resources, support, and systems necessary for optimum performance of utilization monitoring functions;
- Designating the ICNF Chief Clinical Officer as ICNF's senior executive to provide oversight of ICNF behavioral health utilization monitoring and contractual obligations;
- Evaluating the UMM Program Description and UMM Work Plan annually to assess whether program objectives were met and recommending adjustments when necessary.

The Chief Clinical Officer or another member of the Clinical Operations Committee holds a clinical PhD, PsyD, or MD.

The Clinical Operations Committee is responsible for:

- Compliance with state, federal, and accreditation requirements and regulations;
- Reporting the UMM Program activities and outcomes to the Board of Managers at least quarterly;
- Review of performance based on available data, including utilization input (claims, notifications) and related data elements (socio-economic, geographic); and
- Recommend to the ICNF Board of Managers proposed actions based on a review of utilization reports and operational needs.

The Clinical Operations Committee also has input from an ICNF provider organization Physician leader, primarily relative to utilization issues that bridge both physical and behavioral health outcomes.

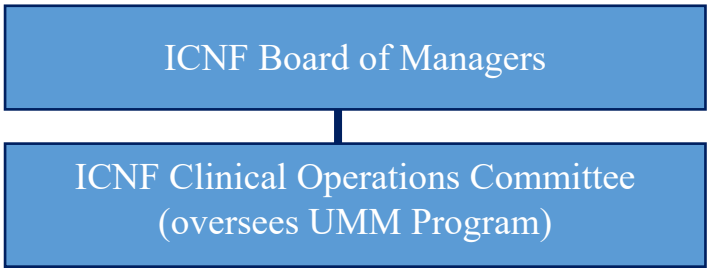
UMM PROGRAM STRUCTURE

The monitoring of utilization is integrated throughout ICNF and represents the strong commitment to the oversight of services for Attributed Members. The Board of Managers is the governing body designated for oversight of the UMM Program and has delegated the authority and responsibility for the development and implementation of the UMM Program to the Clinical Operations Committee.

The Clinical Operations Committee is accountable directly to the Board of Managers and reports UMM Program activities, findings, recommendations, actions, and results to the Board of

Managers no less than quarterly. ICNF ensures ongoing member, provider, and stakeholder input into the UMM Program through a strong Clinical Operations Committee structure focused on Attributed Member and provider experience. The structure is designed to continually promote information, reports, and improvement activity results, driven by the UMM Work Plan, throughout the organization and to providers, Attributed Members, and stakeholders. The ICNF committee structure is outlined below:

ICNF Committee Structure



The functional areas of the UMM Program include the Board of Managers who are responsible for oversight and key decision making relative to monitoring of utilization; the Clinical Operations Committee who operationally supports the UMM program (see Appendix A for Clinical Operations Committee Charter); and ICNF leadership who collaborates with MSO (Envolve) for ongoing monitoring of utilization.

The ICNF Clinical Operations Committee will collaborate with contracted payers to ensure the collective focus on health outcomes encompassing physical and behavioral health issues, and to coordinate population health initiatives. The committee will also ensure that the ICNF UMM Program and Quality Improvement Program are collaborative and integrated in their approach to maximize any potential cross functional initiatives.

UMM PROGRAM RESOURCES: INFRASTRUCTURE AND DATA ANALYTICS

ICNF is supported by Envolve, the management services organization (MSO) entity, that performs data analytics and reporting to support the UMM Program. Envolve will:

- Produce performance reports and dashboards in a timely manner based on contractual agreements, 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 Clinical Operations Committee, Finance Committee, and Board

Envolve utilizes HealthEC (a population health platform) as the technology infrastructure and data analytics model to support utilization monitoring.

DOCUMENTATION CYCLE

The UMM Program incorporates an ongoing documentation cycle that applies a systematic process of assessment, identification of opportunities, implementation as indicated, and evaluation. Several key documents demonstrate ICNF's continuous improvement cycle using the following:

- UMM Program Description;
- UMM Work Plan; and
- UMM Program Evaluation.

UMM Program Description – The UMM Program Description is a written document that outlines ICNF's structure and process to monitor and improve the utilization of services provided to Attributed Members. The UMM Program Description is reviewed, updated and approved annually by the Clinical Operations Committee and ICNF Board.

UMM Work Plan – To implement the comprehensive scope of the UMM Program, the UMM Work Plan clearly defines the activities to be completed throughout the program year, based on the UMM Program Evaluation of the previous year. The UMM Work Plan is reviewed, updated and approved annually by the Clinical Operations Committee and Board and includes the following:

- Time frame for completion of each activity
- Staff members role for completing each activity
- Monitoring of previously identified issues

UMM Program Evaluation – The UMM Program Evaluation includes an annual summary of all utilization monitoring activities, the impact the program has had on Attributed Member care, an analysis of the achievement of stated goals and objectives, and the need for program revisions and modifications. The UMM Program Evaluation is reviewed, updated and approved annually by the Clinical Operations Committee and Board.

UTILIZATION MEASUREMENT AND MONITORING

ICNF continually monitors and analyzes data and reports to monitor utilization trends against desired outcomes in order to identify and prioritize improvement opportunities as needed. Monitoring efforts are focused on the priority goals outlined previously, as well as other required performance outcomes. Reports will focus on member populations, ICNF provider performance outcomes, and incorporate claims and other data as available and required for the metrics of focus and priorities identified in the annual work plan. Reports that identify consistent trends above or below target thresholds may result in recommendations for ICNF operational changes, such as member-focused, provider-focused, or community and payer-focused initiatives to improve outcomes.

Member Experience - ICNF supports continuous ongoing measurement of services provided to attributed members by reviewing the utilization of services at a population level, provider level, and other cohorts as needed, and in comparison, to goals, benchmarks, and expected outcomes. The data and reports are reviewed by the Clinical Operations Committee and actions are recommended to the Board as needed.

Provider Experience - ICNF supports continuous ongoing measurement of provider services by reviewing the utilization of services between and across ICNF providers and in comparison, to goals, benchmarks, and expected outcomes. The data and reports are reviewed by the Clinical Operations Committee and actions are recommended to the Board as needed.

PROVIDER SUPPORTS

ICNF will collaborate with ICNF provider organizations as needed and will encourage and support providers to participate in the UMM Program. Data and reports related to utilization and performance will be used to identify opportunities to collaborate with providers in efforts to improve utilization efficiency, effectiveness, as well as quality and access to care. The depth of support to providers may include technical assistance, consultation and review of activities, training, and support resources.

OVERSIGHT AND IMPROVEMENT ACTIVITIES

ICNF reviews and adopts an annual UMM Program and Work Plan that aligns with contracted payer's strategic vision and goals and appropriate industry standards. The Clinical Operations Committee utilizes traditional quality/risk/utilization management approaches to identify activities relevant to the services provided to Attributed Members by network providers. Initiatives are identified through analysis of key indicators of care and service based on data and reports that assist in identifying the need for improvement in a particular clinical or non-clinical area. The ICNF Clinical Operations Committee may also assist in barrier analysis and development of interventions for improvement and take action as indicated and approved by the ICNF Board.

MONITORING OVER AND UNDER UTILIZATION

A critical element of the UMM program is the monitoring of trends and over and underutilization. ICNF, with direct operational support from Envolve, will utilize a comprehensive data management system for data collection, indicator measurement, analysis, and improvement activities. This system will be used to monitor utilization data to identify trends, under-, over-, and overall utilization of services, outlier provider practice patterns, and potential quality of service concerns.

Despite the pervasive need for behavioral health treatment among individuals with serious mental illnesses, it is generally acknowledged that a great proportion do not use healthcare services at an optimal level. For that reason, ICNF expects underutilization and has designed monitoring reports to uncover trends and correlations to best identify how to address potential challenges.

ICNF and Envolve collaborate to identify when behavioral health outpatient utilization reports demonstrate less than optimal service utilization, such as increasing trends of behavioral health inpatient or emergency department (ED) care with a lack of behavioral health outpatient services, or gaps in behavioral health medication compliance that could lead to avoidable admissions. This information is shared with ICNF provider organizations to help them better understand the member's pattern of care and potentially adjust the treatment plan if needed.

Three tiers of utilization monitoring are coordinated to ensure appropriate oversight and to ensure total cost of care is monitored:

1. Quarterly reports on less frequently used, low cost, or typically used outpatient services needed for the attributed population;
2. Monthly reports on services that need more close attention and monitoring for potential over, under, or overall provision of services; and
3. Prior Notification (PN) requirements for a very small set of services that have the highest potential for over, under, or overall service utilization.

Prior Notification is not required for payment and is not a clinical review of appropriateness such as what is required under a prior authorization model. The administrative burden of PN will be evaluated to ensure as minimal level as possible. A specific Policy & Procedure will outline the operational requirements for PN. Prior notification entry will allow for ongoing review of the provision of a small subset of services, without the delay in reporting due to claims lag.

The specific codes in each tier of utilization monitoring will be adjusted over time as needs, priorities, and objectives change. The UMM Annual Plan will include an appendix listing of the service codes included in each utilization monitoring tier.

At least quarterly, the Clinical Operations Committee will review utilization monitoring reports for outlier issues that may require action, from an enterprise, population, member, or provider perspective. Monthly reports will be actively monitored by Envolve and ICNF leadership for potential actionability.

The ICNF Chief Clinical Officer will be the primary conduit for assessment of reports and taking action as needed based on utilization reports but will report all related actions and activities to the Clinical Operations Committee for oversight, and/or the Board of Managers as necessary.

APPENDIX A – 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.