ACE is About Delivering Clinical Excellence

The intention of ACE as a measurement program is to recognize and reward clinicians and groups who provide outstanding care to members

Health care providers always strive to deliver the very best service possible. But in today's complex health care environment, meeting high expectations can be challenging. Consumers and purchasers expect greater transparency and choice in healthcare.

Clinician Performance Measurement

In 2009, Optum established the *Campaign for Excellence* (CFE) to measure clinical quality outcomes. In 2014 CFE was replaced with ***Achievements in Clinical Excellence* – Clinicians**. ACE has broadened the scope of measurement to include both effectiveness *and* efficiency data so that Optum can recognize and reward providers' strengths and elevated performance more appropriately. Additionally, ACE helps members and care advocates choose the right clinician to meet a diverse spectrum of needs.

Clinicians in the Optum national network (with the exception of **CA, CO, MD, NY, MO, TN** and **TX**) receive valuable feedback regarding effectiveness and efficiency using nationally-recognized, evidenced based measures. The effectiveness measure is based on clinical Severity Adjusted Effect Size (SAES) derived from submitted Wellness Assessments. The efficiency measure is based on the residual Average Number of Visits (rANOV) compiled from claims data. These metrics provide network clinicians and groups with a broader comparison of similar providers adjusted for region and area of clinical specialty.

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How We Measure Great Performance

Two key measures, SAES for effectiveness and residual ANOV for efficiency, constitute the critical scope of the ACE program

SAES Data:

Clinical outcomes are collected from submitted <u>Wellness Assessments</u>, using SAES to reflect change in Global Distress. A minimum of ten eligible cases over a two-year period with at least one follow-up for each of those ten cases is required to qualify for this measurement. SAES is a standardized measure of change commonly used in the social sciences to describe the effectiveness of treatments.

Minimum Criteria for Effectiveness Evaluation

- A minimum of ten cases for the measurement period (two years) where the initial <u>Wellness Assessment</u> measured in the clinical range for global distress

- At least one follow-up Wellness Assessment attributable to each of those ten cases

Residual Average Number of Visits Data:

The efficiency metric is the difference between the predicted ANOV and the expected ANOV. This difference is what we refer to as the *residual* Average Number of Visits per treatment episode. A "treatment episode" is comprised of consecutive outpatient visits and/or medication services incurred by a member with the same clinician over a 12-month period. An episode begins with the first date of service ("index" date) incurred after a minimum of 120* days in which the member was not treated by the clinician. An episode ends 12 months after the index date unless there is a gap in treatment of 120 days or more. If a gap in treatment of 120 days or more occurs within the 12month period, the episode ends at the last date of service before the gap.

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* The 120-day gap in treatment that indicates the beginning or end of a treatment episode applies to Psychologists (LP, PhD) and Master's-Level Clinicians (e.g., MFT, LCSW). The gap expands to 180 days for Psychiatrists (MD) and Nurse Practitioners (e.g., NP, MHNP), who may see patients less frequently for medication management.

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How Residual ANOV is Calculated

Predicted Average Number of Visits

Calculation of the predicted Average Number of Visits (ANOV) accounts for multiple treatment episodes for each clinician and patient case mix. The ANOV represents the average number of visits per episode that is "predicted" based on the clinician's performance with his/her observed case mix. The model adjusts for case-mix variables that include member demographics, severity and acuity, and other treatment characteristics.

Expected Average Number of Visits

The expected Average Number of Visits represents the average number of visits "expected" for an average clinician with a similar member case mix. The model adjusts for case-mix variables that include member demographics, severity and acuity, and other treatment characteristics.

Residual Average Number of Visits

The residual ANOV represents the difference between the predicted ANOV and the expected ANOV for a clinician. A negative residual means that the predicted ANOV was LOWER than the expected ANOV given the clinician's case mix. A positive residual means that the predicted ANOV was HIGHER than the expected ANOV given the clinician's case mix. The residual for an individual clinician or group is then compared to other clinicians or groups within the region to determine level of performance.

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ACE is All About Transparency

ACE recognizes clinicians who consistently demonstrate outstanding clinical care. This promotes an environment of better transparency and choice for members and a more loyal patient population for our network providers.

Platinum Visibility on liveandworkwell.com

Clinicians and groups who are designated Platinum also receive recognition on liveandworkwell.com. This recognition is important because it makes providers more visible on *liveandworkwell.com*, and the object there is to increase referrals for our coveted Platinum providers for those members seeking services as well as our care Advocates. As a quality-first program, no recognition will be given for solo and group providers who are unable to meet the regional ACE benchmark metrics.

Providers may view their scores by logging on to providerexpress.com, with a One Healthcare ID and then clicking on the Provider Reports tab. Scores will be made available annually on or about November 1. Clinicians will then have a 60-day period to review the data prior to it being made public. For questions about the ACE score, we ask providers to submit their review request using the ACE Review Request Form. To ensure a timely review of data, please submit your review request within 30 days of your ACE score notification.

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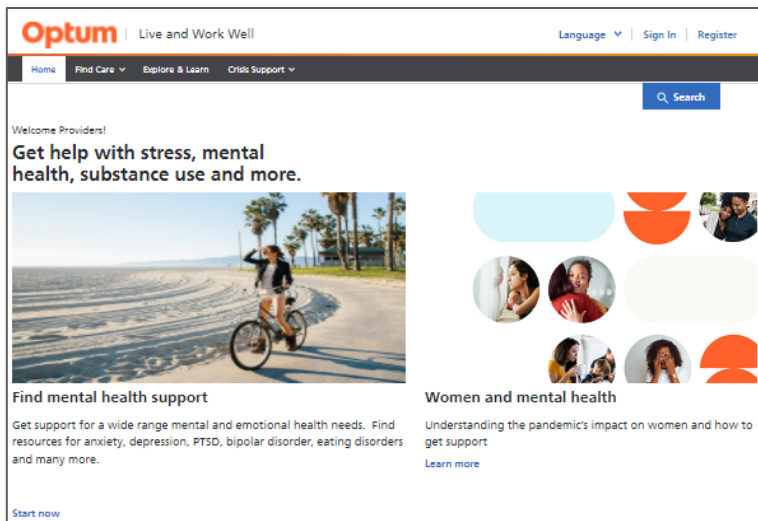
States Excluded From the ACE Program

Currently, clinicians and groups in **CA, CO, MD, NY, MO TN** and **TX** will not be publicly recognized as part of the ACE program. However, it is still important for clinicians in these seven states to continue submitting their Wellness Assessments as this data will inform our performance-based contracting.

We are pursuing national recognition and NCQA accreditation for our metrics, which will pave the way for inclusion of excluded states in the ACE program. Until then, it's still very important that you continue submitting

Wellness Assessments.
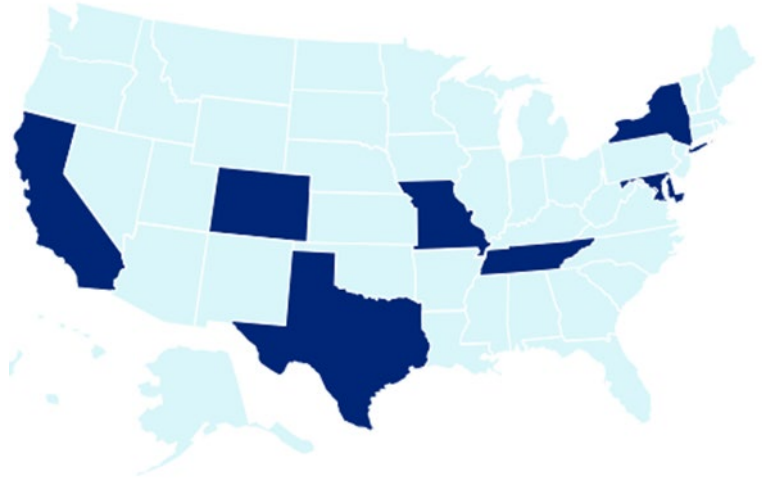
Your data will continue to be evaluated, and once we are able to move forward with ACE in these seven states, we will already have the data for these clinicians and groups on hand and be able to institute the benefits of ACE in a more timely manner.

For questions or to find more information, please visit the ACE Clinician page on Provider Express, or contact us at ace@optum.com.

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