Achievements in Clinical Excellence (ACE) Clinicians

ACE for solo Clinicians and Group Practices

The ACE program is a quality-focused measurement program that recognizes and rewards excellence from our network Clinicians.

Using nationally-based, regionally-adjusted metrics, ACE will identify Clinicians and Group Providers who deliver both effective and efficient care for Members. The results of this data-driven system will allow us to annually measure Clinician performance, and recognize and reward those Providers who meet or exceed ACE benchmarks.

Criteria for Inclusion in Achievements in Clinical Excellence

Network Clinicians and Group Providers must have a minimum of 10 cases for the measurement period (two years) in which the initial ALERT Wellness Assessment for each of those 10 cases measured in the clinical range for global distress. In addition, each of those 10 cases must have at least one follow-up Wellness Assessment attributable to each of those cases.

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<th>Metrics: ACE Clinicians</th>
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<tr>
<td><strong>EFFECTIVENESS</strong></td>
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<td>The effectiveness measure, Severity Adjusted Effect Size (SAES) metric, is derived from the global distress scale embedded in ALERT Wellness Assessments that you submit.</td>
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<td>Severity Adjusted Effect Size (SAES) is a standardized measure of change commonly used in the social sciences to describe the effectiveness of treatments. SAES was chosen to measure clinical outcomes for the ACE program because it:</td>
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<td>• Promotes transparency</td>
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<td>• Incorporates input from external statisticians and subject matter experts</td>
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<td>• Integrates key benchmarks</td>
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<td>Additionally, SAES takes the concept of effect size one step further by incorporating statistical adjustments to account for Member characteristics (e.g., clinical severity). In the same way that SAES can be used to measure the effectiveness of a single treatment episode for one Clinician, it can also be used to derive a measure of effectiveness for Group Practices.</td>
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EFFICIENCY

The efficiency metric is the difference between the predicted Average Number of Visits (ANOV) and the expected ANOV. This difference is what we refer to as the residual Average Number of Visits per treatment episode. Calculation of the ANOV uses a hierarchical linear model. Below summarizes how Optum calculates the residual Average Number of Visits.

**Predicted Average Number of Visits**
Calculation of the 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 your or your Group’s performance from the 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 ANOV represents the average number of visits “expected” for a 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**
Your residual ANOV represents the difference between the predicted ANOV and the expected ANOV. 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 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.

**Treatment Episode**
A “treatment episode” is comprised of consecutive outpatient visits and/or medication services incurred by a patient with a Clinician or Group 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 will end 12 months after the start date unless there was a gap of 120 days or more in the interim. If there was a gap of 120 days or more in treatment, the episode will end at the last date of service before the break in treatment occurred.

ACE Metrics: Rewards and Transparency

Network Clinicians and Group Providers who achieve Platinum status are eligible for a number of rewards including performance-based contracting and recognition on Clinician directories. For more information please see our “ACE Clinicians” page on Provider Express.

Network Clinicians and Groups included in the ACE Clinicians program who achieve Platinum status will be recognized on liveandworkwell.com with a Platinum ribbon.

The ribbon designation is intended only as a guide when choosing a Clinician or Group and should not be the sole factor in a Member’s selection of a treatment professional. For more

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on the Clinician evaluation program at Optum, please visit providerexpress.com.

Please note: Due to state regulatory requirements, Providers in the following six states may not be publicly recognized with a Platinum Ribbon within our online provider directories: California, Colorado, Maryland, Missouri, New York and Texas.

If your practice resides in one of the excluded states, it’s very important that you continue submitting ALERT Wellness Assessments. Even though your practice may reside in one of the excluded states, your data will still be evaluated and may still qualify you or your Group for performance-based contracting increases. Also, once we receive national recognition and NCQA accreditation for our ACE metrics, we will have your data on hand in order to rightly recognize you publicly for your achievement.

**PLATINUM RIBBON**

The ACE Platinum Ribbon denotes those providers who have consistently met ACE metrics and delivered outstanding care to our Members.

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**Access and Tracking ACE Scorecards**

Clinicians and Group Providers will be able to view their scores by logging into Provider Express: > Providers Report > Achievements in Clinical Excellence on their dashboard. ACE metrics will be calculated annually and shared with you in 4th Quarter. Providers have a 60-day period to review their data prior to public recognition on liveandworkwell.com. Network Clinicians and Group Providers may request a review of their data by submitting an ACE Review Request Form. In order to ensure a timely review, please submit your review request within 30 days of being notified of your ACE score.
Automatic Enrollment

ACE will automatically evaluate qualified Clinicians and Group Providers. However, due to state regulatory requirements, some states may be excluded from ACE. Clinicians and Group Providers in the excluded states are ineligible to receive Clinician directory recognition.

Since measurement relies upon data that is collected over a two year period, it is still very important that Clinicians and Group Providers in excluded states continue to submit ALERT Wellness Assessments. Regulatory changes may occur allowing us to recognize excellent performance through the ACE program.

ACE Model

A Clinician or Group Provider’s effectiveness and efficiency metrics are calculated and compared against regional, case-mix adjusted benchmarks. The result of this measure determines performance level based on the ACE standards. Our top performing solo Practitioners and Group Providers are then recognized as Platinum within our online provider directories (e.g., liveandworkwell.com).