

A photograph of two men in business attire shaking hands in an office. The man on the left is a Black man in a light-colored suit, leaning forward. The man on the right is a white man in a dark suit, sitting at a desk with a laptop. The background shows a window with greenery outside. The text 'ACE 2.0' is overlaid on the image.

ACE 2.0

The logo for Optum, featuring a stylized diamond shape composed of smaller squares in yellow, orange, and red.

OPTUM[®]

Why is ACE necessary?

To guide and reward facilities for delivering services more effectively and efficiently

ACE helps facilities reach these goals by:



Providing unbiased, risk-adjusted data that is quantified and compared against regional benchmarks



Identifying variations in practice patterns, which drive increased costs and poor clinical outcomes



Collaborate with facilities to achieve and maintain Platinum status



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We've listened and responded

The next iteration of ACE features important provider-recommended enhancements

We take your feedback very seriously. We've listened to what you've had to say, and we've refined ACE by incorporating much of that feedback.



ACE gives providers, at all levels of care, more time to do what they do best—deliver much needed care to Members



ACE distinguishes between four separate condition categories so that facility evaluations will truly be more “apples-to-apples”



ACE metrics have been revised for more consistency



Goals of enhanced ACE program

- 1 Identify facilities who provide effective and efficient care
- 2 More flexible in meeting member and market demands
- 3 Less complex structure by eliminating tiers
- 4 Distinguish evaluations by condition categories
- 5 Include all levels of care, not just acute inpatient
- 6 Identify the highest percentile of best performing facilities



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Program Details



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ACE will be condition-specific*

ACE now breaks out facility evaluations into four condition-specific categories, with additional condition-specific categories possibly added in the future. This will allow for a truer “*apples-to-apples*” comparison of performance.

 Mental Health (excluding Eating Disorder and Autism)	25 TO QUALIFY
 Alcohol SUD	25 TO QUALIFY
 Opioids and other SUD	25 TO QUALIFY
 Eating Disorders	10 TO QUALIFY

*A facility must be in-network and have a minimum number of qualified admissions to facility's acute and/or intermediate LOCs, for the condition category being evaluated.



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ACE metrics overview

EFFECTIVENESS

Readmission Rate

Follow-up After Hospitalization

Step-up Rate

EFFICIENCY

Residual Length of Stay

Behavioral Health Spend per Episode

ADMINISTRATIVE

Portal Usage

Pre Cert Compliance

Peer Review



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ACE effectiveness measures

Readmission rate

- Rate of unplanned readmissions to any level of behavioral health care within 30 days of discharge from that same level of care
- Developed using the CMS methodology for hospital-wide readmissions
- Consumers must have continuous eligibility with Optum for 12 months prior to the initial admission
- Risk adjustment accounts for age, prior year and current admission behavioral health diagnoses, product type (Commercial, Medicaid, Medicare), Level of Care (LOC), and disability status

Follow-up after hospitalization

- Rate of follow-up appointments kept within 7 days of discharge
- Optum's standards are built upon NCQA's HEDIS® methodology
- Follow-up must be with a mental health practitioner for outpatient, intensive outpatient or partial hospitalization treatment
- Consumers with a primary Substance Use Disorder diagnosis are excluded

Step-up rate

- The percentage of acute inpatients admissions that step down to a lower LOC, such as RES, PHP, or IOP, at the same facility, and then step back up to a higher LOC during the treatment episode



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ACE efficiency measures

Residual length of stay

- Difference between the raw Average Length of Stay (ALOS) and the case-mix adjusted ALOS
- Risk adjustment accounts for consumer age, gender, behavioral health diagnosis, product type, Level of Care (LOC) and community type (Rural, Suburban, Urban) among others considerations

Behavioral health spend per episode for all LOCs

- Developed using the CMS methodology for Medicare Spending per Beneficiary (MSPB)
- Includes behavioral health costs from 3 days prior to admission at any level of care through 30 days after discharge from that level of care
- Consumers must have continuous eligibility with Optum for 93 days prior to admission
- Risk adjustment accounts for consumer age, gender, behavioral health diagnosis, Level of Care (LOC) and product type



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ACE administrative measures

ACE reviews several administrative measures that do not impact a facility's overall score and rank. The purpose of these measures is to see if there are any ancillary functions outside of direct patient care that affect ACE scores.

Portal usage	<ul style="list-style-type: none">▪ The rate at which a facility is using the ReviewOnline portal to submit Initial Reviews, Concurrent Reviews and Discharges.
Compliance with precertification	<ul style="list-style-type: none">▪ This measures the number of admissions where a precertification occurred within 48 hours of the admission.
Peer review rate	<ul style="list-style-type: none">▪ This measures the percent of admissions in which one or more peer reviews occurs. This measure was previously used to evaluate a facility's effectiveness but has been moved to the administrative category in response to provider feedback



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ACE ranking methodology

Eliminates tiers and pass/fail — final rankings among network facilities are now derived from scores in each of the program categories

A facility's overall performance is measured by standardizing each metric against a regional mean and regional standard deviation, and the result is then weighted in order to provide a more accurate portrait of a facility's performance across a continuum of care.



The facilities that rank in the top 15% of each category (General Mental Health, Substance Abuse – Alcohol, Substance Abuse – Other, and Eating Disorder) will be recognized as Platinum. There will be no other tiers in the redesigned ACE program.



Data standardization

ACE converts data from percentages, cost and utilization into a common scale or standardized data set



Data standardization is achieved by subtracting the mean of the region from the individual metric score and then dividing by that metric's regional standard deviation. A score of 0 indicates the facility is performing at the mean in that region. A score of +1 indicates the facility is performing better than the average facility in its region by exactly 1 standard deviation. A score of -1 means the facility is performing 1 standard deviation below the average facility in its region.

Platinum has its rewards

ACE recognizes great effort, but more importantly, allows Optum to reward outstanding performance

Streamlined clinical review	Ease of claims access	Improved access	Help in promoting your Platinum achievement
<ul style="list-style-type: none">✓ Efficient, streamlined review process requiring far fewer phone calls✓ Always-available online secured website for initial and discharge reviews✓ Optum intervention on an “as needed” basis	<ul style="list-style-type: none">✓ Designated contact for claims assistance and resolution	<ul style="list-style-type: none">✓ Assigned Regional Medical Director for immediate resolution of issues✓ Assigned team from Optum including a Facility Performance Manager✓ Regular review of effectiveness and efficiency data in order to share data trends	<ul style="list-style-type: none">✓ Optum will work in collaboration with your current marketing efforts to promote your Platinum achievement✓ Certificate of Platinum Achievement to proudly display in the facility



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How ACE affects improvement

Monthly data sharing

Helps facilities track issues and trends, and spot potential reasons for decline in ACE scores as well as highlight strengths. An invaluable tool for developing strategies that maintain high levels of performance.

Access to ancillary services

ACE team members are available to help link facilities with Optum resources, including peer support services, care coordination, Express Access Network and Telemental Health Services.

Additional support for providers

Optum stands ready with all its resources to help in any way possible. That could mean tapping into other departments, such as our behavioral informatics department as needed.



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ACE meets your needs

- ❖ An effective date for the Platinum protocol benefits will be established upon our receipt of the signed MOU
- ❖ Scheduling on-going monthly communications
- ❖ Follow-up to this meeting
- ❖ Contact us anytime

FPM Name

Facility Performance Manager

Presenter.name@optum.com

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