



## ACHIEVEMENTS IN CLINICAL EXCELLENCE – REIMAGINED

### ENHANCED FACILITY EVALUATION AND RECOGNITION PROGRAM

The redesigned ACE is the next iteration of our facility evaluation program. Previously, ACE only evaluated acute inpatient facilities. Those facilities that qualified for ACE were tiered *Platinum* (for meeting both effectiveness and efficiency metrics) through *Criteria Not Met* (for qualified facilities that met neither the effectiveness nor efficiency metrics).

The new, reimagined ACE program breaks out facility evaluations into four condition-specific categories, with additional condition-specific categories being considered as future additions. This new structure allows for a truer “apples-to-apples” comparison of facilities. In addition, ACE will now look at data from all levels of care, including Partial Hospitalization (PHP), Residential and Intensive Outpatient (IOP).

Finally, the redesigned ACE program has eliminated the tiers that stratified facilities in the previous iteration of ACE. Now, instead of Gold, Silver and Bronze tiers, those facilities ranked within the top 15% in each condition category will be recognized as Platinum. All other facilities will have a discrete ranking, but not be recognized with a specific status. Ranking a facility within each condition category means it’s possible for one facility to be ranked as Platinum in more than one condition category. For example, a facility may be Platinum for Mental Health as well as ETOH Substance Use Disorder, but will not be recognized as Platinum for the remaining conditions if that facility’s ranking in the remaining condition categories is not within the top 15th percentile.

### WHY IS OPTUM MAKING THIS CHANGE?

We’ve listened to what providers have had to say about ACE and responded with a newly refined provider measurement program that addresses the feedback we’ve received. As an industry leader, our mission is to make healthcare better for everyone, and that requires that we constantly innovate in order to meet the needs of our provider network and our members.

### ACE IS CONDITION-SPECIFIC RATHER THAN FACILITY-SPECIFIC

Previously, the ACE program focused on the performance of the facility rather than the type of patient population the facility treated.

By focusing more on condition-specific measurements, ACE becomes a more sophisticated assessment tool. Now, when facilities are ranked in the ACE program, the evaluations will be more of an “apples-to-apples” comparison.

Currently, the conditions that ACE will evaluate include:

- *Mental Health* (excluding eating disorder and Autism).
- *Substance Use Disorder, ETOH*
- *Substance Use Disorder, Other*
- *Eating Disorder*

Other condition categories are being considered for future iterations of ACE.



## QUALIFICATIONS TO BE INCLUDED IN THE ACE PROGRAM

To qualify for evaluation, a facility must be in-network and have a minimum number of qualified admissions to Level of Care (LOC) for the condition category being evaluated.

In order to qualify under a specific condition category, the facility must meet the following minimum admissions:

- 25 admissions for Mental Health (excluding eating disorder and autism admissions)
- 25 admissions for ETOH substance use
- 25 admissions for opioid and other substance use
- 10 admissions for eating disorder

## REVISED EFFECTIVENESS AND EFFICIENCY METRICS FOR ACE

Once again, provider feedback was taken into serious consideration when the ACE metrics were refined. To begin with, the redesigned ACE program has removed the Peer Review metric from the effectiveness portion of the evaluation and replaced it with the Step-up Rate. Additionally, ACE has now eliminated the 90-day readmission rate along with the 30-day follow-up rate. The efficiency metrics remain unchanged.

### MEASURING EFFECTIVENESS

**READMISSION RATES:** Previously, there were two, a 30-day and 90-day readmission rate metric. ACE now only looks at the 30-day readmission rate.

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

**FOLLOW-UP AFTER HOSPITALIZATION:** Previously, there were two, a 7-day and 30-day follow-up rate. ACE now only looks at the 7-day follow-up rate.

- Rate of follow-up appointments kept within 7 days of discharge from acute or residential level of care
- Optum's standards are built upon NCQA's HEDIS® methodology
- Follow-up must be with a licensed mental health practitioner for outpatient, intensive outpatient or partial hospitalization treatment
- The follow-up rate is based on the primary condition as indicated in the medical record and subsequent claim submission

STEP-UP RATE: The third distinct metric in the previous ACE program looked at the peer review rate. That metric has been replaced with the step-up rate (from lower levels of care).

- The percentage of inpatient admissions that step down to a lower LOC, such as Residential, PHP, or IOP, at the same facility, and then step back up to a higher LOC within 30 days
- A necessary metric that aligns with our evaluation of all levels of care
- Provides more transparency into the overall progress of the member
- A better indicator of episode outcome

## MEASURING EFFICIENCY

The new ACE program will maintain its two efficiency metrics: Residual Length of stay (RLOS), and the Behavioral Health Spend per Inpatient Episode (BH Spend).

### 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 and community type (Rural, Suburban, Urban) among others considerations

### BEHAVIORAL HEALTH SPEND PER INPATIENT EPISODE:

- 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 the admission
- Risk adjustment accounts for consumer age, gender, behavioral health diagnosis, and product type

### ADMINISTRATIVE METRICS

A new area of measurement that is being added is the Administrative metrics. While Administrative metrics will not be part of a facility's annual ACE rankings, these measures are something Optum will continue to evaluate and report to facilities.

- Frequency and/or use of secure transactions on Provider Express
- Compliance with pre-certification, i.e., percentage of admissions with pre-certification prior to admission
- Peer-to-Peer review rate



## ACE METRIC SCORING

ACE has become more sophisticated in its metrics, rankings and data presentation. Facility ranking will no longer be a pass/fail proposition. A facility's overall performance is measured by comparing each metric against a regional mean and regional standard deviation, and then weighting each metric 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.

ACE converts data from percentages, cost and utilization into a common scale or standardized data set. Data standardization is achieved by subtracting the individual metric score from the mean of the region and then dividing by that metric's regional standard deviation.

These standardized results are then weighted to reflect the significance of that metric to the facility's overall score. An overall score is calculated from these weighted results.

If the final score falls within the top 15% of all facilities ranked within that specialty, the facility will then be recognized as an ACE Platinum provider and be entitled to all the ACE Platinum benefits noted earlier.

## PERKS OF PLATINUM STATUS

ACE recognizes great effort, but more importantly, allows Optum to reward outstanding performance. Some of the perks of being recognized as an ACE Platinum provider include:

- ✓ Streamline clinical review
- ✓ Ease of claims access
- ✓ Improved access
- ✓ Help in promoting your Platinum achievement