

## Achievements in Clinical Excellence (ACE)

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### Q1. What is ACE?

A1. ACE is a quality-focused measurement program that recognizes and rewards excellent service from our network groups and clinicians and creates more transparency for care advocates and members. Using nationally based, regionally adjusted metrics, Optum will identify clinicians and groups who deliver outstanding care. The results of this data-driven program will allow us to annually identify our best performing clinicians and reward them.

### Q2. What does the ACE program hope to achieve?

A2. ACE recognizes clinicians who consistently demonstrate high-performing care. This facilitates an environment of better transparency and choice for members and a more loyal patient population for our network providers. It is our strong belief that member outcomes are the most important indicator of quality health care service.

### Q3. What are the requirements of the ACE program?

A3. It's important for individual clinicians and groups to continue submitting [Wellness Assessments](#), even if the practice resides in a state that is not participating in the ACE program (please see next question below). Data will continue to be evaluated and once we are able to move forward in those states, we will be able to recognize and reward those clinicians and groups in a timelier manner because we will already have the data on hand.

### Q4. Will every clinician in the Optum network be measured?

A4. Currently, clinicians and groups in **CA, CO, MD, NY, MO, TN** and **TX** will not be publicly recognized as part of the ACE program. 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. Once we are able to move forward in those states with the ACE program, we will be able to recognize and reward those clinicians and groups in a timelier manner because we will already have the data on hand.

### Q5. If I'm in an excluded state, should I continue to submit Wellness Assessments?

A5. Yes, absolutely. It's very important that you continue submitting [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. And once we receive national recognition and NCQA accreditation for our ACE metrics, we will have your data on hand in order to accurately evaluate you within the ACE program.

### Q6. What are the minimum requirements for inclusion in the ACE program?

A6. Network clinicians and groups must have a minimum of ten cases for the measurement period (two years) in which the initial [Wellness Assessment](#) for each of those ten cases measured in the clinical range for global distress, and then at least one follow up [Wellness Assessment](#) attributable to each of those cases.

## Q7. History of ACE?

A7. In 2009, Optum established the Campaign for Excellence (CFE) to measure clinical quality outcomes. In response to requests from clinicians and Members for increased transparency, value, and choice within behavioral health services, Optum discontinued CFE in 2014 and transitioned to Achievements in Clinical Excellence – Clinicians. The ACE program is broader in scope than CFE because it measures both effectiveness and efficiency. Data from these two metrics provides a more accurate indicator of provider performance.

## Q8. Do clinicians have a say in the way measurements are determined and scored?

A8. The ACE data will be compiled annually based on the previous two years, and provider scores will be made available for viewing on or about November 1 of each year. Clinicians will then have a 60-day period to review their data prior to any recognition being made public on [liveandworkwell.com](https://liveandworkwell.com). To ensure a timely review of data, please submit your [ACE Review Request Form](#) within 30 days of notification.

## Q9. How do I request a review of my score?

A9. Clinicians may request a review of their data and scores by submitting an [ACE Review Request Form](#) within 60 days prior to the rankings being made public on [liveandworkwell.com](https://liveandworkwell.com). In order to ensure a timely review, please submit your review request within 30 days of notification.

## Q10. How exactly are the effectiveness and efficiency metrics calculated?

A10. Explanation:

- **Effectiveness**

The effectiveness measure is compiled from the clinician Severity Adjusted Effect Size (SAES) metric from submitted [Wellness Assessments](#).

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 meets the requirements for:

- Transparency
- Incorporates input from external statisticians and subject matter experts
- Integrates key benchmarks

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.

- **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** (rANOV) per treatment episode. Calculation of the rANOV uses a hierarchical linear model. Below summarizes how Optum calculates the rANOV:

- **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 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**  
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.

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 12-month period, the episode ends at the last date of service before the gap.

\*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.

**Q11. How ACE evaluation affects me as a clinician?**

A11. While every clinician listed on the [liveandworkwell.com](https://liveandworkwell.com) website has met rigorous credentialing standards required by Optum, the ACE program relies on metrics compiled from data submitted through [Wellness Assessments](#) for effectiveness and from claims for efficiency. These scores are then used to evaluate network clinicians and groups. Clinicians and groups who meet or exceed ACE regional benchmark metrics will be recognized as a Platinum on the [liveandworkwell.com](https://liveandworkwell.com) website.

Currently, clinicians and groups in **CA, CO, MD, NY, MO, TN** and **TX** will not be publicly recognized on [liveandworkwell.com](https://liveandworkwell.com) as part of the ACE program. 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. Once we are able to move forward in those states with the ACE program, we will be able to recognize and reward those clinicians and groups in a timelier manner because we will already have the data on hand.

**Q12. Where can I see and keep track of my ACE scores?**

A12. Practitioners will be able to view their scores by logging into [providerexpress.com](https://providerexpress.com) with a One Healthcare ID, clicking on the Providers Report tab and then clicking on Achievements in Clinical Excellence on their dashboard. ACE metrics will be made available for viewing on or about November 1 of each year. Clinicians and groups will then have a 60-day period to review data prior to it being made public. Network clinicians and groups may also 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.

**Q13. Do members or other clinicians have access to my scores?**

A13. After the 60-day review period, members logged into the [liveandworkwell.com](https://liveandworkwell.com) website will be able to view clinicians’ recognition but will not have access to the raw data that constitutes the scores or

the scores themselves.

**Q14. Can I appeal my ACE score?**

A14. Clinicians have a 60-day period from the time ACE scores are made available in your Provider Express dashboard--generally around November 1 of each year---to review their scores and request a review of their data. This is done by submitting an [ACE Review Request Form](#).

**Q15. Can I opt out of the ACE program?**

A15. Yes. To opt out of the ACE program, please send an email to [ace@optum.com](mailto:ace@optum.com) specifically requesting to be removed from the ACE program. Please note that by opting out of ACE, you will not receive any recognition on [liveandworkwell.com](http://liveandworkwell.com).