

ACC Phase 3 Evaluation Update

Tamara Keeney

Research & Innovation
Section Manager

Liana Major

Evaluation Specialist

PIAC

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Inputs and Activities

What we require the RAEs to do

Outputs

What we track to know the requirements have been met

Outcomes

What we measure to assess if we are getting the intended results

Impact

How we evaluate if the program is meeting our overall goals

ACC Contract Covering:

- Member engagement
- Grievances and appeals
- Network development and access
- Health neighborhood
- Provider support
- Behavioral health
- Children
- Quality

Examples:

- Number of members receiving services
- Percent of providers paid on time
- Number of providers available in a region
- Number of members receiving care coordination

Examples:

- Improvement on CMS Core Measures
- Improved scores on member and provider surveys
- Costs shift from acute settings to preventive care and outpatient

1. Improved access to care
2. Improved quality of care
3. Close health disparities and promote health equity for members
4. Improve the member and provider service experience
5. Manage care to protect member coverage, benefits and provider reimbursements

Monitoring and Accountability: How do we monitor progress and hold the MCEs accountable?

Monitoring

- Performance standards
- Audits

Accountability Tools

- Commitment to Quality
- Corrective action plans

Monitoring

- Narrative Deliverables
- Quantitative Data

Accountability Tools

- Commitment to Quality
- Corrective action plans

Monitoring

- KPIs, PCMP metrics, BHIP
- Cost trend monitoring
- EQRO activities

Accountability Tools

- Commitment to Quality
- Incentive payments

Mixed Methods Evaluation

- Focused on behavioral health, primary care providers, and care coordination
- Research questions with mixed methods approaches for each topic

Stakeholder Engagement: How do we solicit feedback to improve our program?

Department meetings with MCEs and providers • Program Improvement Advisory Committees • Member Experience Advisory Councils



Evaluation Plan

The evaluation will be a **deep dive** into three focus areas. The products will be mixed-methods reports that provide insight into how the program is working and the experience of members and providers.

Three Evaluation Focus Areas with Two Scopes of Work for Each

Behavioral Health Benefit

Scope 1: What does access to behavioral health providers look like across the state for Members and how do patterns of care vary?

Scope 2: How are specific member groups (demographics, acuity levels, etc) experiencing the behavioral health system?

Primary Care

Scope 1: What does access to primary care medical providers (PCMPs) look like across the state for Members?

Scope 2: What is the impact of MCE support to primary care providers, particularly smaller providers?

Care Coordination

Scope 1: What is care coordination's impact on access to care and member experience?

Scope 2: What is care coordination's impact on cost and quality outcomes?

Each Scope of Work Contains:

- Research questions (3-5 per scope) that collectively touch on all five goals of the ACC
- Mixed methods approaches to answer the questions
- Opportunities for stakeholder input and member feedback
- Annual external report out

Current Projects Through June

Primary Care	Care Coordination	Behavioral Health
Project 1: Where are PCMP's located and what are their attributes?	Project 1: How many and what type of members had a care coordination engagement?	Project 1: What is the data profile across the continuum of behavioral health services covered by Medicaid (members, utilization, spending)?
Project 2: What has been the impact of the attribution policy change to PCMPs and members?	Project 2: What does care coordination outreach and engagement look like for members who are discharging from an inpatient hospital?	Project 2: What do patterns of care look like for members who utilize the emergency department and inpatient hospital for behavioral health conditions?
Project 3: How do PCMP's perceive the value of the RAEs?		



Questions?



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