

ACC Phase 3: Evaluation Plan Deep Dive

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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



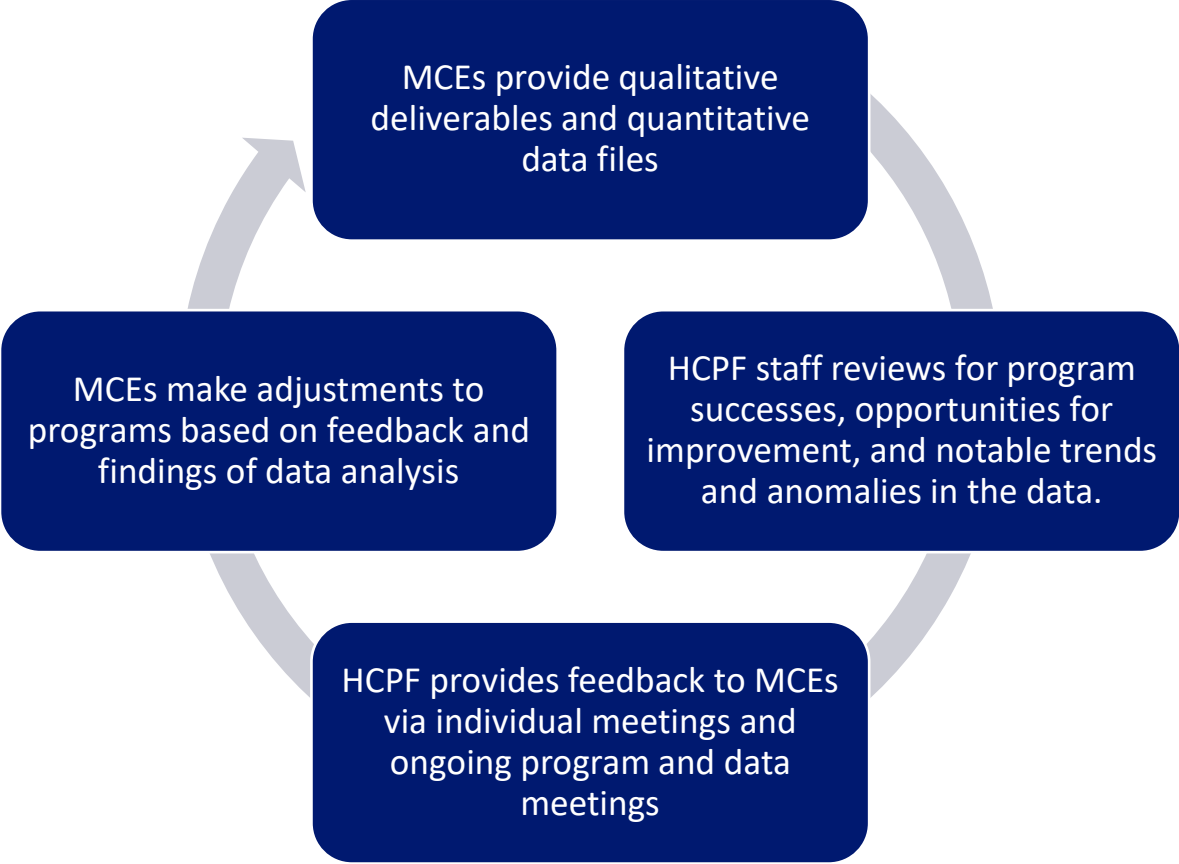
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Outputs
What we track to know the requirements have been met

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

Monitoring Process

Monitoring is an **ongoing process** where ACC staff review the work being completed by the MCEs. The products are MCE-submitted deliverables and MCE-submitted data, which will combined with other sources such as claims, ADT feeds, clinical data submissions, etc. and then transformed into dashboards.



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: At what points along the continuum of services are strengths and gaps in access to care most impacting member health?

Scope 2: How are specific member groups experiencing the continuum and what improvements can be made?

Primary Care

Scope 1: How do members understand the role of their PCMP and how do they utilize their PCMP?

Scope 2: What is the impact of MCE support to primary care 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

Things To Keep In Mind

- This is our first pass and the first look at the **draft** research questions – please give us your feedback, we have lots of time to retool.
- There will be many questions that are interesting (and we want to hear them!), but we must stay within scope, focus on what is actionable, and what is feasible within our capacity as an internal team.
- The monitoring plan will track the progress hundreds of metrics – the evaluation is about deeper research questions. You may have ideas that are already being tracked elsewhere.

Evaluation Topic 1: Primary Care

Objective: Primary care is a pillar of the ACC in that all members are expected to have a designated primary care medical practice (PCMP), which is intended to support them in meeting preventive and chronic health needs as well as navigating health care transitions and accessing social supports. Topic 1 will explore the impact of primary care to members and providers.

Scope 1	Scope 2
Primary Care Impact to Members	Provider Support
How do members understand and utilize their PCMP to attain improved health and well-being?	What is the impact of RAE support to primary care providers, particularly smaller providers with less capacity to serve complex members?

Potential Methods Examples

- Spreadsheet of PCMPs and attributes mapped to cost and quality
- Surveys of members and providers
- Patterns of care cluster analysis

Policy/Program Levers

- Provider support/Payment to PCMPs
- Attribution/outreach
- Coaching

Topic: Primary Care

Scope 1: How do members understand and utilize their PCMP to attain improved health and well-being?

- How do members understand and value their PCMP assignment?
- Are members using their assigned PCMP? Including members who were initially unattributed and RAEs connected them to a PCMP (attribution)
- What patterns of care do we see for members with their PCMP? Break out examples: members with multiple chronic conditions, members with multiple providers outside the PCMP, members who go once but don't return; OCL members (HCBS needs), and children for preventive care. Develop cohorts of members with a particular focus on equity, including rural.
- What are members' perspectives on their access to and quality of care for PCMPs? Target surveys to specific groups identified above. Include complaints and grievances to the extent they are helpful.
- From the perspective of the health neighborhood, how well are medical homes connecting members to social needs that impact health?



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Topic: Primary Care

Scope 2: What is the impact of RAE support to primary care providers, particularly smaller providers with less capacity to serve complex members?

- What types of support are providers receiving from the RAEs currently, and what types of support do they want to receive? Is there alignment? Do RAE investments in provider support target areas of lowest performance/greatest need?
- How do providers of different sizes (select based on scope 1 cohort mapping) value RAE support/coaching?
- What types of support do providers that provide delegated care coordination seek from the RAEs? Alternately, do providers that do not care coordinate members directly know the RAE provides this and do they use it?
- What is the correlation between the amount of support a PCMP receives and the performance on metrics among cohorts of members identified in scope1?



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