

# ACC Phase 3

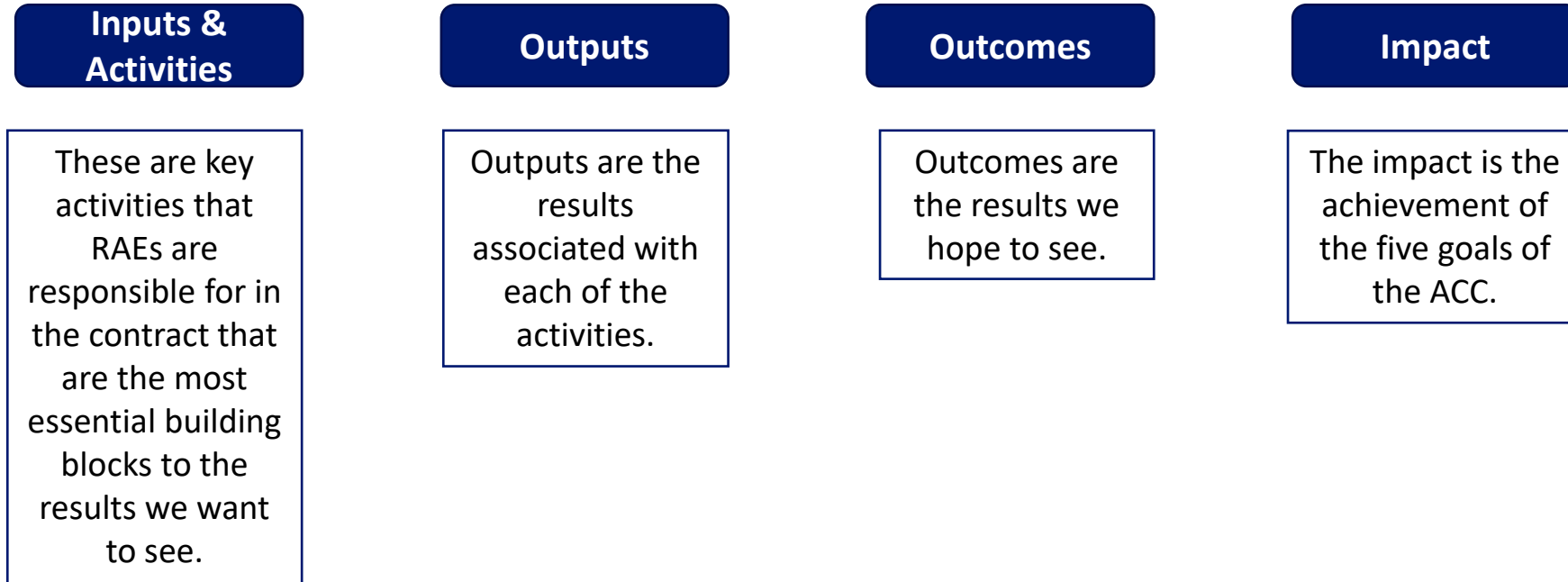
## Evaluation Discussion



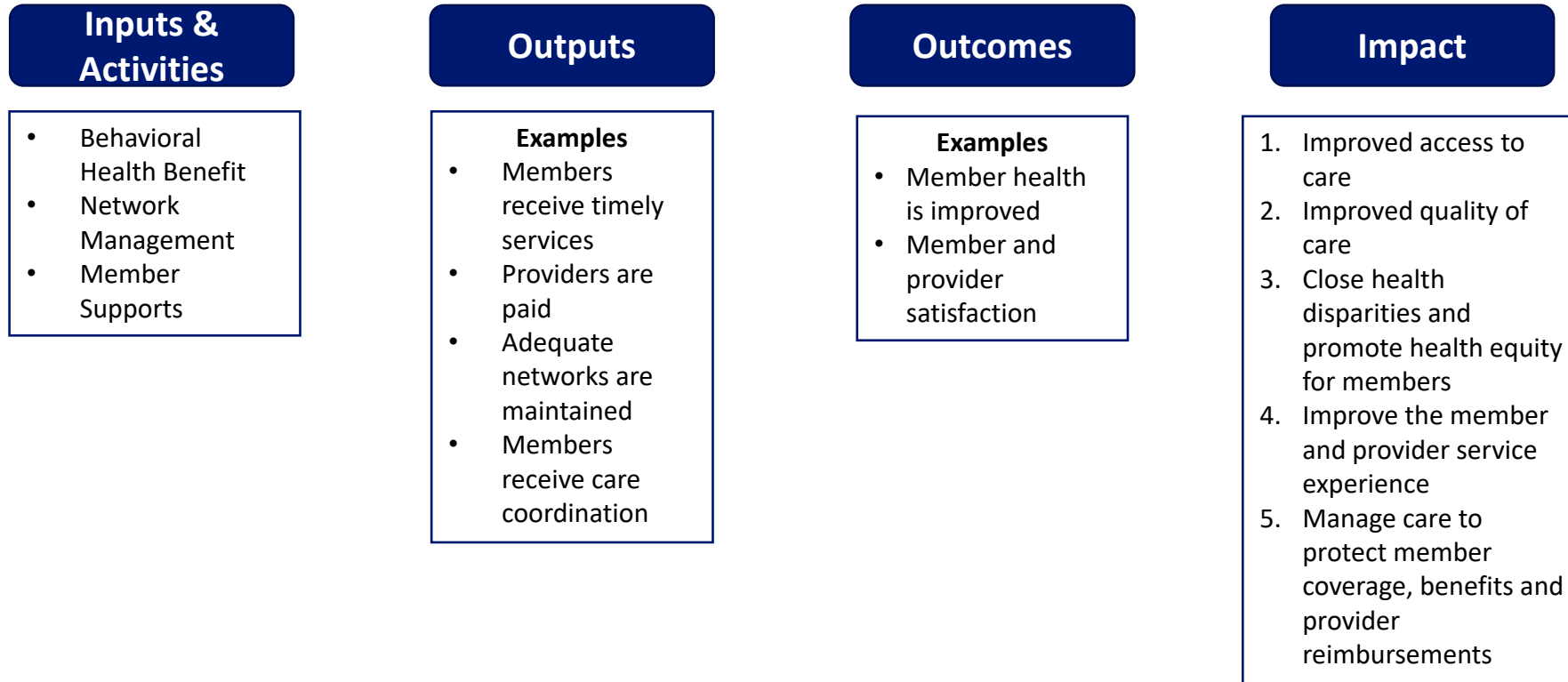
# Logic Model



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# Monitoring and Evaluation



# Monitoring and Evaluation

- Performance standards
- Audits

- Clinical quality measures
  - CMS Core Measures
  - Value-Based Payment Metrics
  - Health equity plan metrics

- Evaluation
  - Member surveys
  - Provider surveys
  - Quantitative analysis

## Inputs & Activities

- Behavioral Health Benefit
- Network Management
- Member Supports

## Outputs

- Examples**
- Members receive timely services
  - Providers are paid
  - Adequate networks are maintained
  - Members receive care coordination

## Outcomes

- Examples**
- Member health is improved
  - Member and provider satisfaction

## Impact

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



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## Accountability Tools

- Dept Meetings with RAEs
- Deliverables
- Incentive payments
- Commitment to Quality Program
- Program Improvement Advisory Committee
- Member Experience Advisory Councils
- Corrective Action Plans
- Action Monitoring Plans
- Data dashboards
- EQRO Validation and Audit Activities



# Evaluation Framework





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## Goals

1. Improved access to care
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## Focus Areas

- Behavioral Health Benefit
- Network Management
- Member Supports

## Research Questions

Set of research questions for each focus area that cover all five goals

## Methods

Quantitative & qualitative methods

Complimentary provider experience data & member experience data

## Reporting

Periodic public reports  
TBD



# Hearing From You

- 1.) **Do the logic model and evaluation framework make sense and feel like useful tools to understand the impact of the ACC?**
- 2.) When you look at the logic model, where are the pieces that cause the biggest challenges for members, providers, etc?
- 3.) What ideas do you have for research questions?

