ACCESS COMMUNITY HEALTH NETWORK
Caring. Committed. Connected.

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Denise Kitchen
Chairwoman

Donna Thompson
Chief Executive Officer

September 30, 2013

Amy Harris
Submitted via email: Amy.Harris-Roberts@illinois.gov

Dear Ms. Harris:

Access Community Health Network (ACCESS) is submitting this letter of intent in response to the State of Illinois' Solicitation for Accountable Care Entities, ACE Program - 2014-24-002. ACCESS welcomes the opportunity to work with the State to implement the core tenets of the Affordable Care Act by improving quality, improving coordination, and lowering costs, through our ACE model.

As requested, this letter of intent includes the following information:

- ACE Contact Information
- Proposal Summary
- HIPAA Data Use Agreement

We look forward to submitting a final proposal in line with the solicitation request no later than January 3, 2014.

Sincerely,

Donna Thompson
Chief Executive Officer

Section A: Contact Information

Name of Accountable Care Entity (ACE) (working name is acceptable)
ACCESSConnect

Primary Contact Information:
Name Donna Thompson
Title Chief Executive Officer
Organization Access Community Health Network
Address 600 West Fulton, Suite 200
Email donna.thompson@accesscommunityhealthnetwork.net
Phone 312.526.2050
Other information (e.g., assistant) Michael Holman, Executive Assistant; 312.526.2051

Primary Contact Person for Data (if different):
Name Kathleen Gregory
Title Director, Planning and Development
Organization Access Community Health Network
Address 600 West Fulton, Suite 200
Email Kathleen.gregory@accesscommunityhealth.net
Phone 312.526.2093
Other information (e.g., assistant)

Section B: Proposal Outline/Self-Assessment

The Department is not seeking exhaustive detail on any of the following—that will be the purpose of the Proposal. However, high-level answers will:

- help the State understand who is likely to submit Proposals; and
- help interested entities understand the range of issues that must be addressed in the Proposal, thus giving them a chance to prepare for the eventual submission.

This Section B is simply a list of topic areas that we assume you will address in a separate document. Sections A and C must be completed and returned along with the document in which you answer the questions below.

1. **Geography and Population.** Define your service area by county or zip code. Describe, at a high level, the anticipated number of Enrollees (i.e. minimum and maximum) and your plan for recruiting Potential Enrollees. If different than your expected service area, specify the county(ies) or zip codes for which you are requesting data.

2. **Organization/Governance.** List and describe the background of any primary members of the ACE and their responsibilities. Provide a high-level description of your expected governance structure including who will participate on the governing board and the responsibilities of the governing board. What are the main operating agreements that will have to be developed with the primary members? To what extent has work started on developing these arrangements? When will the remaining work be completed?

3. **Network.** Provide a high-level summary of the Providers who have agreed to participate in your network and a summary of other Providers that the ACE plans on recruiting to participate in their network.

4. **Financial.** Please provide a description of the financial resources available to the ACE including the sources of funding for upfront expenses.

5. **Care Model**. Give an outline of your care model, including your plan for care coordination and care management and how your governance structure and financial reimbursement structure support your care model. At this point, we are not expecting a full description of your care model, just a high-level summary of the major components of your expected Proposal.

6. **Health Information Technology**. How will clinical data be exchanged? ACEs must have the capacity to securely pass clinical information among its network of Providers, and to aggregate and analyze data to coordinate care, both to make clinical decisions and to provide feedback to Providers.

Access Community Health Network
ACE Proposal Outline/Self-Assessment

Geography and Population

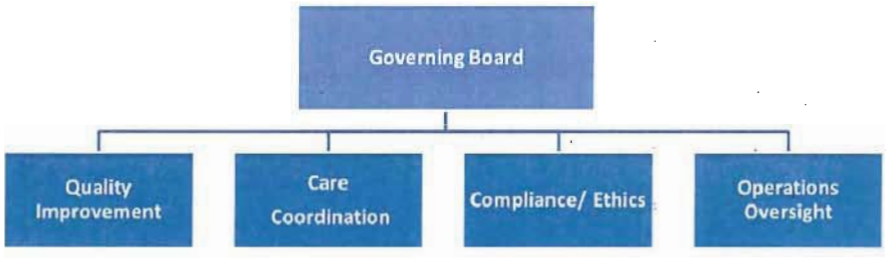
The proposed ACE organization will serve Cook and DuPage counties. ACCESS and its partners' existing footprint in these counties will provide a strong basis for enrollment. The ACE will serve at minimum 60,000 enrollees, meeting the threshold of 40,000 enrollees in Cook County and 20,000 in DuPage County. This number is in line with ACCESS' existing Illinois Health Connect (IHC) program enrollees; there are 67,383 individuals who have chosen ACCESS as their IHC provider as of September 2013. With the addition of two primary care entities serving in the ACE, ACCESS projects that membership will expand to 80,000 at full operation. Further, ACCESS will leverage its existing marketing capabilities and extensive community outreach network to recruit potential enrollees.

Organization/Governance

The proposed ACE organization will be comprised of providers with extensive experience serving the designated population including the medical and behavioral health of children under the age of 19, adults and caregivers eligible under Title XIX, pregnant women with a focus on proactive wellness for this population, and potentially individuals under the ACA. The anticipated primary members of the ACE, and their background, are listed below.

Name	Current Title & Background	Responsibilities
Donna Thompson	Chief Executive Officer	Executive administration and oversight; ACE development and start-up
Tariq Butt, M.D.	Chief Medical Officer	Network development; quality systems and oversight
Mahomed Ouedraogo	Chief Financial Officer	Financial systems; capital development
Etta Henderson	Chief Compliance Officer	Regulatory oversight

The Governing Board will be composed of providers, community members and ACCESS executive leadership. The general organizational structure will be as follows:



Each of these four areas will have detailed oversight responsibilities including performance improvement, network oversight, compliance, and ACE/Plan operations. The specific organization of the

Governing Board will be dependent on the specific requirements of the MCCN/HMO and ACE programs. The responsibilities of the Governing Board include:

- Adopt, monitor and review the ACE mission in setting and planning clear goals and directions for the future;
- Select and appoint a Chief Executive Officer (CEO) and any officers of the company to serve on behalf of the ACE and to manage its affairs and delegates authority to them, review and monitor their performance, and has the authority to remove such officers;
- Enter into any material contracts, financial agreements and vendor relationships in accordance with the ACE Operating Agreement, including but not limited to CMS and State of Illinois contracts;
- Ensure careful and transparent use of resources;
- Establish an internal governance culture and shared values;
- Foster and ensure compliance with relevant laws, rules and regulations affecting the ACE;
- Maintain financial stability of the ACE, including approving budgets and monitoring expenditures;
- Monitor the ACE performance and ACE provider/supplier participation;
- Establish criteria and approve distribution of Shared Savings;
- Incorporate and maintain a transparent governing process; and
- File any documents with any regulatory agency.

The primary operating agreement includes an agreement with a Management Services Organization that will assist the ACCESS ACE administer the program. These discussions have already begun and will conclude prior to January 3, 2014. Upon award of an ACE contract, ACCESS and its partners will commence implementation.

Network

Enrollees in the proposed ACE will benefit from the broad network that ACCESS has established. As of September 30, ACCESS has garnered commitments from the following providers to participate.

Primary Care	Specialty Care	Hospitals	Behavioral Health
Access Community Health Network	Access Community Health Network	Adventist GlenOaks Hospital	Access Community Health Network
Mercy Family Health Centers	Adventist GlenOaks	Loyola University Health System	Adventist GlenOaks
Loyola University Health System	Loyola University Health System	Lurie Children's Hospital	Community Counseling Centers of Chicago (C4)
	Lurie Children's Hospital	Mercy Hospital and Medical Center	Family Guidance
	Mercy Hospital and Medical Center	MetroSouth Medical Center	Gateway Foundation
	Sinai Health System	Northwest Community Hospital	Grand Prairie Services
	University of Chicago Medical Center	Sinai Health System	Mercy Hospital and Medical Center
		St. Anthony Hospital	Metropolitan Family Services
		University of Chicago Medical Center	Sinai Health System

ACCESS is continuing to analyze service gaps and prioritize network development in line with the travel and distance requirements as set forth in the solicitation. Upon receipt of data from the State of Illinois, ACCESS will also review utilization to determine opportunities for further system growth.

Financial

ACCESS has secured $1 million in start-up funds for the proposed ACE. To further support ACE operations, ACCESS has approached a national company working with provider-sponsored Accountable Care Organizations to make available financial and operating resources through revolving credit. The ACE will also leverage capital investments of its ACE partners. This financial support will allow ACCESS to create and modify operations and systems to fulfill the needs of this critical population.

Care Model

The ACE's care model is grounded in the following core elements:

- A primary care-centered approach that leverages the patient-centered medical home, with care coordination driven by the PCP, and engages the member, various specialty medical and service providers and other stakeholders in the process of care coordination;
- Health and social risk assessments that identify medical and support issues facing enrollees; and
- A prevention-orientation that utilizes care management approaches to address environmental factors and barriers that impact enrollees' health such as transportation, food scarcity, and health education.

The ACE defines care coordination as a collaborative process that promotes quality care and cost-effective outcomes that enhance the environmental, physical, psychosocial, and emotional health of individuals. The process is collaborative, with the PCPs, specialists, acute and post-acute Stakeholders and community outreach all working with the care coordination staff to address the needs of the population served.

The ACE is committed to promoting evidence-based medicine to provide care coordination and will foster the development, implementation, review and updating of evidence-based guidelines. The ACE care coordination process will be under the direction of the Chief Medical Officer. It will be a component of the overall Quality Improvement (QI) Program that will continually monitor and evaluate care and services provided.

ACCESS will consolidate multiple data sources including claims, pharmacy, assessments, referrals, census and other data to stratify and assign risk scores to each individual. This predictive modeling stratification drives the type and frequency of intervention, and identifies the appropriate clinical and service providers that need to be engaged with the member. It assigns those interventions to specific staff members, records and documents interventions, assessments and conversations, and is a core system used to drive quality measures and reporting. An individual care plan (ICP) will be developed based upon the beneficiary's unique and immediate needs including those with multiple chronic conditions and others identified as high risk beneficiaries.

Health Information Technology

ACCESS will use the full suite of Epic products to support the health information technology requirements needed to participate in an Accountable Care Entity. Access has successfully fully implemented Epic's electronic health record and is one of only 2.39 percent of organizations nationwide achieving Stage 6 HIMSS Ambulatory EMR Adoption success certification. Epic's full suite of ACO

products is already successfully being utilized by 16 CMS Pioneer ACOs. The major components of our ACE IT strategy are summarized below.

Clinical Data Exchange for Coordination of Care

ACCESS will use *Care Everywhere* to securely exchange clinical information between two Epic systems or to non Epic systems such as other EMRs, Health Information Exchanges (HIE) and the statewide HIE (ILHIE). *Care Everywhere* supports industry standards for exchanging secure clinical data, specifically eHealth Exchange, the Direct Project, and Clinical Document Architecture/ Continuity of Care Document (CDA/CCD) standards. *Care Everywhere* has 66 active connections to non-Epic systems and another 20 connections are soon to be live. In the month of August 2013, there were 1,254,467 patient records exchanged with Care Everywhere; 400,000 of these were patient records sent to non-Epic systems.

ACCESS will use multiple Epic products and features for ACE providers to manage patient care transitions and coordinate care for all ACE patients.

- *EpicCare Link,* a web-based portal will provide ACE providers access to the patient's record, secure clinical messaging between providers, quick scheduling of services across the continuum, telehealth tools to complete e-visits, e-consults, or video visits, and a care transition dashboard for ER and inpatient visits.
- *Community Connect* allows ACE providers to utilize the ACE EHR for their practice.
- *Care Management* allows for Care Coordinators and the Care team to manage, monitor, follow up and coordinate care across the continuum based on a patient's longitudinal care plan.
- *MyAccessHealth* patient portal and phone application gives patients access to their record. Patients can view their test results, request medication refills, request clinical advice, schedule appointments, monitor and document against care plan goals, complete pre-visit questionnaires and receive preventive maintenance alerts and messaging from the Care Coordinators. In addition, MyAccessHealth provides supports remote home monitoring and video visits from the home.

Data Aggregation for Clinical Decision Making, Improving Quality

ACCESS will track ACE performance using Epic's Cogito Enterprise Intelligence package that supports quality measurement, reporting and system workflows to optimize care. Epic's Cogito data warehouse structure brings together Epic and non-Epic data for analytic reporting supporting ACE population management dashboards. Epic's Enterprise Intelligence package contains chronic disease registries, and analytic reporting tools to help identify at-risk patients and out of compliance patients that require follow up. From the Care Management Dashboard the quality metrics can be monitored allowing care management follow up specific to patient populations according to clinical guidelines and protocols. The tools available in Cogitio will allow clinicians, managers and executive to monitor individual and overall performance of ACE organizational goals related to care coordination, patient safety, preventive health, and at-risk populations.