



Illinois Department of Healthcare and Family Services
Innovations Project – Accountable Care Entity
Contract Year 2014 Pre-Implementation Readiness Review Tool
for <CCE Name>



EVALUATION ELEMENTS	CONTRACT LANGUAGE/REQUIREMENTS	SCORING	FINDINGS
Care Model			
1. Care Model <i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.4</i>	The ACE has established a model of care agreed to and implemented by all of its participating Providers and includes planning, by month 19 of operation, to be able to provide the full range of Covered Services needed by Enrollees. The model of care should meet standards that: <ul style="list-style-type: none"> ◆ Assure quality, ◆ Improve the health of the population and, ◆ Over time, reduce overall cost. 	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
2. Integrated Delivery System Model of Care <i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Sections 3.1.4.1 and 3.2.3.1</i>	The ACE has an integrated delivery system, which includes a Provider network that documents adequate capacity for its Enrollees. The roles and responsibilities of participating Providers are clearly defined. The integrated delivery system: <ul style="list-style-type: none"> ◆ Assures access to all necessary care, ◆ Improves access to specialty care, and ◆ Clarifies how Providers work together to coordinate care. 	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
3. Model of Care	The ACE’s Model of Care includes:	<input type="checkbox"/> Met	

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<p><i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Sections 3.1.4.1 through 3.1.4.1.10</i></p>	<ul style="list-style-type: none"> ◆ Capacity for securely passing clinical information among participating Providers and aggregating and analyzing that information to manage care; ◆ Capacity to receive periodic claims data from the Department regarding Enrollees and the ability to analyze and use that data for care coordination; ◆ Agreement among Providers on protocols for approaches to chronic illnesses; ◆ Approaches to integration of primary care and Behavioral Health services based on the severity of illness and condition; ◆ Utilization of a schedule of evidence-based health promotion and prevention interventions for its population; ◆ Chronic care management at the primary care level; ◆ High level of access by phone, visit, email, text or other form 24/7 by primary care team or system tied to the primary care team; ◆ Availability of urgent care coordinated with primary care to minimize unnecessary emergency department (ED) visits; ◆ Transitional care coordination utilizing an evidence-based model among all Providers including inpatient and ED follow-up; and ◆ A quality program that supports its care model and encourages improved health outcomes and quality of care. 	<input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
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4. Care Management <i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Sections 3.1.4.2 and 3.2.3.3</i>	An ACE must be capable of providing both care coordination to its entire population, across all elements of care; with higher levels of care management provided depending upon the risk of the Enrollee. The ACE must outline its care management model which addresses the following elements: <ul style="list-style-type: none"> ◆ Plan for health risk assessment and stratification and ◆ Care management for multiple or high-risk Enrollees with chronic illnesses and complex cases (including high utilizers). 	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
5. Care Management Description <i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002, Section 3.2.3.3 through 3.2.3.3.4</i>	The ACE has a care management program description that includes: <ul style="list-style-type: none"> ◆ The approach, methods, and timeframes for completing health risk assessments, risk stratification, and care plan development; ◆ Interventions for each risk level including those with multiple chronic illnesses and complex cases (including high utilizers and high-risk pregnancies). ◆ A description of who receives a care coordinator, care team, and care plan; ◆ How the ACE will determine and develop a care team structure that meets the individual needs of Enrollees. A description of who leads the care team and how communication will occur among the care team, between the care team and Providers, with other social supports, and with the Enrollee and the family and/or caregiver; and ◆ Includes care coordinator to Enrollee ratios, including how ratios and care coordinator responsibilities may differ based on risk-level and on the needs of the Enrollees they are assigned. 	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	



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6. Care Coordinators <i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002, 3.2.3.4</i>	The ACE has developed job descriptions, and education and training requirements for Care Coordinators based on the needs and risk-level of the Enrollees.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
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7. Existing Enrollee Care Plans <i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002, 3.2.3.5</i>	The ACE has developed a process to incorporate existing care plans from the Enrollee's PCP into the development of new care plans.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
8. Transitional Care Coordination	The ACE utilizes an evidence-based care model to transition Enrollees from: ♦ In-patient to Out-patient	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met	

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<i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002, 3.1.4.1.9 and 3.2.3.2.1 through 3.2.3.2.1.3</i>	<ul style="list-style-type: none"> ◆ PCP to mental health Providers, substance abuse providers, specialist Providers and vice versa and ◆ Out-patient (PCPs, mental health Providers, substance abuse providers,) to In-patient. 	<input type="checkbox"/> Not Met <input type="checkbox"/> NA	
REQUIRED ACTIONS:			
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9. Data Review <i>Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002, 3.2.3.6</i>	The ACE has a process to use utilization data review to improve services for Enrollees. Some of data reviewed are: <ul style="list-style-type: none"> ◆ Hospital readmission rates ◆ Emergency department ◆ Identification of Enrollees with high emergency room utilization 	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
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POST IMPLEMENTATION REVIEW:			
10. Evidence-Based Practice Guidelines <i>Managed Care Contract 10-01-2009, Sections 5.6</i>	The ACE shall establish evidence-based practice guidelines that meet the following criteria, and are distributed to Providers, as appropriate, and to Enrollees and Potential Enrollees, upon request: <ul style="list-style-type: none"> ◆ Are based on valid and reliable clinical evidence or a consensus of Providers in the particular field; ◆ Consider the needs of Enrollees; ◆ Are adopted in consultation with Providers; and ◆ Are reviewed and updated periodically as appropriate. 	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	

