



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



| EVALUATION ELEMENTS | CONTRACT LANGUAGE/REQUIREMENTS | SCORING | FINDINGS |
|---|---|---|----------|
| Complaints and Grievances | | | |
| 1. Enrollee Complaints and Grievances <i>CCE Contract 2013-24-002, Section 5.9.3</i> | The ACE shall establish and maintain procedures for receiving, resolving tracking and reporting on complaints and grievances registered by Enrollees specific to the ACE’s Program. These procedures shall require approval by the Department. | <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. Written Instructions <i>CCE Contract 2013-24-002, Section 5.9.3.1.1</i> | The ACE shall send the Enrollee with written instructions for registering a complaint or grievance. This shall occur within ten (10) calendar days after each Enrollee’s effective enrollment date. The instructions shall include an explanation of the types of complaints and grievances that an Enrollee may file with the ACE, and instructions stating where other types of complaints and grievances should be directed. | <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. How to Register <i>CCE Contract 2013-24-002, Section 5.9.3.1.2</i> | The ACE shall instruct Enrollees to register complaints and grievances through its ACE Program telephone number, via mail or via a designated email address. | <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA | |
| REQUIRED ACTIONS: | | | |



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| 4. Electronic Complaint and Grievance Log <i>CCE Contract 2013-24-002, Section 5.9.3.1.3</i> | The ACE shall maintain an electronic complaint and grievance log to document all complaints and grievances. Documentation must include: <ul style="list-style-type: none"> ◆ The date the complaint or grievance was received, ◆ The name of the Enrollee making the complaint or grievance, ◆ An explanation of the complaint or grievance, and ◆ The final resolution including resolution date. | <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA | |
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| CORRECTIVE ACTION RESPONSE: | | | |
| HSAG REVIEW OF CORRECTIVE ACTION: | | | |
| POST IMPLEMENTATION REVIEW: | | | |
| 5. Resolution <i>CCE Contract 2013-24-002, Section 5.9.3.1.4</i> | The ACE shall resolve complaints and grievances, and provide verbal response to the Enrollee, within thirty (30) calendar days after receipt. The ACE shall resolve emergency and urgent Enrollee complaints and grievances as agreed between the Parties in writing. | <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA | |
| REQUIRED ACTIONS: | | | |
| CORRECTIVE ACTION RESPONSE: | | | |
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| 6. Report | The ACE shall at a minimum report, in a format and frequency as | <input type="checkbox"/> Met | |



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| <i>CCE Contract 2013-24-002, Section 5.9.3.1.5</i> | agreed in writing between the ACE and the Department; ◆ The number of complaints and grievances by the type of complaint or grievance, ◆ The number pending resolution, ◆ The number resolved and ◆ The resolution. | <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: | | | |