



**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
<b>Enrollee Information</b>			
1. Enrollee Engagement and Education  <i>Integrated Care Program Contract 2013-24-004, Section 5.13.4</i>	The ACE shall use a multifaceted approach to locate, engage and educate Enrollees and shall capitalize on every Enrollee contact to obtain and update Enrollee information. The ACE shall solicit input from Enrollees and other stakeholders to help develop strategies to increase motivation for enhanced independent and healthy living.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
2. New Enrollee Welcome Packet  <i>Integrated Care Program Contract 2013-24-004, Sections 4.8 and 5.17.8.5</i>	Within five (5) Business Days after receipt of the 834 Audit File from the Department confirming that an enrollment was accepted, the ACE shall send an Enrollee welcome packet to the Enrollee. The new Enrollee welcome packet shall contain the Enrollee Handbook and addresses important topics, such as how to get needed care, a benefits summary, and information about the Complaint and Grievance processes.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
3. Interpretive Services  <i>Integrated Care Program Contract 2013-24-004, Sections 5.17.4.2</i>	The ACE shall make oral interpretation services available free of charge in all languages to all Potential Enrollees, Prospective Enrollees or Enrollees who need assistance understanding Key Oral Contacts or Written Materials. The ACE must include in all Key Oral Contacts and Written Materials notification that such oral interpretation services are available and how to obtain such services. The ACE shall conduct Key Oral Contacts with Potential Enrollees,	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	



**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
<b>Enrollee Information</b>			
	Prospective Enrollees or Enrollees in a language the Potential Enrollees, Prospective Enrollees and Enrollees understand. If such Participant requests interpretive services by a family member or acquaintance, the ACE shall not allow such services by anyone who is under the age of eighteen (18). The ACE shall accept such Participant’s verification of the age of the individual providing interpretive services unless the ACE has a valid reason for requesting further verification.		
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
4. Reading Level  <i>Integrated Care Program Contract 2013-24-004, Sections 5.17.4.3</i>	All of the ACE’s written communications with Potential Enrollees, Prospective Enrollees and Enrollees must be easily understood by individuals with, and produced at, a sixth grade reading level. The ACE will use the Flesch Reading Ease and Flesch-Kincaid Grade level tests, or other reading level test as approved by the Department, to ensure appropriate reading level. Written Materials will be presented in a layout and manner that enhances Enrollees’ understanding in a culturally competent manner.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
5. Alternative Methods of Communication	The ACE shall make Key Oral Contacts and Written Materials available in such alternative formats as large print, Braille, sign language interpreters in accordance with the Interpreters for the Deaf	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met	



**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
<b>Enrollee Information</b>			
<i>Integrated Care Program Contract 2013-24-004, Sections 5.17.4.4</i>	Act (225 ILCS 442), CART reporters, audio CDs, TDD/TTY, Video Relay Interpretation or Video Relay Services, and in a manner that takes into consideration the special needs of those who are visually impaired, hearing-impaired or have limited reading proficiency. The ACE shall inform Potential Enrollees, Prospective Enrollees and Enrollees, as appropriate, that information is available in alternative formats and how to access those formats. The ACE must provide TDD/TTY service upon request for communicating with Potential Enrollees, Prospective Enrollees and Enrollees who are deaf or hearing impaired. The ACE shall arrange interpreter services through the ACE’s Member Services Department when necessary (such as for Provider visits or consultations). These services will be made available at no cost to the Enrollee.	<input type="checkbox"/> NA	
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
6. Translated Materials  <i>Integrated Care Program Contract 2013-24-004, Sections 5.17.4.5</i>	Translated Written Materials and scripts for translated Key Oral Contacts require Prior Approval and must be accompanied by the ACE’s certification that its certified translator certifies that the translation is accurate and complete, and that the translation is easily understood by individuals with a sixth grade reading level and is culturally appropriate. The ACE’s first submittal of the translated materials to the Department for Prior Approval must be accompanied by a copy of the Department’s approval of the English version and the required translation certification. The ACE shall make all Written Materials distributed to English-speaking Potential Enrollees, Prospective Enrollees and Enrollees, as appropriate, available in Spanish and other prevalent languages, as determined by the Department. Where there is a prevalent single-language minority		



**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
<b>Enrollee Information</b>			
	within the low income households in the relevant DHS local office area (which for purposes of this Contract shall exist when five percent (5%) or more such households speak a language other than English, as determined by the Department according to published Census Bureau data), the ACE’s Written Materials provided to Potential Enrollees, Prospective Enrollees or Enrollees must be available in that language as well as in English.		
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
7. Twenty-Four Hour Telephone Access  <i>Integrated Care Program Contract 2013-24-004, Sections 5.17.6.1</i>	The ACE shall establish a toll-free telephone number, available twenty-four (24) hours, seven (7) days a week, for Enrollees to confirm eligibility for benefits and seek prior approval for treatment where required by the ACE, and shall assure twenty-four (24) hour access, via telephone(s), to medical professionals, either to the ACE directly or to the PCPs, for consultation to obtain medical care.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
8. Toll-Free Number  <i>Integrated Care Program Contract 2013-24-004, Sections 5.17.6.2 and 5.17.6.3</i>	The ACE shall establish a toll-free number available, at a minimum during the hours of 8:30 a.m. until 5:00 p.m. Central Time on Business Days. This number will be used: <ul style="list-style-type: none"> <li>◆ To confirm eligibility for benefits,</li> <li>◆ For approval for non-emergency services, and</li> <li>◆ For Enrollees to call to request or PCP changes, to file</li> </ul>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	



**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
<b>Enrollee Information</b>			
	Complaints or Grievances, to request disenrollment, to ask questions or to obtain other administrative information. ♦ The ACE may use one (1) toll-free number for these purposes or may establish separate numbers.		
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			



**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
<b>Enrollee Information</b>			
9. On-Hold Messaging  <i>Integrated Care Program            Contract 2013-24-004,            Sections 5.17.6.4</i>	The Member Services telephone line on-hold messaging will include health education briefs and general reminders and the ACE benefits and services information. The messaging will be changed periodically to meet identified Enrollee trends or topical issues.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			

**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
<b>Enrollee Information</b>			
<p>10. Enrollee Handbook</p> <p><i>Integrated Care Program Contract 2013-24-004, Sections 5.17.5 through 5.17.5.</i></p>	<p>The ACE shall submit an Enrollee Handbook to the Department for Prior Approval before the first enrollment, when revised, and upon the Department’s request. The ACE shall not be required to submit format changes for Prior Approval, provided there is no change in the information conveyed. At a minimum, the Enrollee Handbook must contain:</p> <ul style="list-style-type: none"> <li>◆ The ACE’s contact information.</li> <li>◆ The Enrollee’s rights and responsibilities and the Enrollee’s freedom to exercise those rights without negative consequences. The Enrollee’s rights include the right to: <ul style="list-style-type: none"> <li>▪ Be treated with respect and with due consideration for the Enrollee’s dignity and privacy;</li> <li>▪ Receive information on available treatment options and alternatives, presented in a manner appropriate to the Enrollee’s condition and ability to understand;</li> <li>▪ Participate in decisions regarding the Enrollee’s health care, including the right to refuse treatment;</li> <li>▪ Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;</li> <li>▪ Request and receive a copy of the Enrollee’s medical records, and to request that they be amended or corrected; and</li> <li>▪ Exercise the Enrollee’s rights, and that the exercise of those rights will not adversely affect the way the Enrollee is treated.</li> </ul> </li> <li>◆ The PCP Network and the PCP’s role in directing and managing the Enrollee’s care.</li> <li>◆ The amount, duration, and scope of benefits available in sufficient detail to ensure that the Enrollee understands the benefits to which the Enrollee is entitled.</li> <li>◆ How and the extent to which the Enrollee may obtain direct access services, including family planning services.</li> <li>◆ The policies and procedures for obtaining services, including self-</li> </ul>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	

**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
<b>Enrollee Information</b>			
	<p>referred services, services requiring prior authorization and services requiring a Referral.</p> <ul style="list-style-type: none"> <li>◆ How to access after-hours, non-emergency care.</li> <li>◆ The procedures for obtaining Emergency Services. The information shall specify that Emergency Services do not require a Referral; provide information about the 911 telephone system; and refer the Enrollee to the Provider Directory or the Call Center for a list of facilities providing Emergency Services and Post-Stabilization Services. The information shall clearly communicate that the Enrollee has a right to use any hospital or other setting for Emergency Services.</li> <li>◆ How to identify what constitutes an Emergency Medical Condition, Emergency Services or the need for Post-Stabilization Services, as defined by 42 C.F.R. Section 438.114(a).</li> <li>◆ Care Coordination and services provided by a Care Coordinator.</li> </ul>		
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			
<p>11. Identification Card</p> <p><i>Integrated Care Program Contract 2013-24-004, Section 4.15</i></p>	<p>The ACE shall send each new Enrollee an identification card bearing:</p> <ul style="list-style-type: none"> <li>◆ The name of the ACE;</li> <li>◆ The effective date of enrollment;</li> <li>◆ The twenty-four (24) hour telephone number to confirm eligibility for benefits and authorization for services; and</li> <li>◆ The name and phone number of the PCP and, if applicable, the WHCP.</li> </ul> <p>The ACE shall make reasonable efforts to send the identification cards no later than five (5) Business Days after receipt of the 834 Audit</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	





**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
<b>Enrollee Information</b>			
	File. The ACE shall send a draft of the identification card described herein to the Department for Prior Approval no fewer than five (5) Business Days prior to the Readiness Review and when the card content is revised. The ACE shall not be required to submit format changes to the card for Prior Approval, provided there is no change in the information conveyed.		
<b>REQUIRED ACTIONS:</b>			
<b>CORRECTIVE ACTION RESPONSE:</b>			
<b>HSAG REVIEW OF CORRECTIVE ACTION:</b>			
<b>POST IMPLEMENTATION REVIEW:</b>			