



EVALUATION ELEMENTS	CONTRACT LANGUAGE/REQUIREMENTS	SCORING	FINDINGS	
Network				
1. Network Participation Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.1 REQUIRED ACTIONS: CORRECTIVE ACTION		☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
HSAG REVIEW OF COL				
POST IMPLEMENTATION	ON REVIEW:			
2. Non-Medicaid Providers Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.1	The ACE network has established procedures for coordinating with non-Medicaid providers such as housing and social service providers.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION	RESPONSE:			
HSAG REVIEW OF COL	RRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:				
3. All Covered Services Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.2.2	The ACE must provide all Covered Services as medically appropriate.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		





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REQUIRED ACTIONS:				
CORRECTIVE ACTION	RESPONSE:			
HSAG REVIEW OF COL	RRECTIVE ACTION:			
POST IMPLEMENTATI	ON REVIEW:			
4. Access Standards Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.3	The ACE network must meet, at a minimum, the State and federal Medicaid access standards: Travel Time and Distance Standards Access to Provider Locations and Appointment Standards.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION	RESPONSE:			
HSAG REVIEW OF COL	RRECTIVE ACTION:			
POST IMPLEMENTATI	ON REVIEW:			
5. Travel Time and Distance Standards The ACE has procedures developed and in place to demonstrate that Enrollees shall not be required to travel more than: Thirty (30) minutes or thirty (30) miles to receive primary health care services in urban areas, or **Sixty (60) minutes or sixty (60) miles to receive primary health care services in rural areas. **Met Partially Met Not Met Not Met NA **Not Met NA				
REQUIRED ACTIONS:				
CORRECTIVE ACTION RESPONSE:				
HSAG REVIEW OF CORRECTIVE ACTION:				
POST IMPLEMENTATI	ON REVIEW:			





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6. Minimum Access Standards	The ACE has minimum access standards that at least meet the standards as specified in Section 3.1.3.3 including distance and travel times, minimum hours of operation, after hours availability, and minimum appointment standards for: PCPs;			
Innovation Solicitation for Accountable Care Entities ACE Program -2014-24- 002 Section 3.2.2.4	 Hospitals; Specialist Providers; Mental Health Providers; and Substance Abuse Providers. 			
REQUIRED ACTIONS:				
CORRECTIVE ACTION	RESPONSE:			
HSAG REVIEW OF CO	RRECTIVE ACTION:			
POST IMPLEMENTATI	ON REVIEW:			
7. Policies for Allowing Provider Choice Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.3.1	The ACE has policies which allow an Enrollee to elect to travel beyond the distance standards when the Enrollee exercises choice in selecting a PCP within the ACE network or specialty care Provider. The free exercise of such choice by the Enrollee will not negatively impact the results of any reporting by the ACE on access to care.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION RESPONSE:				
HSAG REVIEW OF CORRECTIVE ACTION:				
POST IMPLEMENTATION REVIEW:				
8. Access to Provider Locations	The ACE Network includes Provider locations are accessible for Enrollees with disabilities. The ACE collects sufficient information from Providers to assess compliance with the Americans With Disabilities Act. As necessary to serve Enrollees, Provider locations	☐ Met ☐ Partially Met ☐ Not Met		





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Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.3.2	where Enrollees receive services shall be ADA compliant. In addition, the ACE has included within its network Provider locations that are able to accommodate the unique needs of Enrollees.	□NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION RESPONSE:				
HSAG REVIEW OF CORRECTIVE ACTION:				
POST IMPLEMENTATION REVIEW:				





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9. Appointments for Primary Care and Prenatal Visits Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.3.3	 Routine, preventive care are available within five (5) weeks from the date of request for such care. Enrollees with more serious problems not deemed emergency medical conditions shall be triaged and, if necessary or appropriate, immediately referred for urgent medically necessary care or provided with an appointment within one (1) business day of the request. Enrollees with problems or complaints that are not deemed serious shall be seen within three (3) weeks from the date of request for such care. Initial prenatal visits without expressed problems shall be made available within: Two (2) weeks after a request for an Enrollee in her first trimester, Within one (1) week for an Enrollee in her second trimester, and Within three (3) days for an Enrollee in her third trimester. 	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION RESPONSE: HEAC DEVIEW OF CORRECTIVE ACTION.				
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POST IMPLEMENTATION REVIEW:				





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10. Affiliated Providers Hours Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.3.3	The ACE ensures Affiliated Providers offer hours of operation that are no less than the hours of operation offered to persons who are not Enrollees.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION				
HSAG REVIEW OF COI				
POST IMPLEMENTATI	ON REVIEW:			
11. Monitoring Specialty Care Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.3.3	The ACE has procedures in place to ensure 80 percent of Enrollees referred for specialty care are seen within 30 days and 95 percent of Enrollees are seen within 45 days. The procedure may use telephone consultation, e-consultation and other methods to screen for the appropriateness of the referral to specialty care.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION	RESPONSE:			
HSAG REVIEW OF COL				
POST IMPLEMENTATION REVIEW:				
12. Primary Care Provider (PCP) Requirements Innovation Solicitation for Accountable Care Entities ACE	The ACE must have an adequate PCP network with demonstrated capacity to serve its expected number of Enrollees. (40,000 minimum Cook county; 20,000 minimum Lake, Kane, DuPage, or Will counties; Other regions 10,000 minimum). • For each PCP that is 100 percent FTE, a maximum 1800 limit is	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		





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Program -2014-24-002 Section 3.1.3.4	 allowed for all of a PCP's Enrollees in any ACE with which the PCP participates. Each PCP may set an enrollment limit lower than 1800. An additional maximum 900 ACE Enrollees in any ACE with which the PCP participates is allowed for each mid-level practitioner (resident physician/ nurse practitioner/ physician assistant/ advanced practice nurse) who is 100 percent FTE. 		
REQUIRED ACTIONS:			
CORRECTIVE ACTION	RESPONSE:		
HSAG REVIEW OF COL	RRECTIVE ACTION:		
POST IMPLEMENTATION	ON REVIEW:		
13. Illinois Health Connect (IHC) Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.4.1	The ACE PCPs must meet the IHC PCP standards and be enrolled in IHC. ACEs will be required to demonstrate their PCPs current capacity and their capacity to serve the number of expected ACE Enrollees within the 1:1800 limit. The State may investigate ACE PCP capacity through methods such as interviews, will require active acknowledgement on the part of the PCP of their involvement in the ACE, and may require a demonstration of how PCPs are splitting time between the ACE and other clients.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION	RESPONSE:		
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION	ON REVIEW:		
14. Other PCP Requirements Innovation Solicitation for	PCPs may be enrolled in more than one ACE, but will be required to demonstrate capacity to participate in each ACE. Individual PCP participation in all ACE Proposals received by the Department must not exceed the 1:1800 limit.	☐ Met ☐ Partially Met ☐ Not Met	





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Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.4.2 and 3.2.2.4	 The ACE has procedures to monitor and maintain ratios, for: PCPs to Enrollees; Specialist Providers to Enrollees; Mental Health Providers to Enrollees; and Substance Abuse Providers to Enrollees. 	□NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION	RESPONSE:			
HSAG REVIEW OF COL	RRECTIVE ACTION:			
POST IMPLEMENTATI	ON REVIEW:			
15. Obstetrics Requirements Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.5 and 3.2.2.1.3.6	HFS Medical Programs cover slightly more than half the births that take place in Illinois. Therefore, obstetrics is a critical service for serving the target population of an ACE. Slightly more than 25 percent of the Family Health Plan population is women of childbearing age (14-44). The Medicaid birth rate among this age group is 130 per 1000 women. It is assumed that in most cases a Provider cannot reasonably handle more than 300 births in a year. An ACE must show the capacity to cover these births by listing Providers with delivery privileges at a participating ACE hospital sufficient to cover the anticipated number of births based on expected enrollment and hospitals with obstetric units sufficient to handle the volume. At minimum enrollment: • An ACE in Cook County should expect to cover 1300 births, • An ACE in the Collar Counties would cover 650 births, and • An ACE in other regions should expect to cover 325 births.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION RESPONSE:				
HSAG REVIEW OF CORRECTIVE ACTION:				
POST IMPLEMENTATI	ON REVIEW:			





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16. Population Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.6 – 3.1.3.6.3 and 3.2.2.6	 The ACE must serve the Family Health Plan population. The ACE may also choose to serve ACA adults. The ACE's Network is designed to meet the distinct needs of adults and children. Cook County: An ACE operating in Cook County must be able to serve at least 40,000 Enrollees in that county. Lake, Kane, DuPage, or Will Counties: An ACE operating in these counties must be able to serve at least 20,000 Enrollees in those counties. Other Regions: An ACE operating in other regions of the State must be able to serve at least 10,000 Enrollees in the region in which it proposes to operate. 	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION	RESPONSE:			
HSAG REVIEW OF COL	RRECTIVE ACTION:			
POST IMPLEMENTATI	ON REVIEW:			
17. Service Areas Innovation Solicitation for Accountable Care Entities ACE Program -2014-24-002 Section 3.1.3.6.4 – 3.1.3.6.5	The ACE has defined the region it proposes to serve by county and/or zip code (service area). The ACE may serve a partial county(s) as defined by zip codes. The ACE must be able to serve the minimum number of Enrollees associated with any county included in its service area. For example, an ACE proposing to serve southern Cook County, Will County, and Kankakee County would need to serve at least 40,000 Enrollees.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA		
REQUIRED ACTIONS:				
CORRECTIVE ACTION RESPONSE:				
HSAG REVIEW OF CORRECTIVE ACTION:				
POST IMPLEMENTATION REVIEW:				
18. Medical Homes	The ACE's Affiliated Provider network shall include Providers that	☐ Met		





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Integrated Care Program Contract 2013-24-004, Section 5.5.7	act as Medical Homes, with a focus on FQHCs, CMHCs and multi-specialty PCP-centered medical groups and private practice PCP offices.	Partially Met Not Met NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION	RESPONSE:		
HSAG REVIEW OF CO			
POST IMPLEMENTATI	ON REVIEW:		
19. Patient-Centered Integrated Care Program Contract 2013-24-004, Section 5.5.7	 Medical Homes shall be patient-centered medical homes that provide and coordinate: High quality, planned, family-centered health promotion; Wellness Programs; acute illness care; and Chronic Health Condition management. Medical Homes shall provide all PCP services and be supported by Integrated Care Teams and Health Information Technology. Contractor will support Medical Homes and the integration of behavioral and physical health care by providing embedded Care Coordinators, as appropriate, onsite at FQHCs, CMHCs and high volume Providers that agree to this approach.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
20. Support for Medical	Medical Homes shall provide all PCP services and be supported by	Met	





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Homes Integrated Care Program Contract 2013-24-004, Section 5.5.7	Integrated Care Teams and Health Information Technology.	Partially Met Not Met NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION	RESPONSE:		
HSAG REVIEW OF COL	RRECTIVE ACTION:		
POST IMPLEMENTATI	ON REVIEW:		
21. Embedded Care Coordinators Integrated Care Program Contract 2013-24-004, Section 5.5.7	The ACE will support Medical Homes and the integration of behavioral and physical health care by providing embedded Care Coordinators, as appropriate, onsite at FQHCs, CMHCs and high volume Providers that agree to this approach.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			