

## Accountable Care Entities Pre-Assessment Information Form *and* Pre-On-Site Documentation List

### Instructions for Completing the Pre-assessment Information Form

This pre-assessment form is a tool Health Services Advisory Group, Inc. (HSAG) uses to gather information about your organization and its operations and to prepare for and initiate a Pre-Implementation Readiness Review.

Please complete and submit this pre-assessment form electronically. If you have questions regarding the content or use of this form, please e-mail Pat Minnick at [pminnick@hsag.com](mailto:pminnick@hsag.com) or call (602) 801-6845.

### Submission of Pre-assessment Information Form Instructions—Section I

Please submit the completed pre-assessment form by posting it to HSAG's secure file transfer protocol (FTP) site at <https://fm.hshapps.com> in the following folder: **Name of ACE**. Please submit the completed pre-assessment information form on or before ***TBD***. **A pre-on-site conference call will occur prior to this submission to allow the ACE to verify the process.**

## Section I—General Information

Please provide the following general information:

### A. Contact Information

Please insert the ACE identification information below, including the ACE name, name and title of the primary ACE contact for the administrative review process, mailing address, telephone and fax numbers, and e-mail address, if applicable. Also complete the review location address if it is different from the mailing address.

ACE Name: <ACE>

Contact Name and Title:

Mailing Address:

Review Location/Address:

Phone Number:

Fax Number:

E-mail Address:

## Section I—General Information

### A. ACE's History and Current Structure

Provide a brief narrative description and a current organizational chart.

### B. Describe ACE Partners

Description of the key leaders of the partnership, the role they play, and the vision they bring. The description should describe the experience of the collaborators in serving the needs and coordinating the care of the Accountable Care Organization (ACE).

### C. Identify the ACE Proposed Population

## Section I—General Information

### ACE Geographic Area

In this section, please describe the geographic area your ACE will be covering.

## Section I—General Information

### ACE Governance and Structure

In this section, please answer specific questions about your organization's program and structure.

#### Who is the person responsible for day-to-day operations of the ACE program?

<b>Name:</b>	
<b>Title:</b>	

#### Please identify other ACE Key management personnel.

<b>Name</b>	<b>Position</b>

#### Describe the proposed committee and persons responsible for overseeing Care Coordination services?

<b>Name:</b>	
<b>Staff Membership/ Representation (Position/Title):</b>	
<b>Physician Membership/ Representation:</b>	

#### Please describe below the proposed databases/information systems used by the ACE to assist with the Care Coordination activities.

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## Section I—General Information

### ACE Care Coordination Model

In this section, describe the Care Coordination Model. Please include a process flow diagram.

#### *Care Coordination Team*

**Who is the person responsible for day-to-day operations of the Care Coordination Team?**

**Name:**

**Title:**

**Please identify your proposed staffing for the Care Coordination Team.**

<b>Position</b>	<b>FTE allocated to care coordination team</b>

## Section I—General Information

### Delegation

Delegation is defined as:

A formal process by which a managed care plan gives another organization the authority to perform certain functions on its behalf, such as care coordination, credentialing, utilization management, and quality improvement. Although a managed care plan can delegate the authority to perform a function, it cannot delegate the responsibility for assuring the function is performed appropriately.

Please complete the tables below for any activities you delegate.

#### *Quality Improvement (QI) Delegation*

QI Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Selects Indicators, Collects Data, Conducts Programs, Monitors Access, etc.)

#### *Utilization Management (UM) Delegation*

UM Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Authorizes Hospitalization and Major Procedures, Concurrent Review, etc.)

#### *Case Management (CM) Delegation*

CM Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Health Assessments, Treatment Planning, etc.)

## Section I—General Information

### *Disease Management (DM) Delegation*

DM Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Member outreach, etc.)

### *Credentialing Delegation*

Credentialing Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Primary Source Verification, Committee Decisions, etc.)

### *Behavioral Health Delegation*

Behavioral Health Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Care Management, Utilization, Selects Indicators, Collects Data, etc.)

### *Pharmacy Services Delegation*

Pharmacy Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Prior Authorization, Claims Payment, etc.)



**Section I—General Information**

**Care Coordination**

Care Coordination Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions (Selects Indicators, Collects Data, etc.)

**Other Delegated Services**

Administrative Services Delegate(s)	Type of Services Provided	Month and Year Initially Delegated	Delegated Functions

## Section II—Pre-On-Site Documentation Submission List

### DOCUMENT SUBMISSION LIST

#### ***Governance and Structure***

- ACE Organizational chart
- Description of Collaborators
- Partner agreement(s)
- Provider agreement(s)
- Business Associates Agreements (if applicable)

#### ***Care Coordination***

- Care Coordination Program description, including transitions of care, access to specialty care including behavioral health, stratification process, medication management, prescription monitoring, care coordination, health promotion. The program description should also describe the care team, including leadership, communication, training, case loads, responsibilities, and oversight of the care team.
- Draft Member handbooks, member materials that describe Care Coordination services available
- Provider manual, and/or other provider materials that describe Care Coordination services available
- Example letters used to communicate Care Coordination functions to members and providers (e.g., notification of enrollment/disenrollment, “unable to reach” member letters, etc.)
- Copies of health risk assessments, comprehensive assessments and care plans
- Risk stratification algorithm
- Care coordinator team qualifications and credentials and job descriptions
- Procedures to promote wellness and encourage preventive care visits
- Procedures to educate Enrollees and their families/caregivers on health conditions and social supports
- Proposed Training Curriculum for care coordination team
- Documentation of care coordination team training

#### ***Enrollee Rights and Information***

- Policies and procedures for enrollee rights and responsibilities
- Confidentiality policy
- Draft Member handbook
- Draft Enrollee identification card
- Draft Enrollment Welcome packets/materials (in all available languages), including member rights and information
- Policy for provision of interpretive services
- Web-site information (Web-site address and, if available, content list of member-related information accessible via Web-site)

#### ***Complaints, Grievances and Appeals***

**Section II—Pre-On-Site Documentation Submission List**

- Policies and procedures for enrollee complaints/grievances
- Method to be used for tracking, trending, oversight, and monitoring of complaints/ grievances
- Committee structure that will be responsible for reviewing formal grievances
- Policies and procedures for enrollee appeals
- Method to be used for tracking, trending, oversight, and monitoring of appeals
- Documentation of employee training

***Health and Safety - Critical Incidents***

- Policies and procedures for receiving and reporting critical incidents
- Documentation of employee training

***Confidentiality***

- Policies and procedures for HIPAA compliance
- Documentation of employee training

***Health Information Systems***

- Information diagrams and schematics illustrating data collection and integration (when available)

***Implementation Plan***

- Detailed implementation plan

***Delegated Services***

- Delegated Agreement
- Oversight and monitoring plan of delegated services

Please use the space below to provide any additional information that you think is important for HSAG reviewers to know.

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