Illinois Department of Healthcare and Family Services
Solicitation for Accountable Care Entities (ACE)
Reference No. 2014-24-002

Addendum #3

This addendum is issued to further define and amend the original Request For Proposal (RFP) for the above referenced project, as issued by this office on August 1, 2013, and is now considered a part thereof. This addendum is to be acknowledged in accordance with the solicitation, Proposal to State of Illinois, Acknowledgment of Amendments/Addendums. Offerors are instructed to read this entire package before attempting to complete the information required therein. All other terms and conditions of the solicitation shall remain in full force and effect, unchanged except as amended hereby.

#'s	Question		Answers
HIT 1 **(Addendum 1)**	Has the State evaluated how the information exchanges anticipated in Sections 3.2.4.1.3 and .4 will be permissible under existing confidentiality laws, including the laws cited below? Does the State intend to provide guidance regarding the permissibility of such exchanges? • Federal substance abuse confidentiality law and regulations (42 U.S.C. § 290dd-2 and 42 CFR Part 2) • Illinois Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS § 301 et seq.)		Yes. Under State and Federal law, health information can be exchanged through a health information exchange for authorized purposes including treatment and care coordination without patient consent unless the information is specially protected. Specially protected health information, e.g. HIV testing data and genetic testing information, generally requires patient consent before disclosure. With a proper consent, this information can be shared through the ILHIE's bi-directional exchange, EHR Connect. Certain other health information such as information protected under Federal substance abuse confidentiality law and regulations (42 U.S.C. § 290dd-2 and 42 CFR Part 2) and the Illinois Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS § 301 et seq.) is subject to heightened protections and cannot be shared through EHR Connect at this time. With patient consent, this information can be shared through the ILHIE, using the ILHIE's secure point to point transmission protocol known as Direct. Direct can currently be used to share specially protected health information in the same way that providers share information using facsimile or mail. The State, particularly the Office of Health Information Technology and Illinois Health Information Exchange Authority, are developing sample patient consent forms that will allow patients to consent to the disclosure of specially protected health information. When asked to consent to share their health information through the health information exchange, patients will be offered meaningful disclosure about EHR Connect. We suggest that you review this issue with your counsel as the above is not intended to be legal advice.

#'s	Question		Answers
HIT 11 **(Addendum 1)**	Will ACE's "have" to use the ILHIE or will they be able to use other health information exchanges?		ACEs will have to connect to the ILHIE or to an Illinois regional HIE that is connected to the ILHIE. A list of those regional HIEs is available at: http://www2.illinois.gov/gov/HIE/Pages/IllinoisLocalHealthInformationExchanges.aspx
HIT 12 **(Addendum 1)**	**[A]** What are the specific requirements for IT connectivity and real-time data exchange – particularly between PCP's and the ED?		**[A]** By January 1, 2015, all hospitals (including emergency departments) and PCPs must have an electronic health record (EHR) system that is certified under the 2011 or 2014 criteria by an Office of the National Coordinator for Health Information Technology-Authorized Testing and Certification Body. All hospitals and PCPs participating in the ACE will be required to utilize the ILHIE or an Illinois regional HIE that is connected to the ILHIE for real-time exchange of EHR data, secure messaging or both.
HIT 12 cont… **(Addendum 1)**	**[B]** Can you clarifying the requirement that by month 18 that an ACE must demonstrate real-time care connectivity between ERs and PCPs? Is this EMR connectivity or notification (for example secure email) to PCPs of patients presenting in the ER?		**[B]** By month 18, connectivity between ERs and PCPs will be at minimum, through direct secure messaging. The ability to utilize a certified EHR system to create either a C32/CCDA on-demand and send via an IHE XDS.b request or an XCA protocol will eventually be required of participating hospitals and PCPs.

#'s	Question		Answers
HIT 12 cont… **(Addendum 1)**	**[C]** The Solicitation requires the ACE to be able to "securely pass clinically information". What are the HIT requirements? Are HIE's required? Can portals be used?		**[C] HIT requirements are as follows:** 1. Proposals should identify all ACE members that have an electronic health record system, the name of the system, whether it is certified by an Office of the National Coordinator for Health Information Technology – Authorized Testing and Certification Body, and whether that certification is under the 2011 or 2014 criteria. 2. Proposals should describe how EHR systems will be used by members to share clinical data; 3. Members that have a certified EHR will be expected to be on-boarded to the ILHIE or an Illinois regional HIE that is connected to the ILHIE for the exchange of EHRs. A list of those HIEs is available at: http://www2.illinois.gov/gov/HIE/Pages/IllinoisLocalHealthInformationExchanges.aspx; 4. All members are required to have an active ILHIE Direct secure messaging account or another Direct-compliant secure messaging service with a health information service provider that is accredited by DirectTrust.org. A list of those health information service providers is available at http://www.directtrust.org/accreditation-status/.
HIT 12 cont… **(Addendum 1)**	**[D]** In section 3.1.5.1 the RFP specifies that ACE providers must have the "ability to utilize" the IL HIE. Please clarify what is meant by "ability to utilize"? Could participation in Direct, Secure Messaging qualify?		**[D]** The "ability to utilize the ILHIE is described as follows: 1. By January 1, 2015, all participating physician practices, community health centers and hospitals have an electronic health record system (EHR) that is certified under the 2011 or 2014 criteria by an Office of the National Coordinator for Health Information Technology-Authorized Testing and Certification Body; and 2. The ACE has, or a majority of its participating providers have, signed a data sharing agreement with the ILHIE or one of the Illinois regional HIEs that have signed a data sharing agreement with the ILHIE. A current list of those HIEs is available at: [http://www2.illinois.gov/gov/HIE/Pages/IllinoisLocalHealthInformationExchanges.aspx; and, 3. All members have an active ILHIE Direct secure messaging account or another Direct-compliant secure messaging service with a health information service provider that is accredited by DirectTrust.org. A list of those health information service providers is available at: http://www.directtrust.org/accreditation-status/.

#'s	Question		Answers
MISC 16	Being that the date of the solicitation is Jan 3, 2014, would it still be possible for interested vendors to submit a letter of intent?		No. Letters of Intent were due to the Department no later than October 1, 2013.
MISC 17	Can Indiana providers be part of an ACE?		Yes. While an ACE lead entity must be based in Illinois, ACE providers may be out of state, subject to the same requirements as Illinois providers.
MISC 18	Must executed and effective governance documents, including operating agreements, management agreements and provider participation agreements, be included in the solicitation proposal?		Attachment A of the Solicitation, Organization/Governance, requires that the proposal demonstrate an established governance structure with an identified lead entity as described in Section 3.1.2.1 to be considered for formal evaluation. It does not require executed and effective governance documents be included; however, offerors are encouraged to include the documents they deem necessary to respond to the requirements of the Solicitation. Attachment B, Anticipated ACE to MCO timeline identifies May 2014 for when all written agreements must be in place for purposes of the readiness review.
MISC 19	Can an ACE be full risk from day one or do you have to wait for the 18 months to convert to full risk?		While Section 3.1.1.1.1.4, of the Solicitation states that an ACE may elect to move to full-risk capitation payments on a more expedited timetable than described in the Solicitation, an ACE must be a MCCN or HMO in order to accept full-risk and MCCNs and HMOs (MCOs) are not qualified to submit a proposal. Therefore an ACE wishing to except risk on day 1 would need to be a non-MCO at the time of their proposal to convert to MCO between then and day 1. This would include immediately.