



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
Subcontractual Relationships and Delegation			
1. Monitoring <i>Integrated Care Program Contract 2013-24-004, Section 5.27.2-5.27.3</i> 42 CFR 438.230 (a)(1) & (2)	The ACE shall remain responsible for the performance of any of its responsibilities delegated to Affiliated Providers or subcontractors. No Provider agreement or subcontract can terminate the legal responsibilities of the ACE to the Department to assure that all the activities under this Contract will be carried out. 42 CFR 438.230 (a) <i>General rule. The State must ensure, through its contracts, that each MCO, PIHP, and PAHP—</i> (1) <i>Oversees and is accountable for any functions and responsibilities that it delegates to any subcontractor; and</i> (2) <i>Meets the conditions of paragraph (b) of this section.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
2. Pre-delegation Assessment 42 CFR 438.230 (b)(1)	The ACE evaluates each delegated entity prior to executing a subcontract to assure that the entity is capable of performing the delegated activity. 42 CFR 438.230 (b) <i>Specific conditions.</i> (1) <i>Before any delegation, each MCO, PIHP, and PAHP evaluates the prospective subcontractor's ability to perform the activities to be delegated.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			



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3. Written Agreement <i>Integrated Care Program Contract 2013-24-004, Section 5.27.1.1</i> <i>42 CFR 438.230 (b)(2)(i)</i>	The Affiliated Providers and Subcontractors shall be bound by the terms and conditions of this Contract that are appropriate to the service or activity delegated under the agreement or subcontract. Such requirements include, but are not limited to, the record keeping and audit provisions of this Contract, such that the Department or Authorized Persons shall have the same rights to audit and inspect Affiliated Providers and Subcontractors as they have to audit and inspect the ACE. <i>42 CFR 438.230 (b)(2) There is a written agreement that— (i) Specifies the activities and report responsibilities delegated to the subcontractor;</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
4. Sanctions for Nonperformance <i>Integrated Care Program Contract 2013-24-004, Sections 5.27.9.2. and 5.27.7</i> <i>42 CFR 438.230 (b)(2)(ii)</i>	The ACE must retain the right to terminate any Provider agreement or subcontract, or impose other sanctions, if the performance of the Affiliated Provider or Subcontractor is inadequate. The ACE will promptly terminate all contracts with Providers and Subcontractors, or impose other sanctions, if the performance of the Affiliated Provider or Subcontractor is inadequate. <i>42 CFR 438.230 (b)(2) There is a written agreement that— (ii) Provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
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<p>5. Monitoring of Delegated Entities</p> <p><i>Integrated Care Program Contract 2013-24-004, Attachment XI, Item 7. A-f</i></p> <p><i>42 CFR 438.230 (a)(1) and (b)(3-4)</i></p>	<p>If the ACE delegates any activities to subcontractors:</p> <ul style="list-style-type: none"> ◆ There shall be a written description of the following: the delegated activities; the subcontractor’s accountability for these activities; and the frequency of reporting to the ACE. ◆ The ACE shall have written procedures for monitoring and evaluating the implementation of the delegated functions and for verifying the actual quality of care being provided. ◆ The ACE shall be held accountable for subcontractor’s performance and must assure that all activities conform to this Contract’s requirements. ◆ There shall be evidence of continuous and ongoing evaluation and oversight of delegated activities, including approval of quality improvement plans and regular specified reports, as well as a formal review of such activities. Oversight of delegated activities must include no less than an annual audit, analyses of required reports and Encounter Data, a review of Enrollee complaints, grievances, Provider complaints and appeals, and quality of care concerns raised through Encounter Data, monitoring activities, or other venues. Outcomes of the annual audit shall be submitted to the Department as part of the QA/UR/PR Annual Report. ◆ The ACE shall be responsible for, directly or through monitoring of delegated activities, credentialing and re-credentialing, and shall review such credentialing files performed by the delegated entity no less than annually, as part of the annual audit. ◆ If the ACE or subcontractor identifies areas requiring improvement, the ACE and subcontractor, as appropriate, shall take corrective action and implement a quality improvement initiative. If one or more deficiencies are identified, the subcontractor must develop and implement a corrective action plan, with protections put in place by the ACE to prevent such 	<p> <input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A </p>	



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Subcontractual Relationships and Delegation

	<p>deficiencies from reoccurring. Evidence of ongoing monitoring of the delegated activities sufficient to assure corrective action shall be provided to the Department through quarterly or annual reporting.</p> <p><i>42 CFR 438.230</i></p> <p><i>(a) General rule. The State must ensure, through its contracts, that each MCO, PIHP, and PAHP—</i></p> <p><i>(1) Oversees and is accountable for any functions and responsibilities that it delegates to any subcontractor</i></p> <p><i>(b)(3)The MCO, PIHP, or PAHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State ACE laws and regulations.</i></p> <p><i>(4) If any MCO, PIHP, or PAHP identifies deficiencies or areas for improvement, the ACE, PIHP, or PAHP and the subcontractor take corrective action.</i></p>		
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REQUIRED ACTIONS:

CORRECTIVE ACTION RESPONSE:

HSAG REVIEW OF CORRECTIVE ACTION:

POST IMPLEMENTATION REVIEW:

<p>6. Delegated Oversight Committee</p> <p><i>Integrated Care Program</i> <i>Contract 2013-24-004,</i> <i>Section 2.7.4</i></p>	<p>The ACE’s Delegated Oversight Committee will provide oversight of subcontractors to ensure compliance with contractual and statutory requirements. This oversight will occur through quarterly delegation oversight audits, monthly joint operation meetings and regular monitoring of Enrollee Complaints.</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p>	
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REQUIRED ACTIONS:

CORRECTIVE ACTION RESPONSE:

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Contract Year 2014 Pre-Implementation Readiness Review Tool
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7. Corrective Action <i>Integrated Care Program Contract 2013-24-004, Sections 5.27.9.5</i> 42 CFR 438.230 (b)(4)	The ACE will monitor the performance of all Affiliated Providers and Subcontractors on an ongoing basis, subject each Affiliated Provider and Subcontractor to formal review on a triennial basis, and, to the extent deficiencies or areas for improvement are identified during an informal or formal review, require that the Affiliated Provider or Subcontractor take appropriate corrective action. 42 CFR 438.230 (b)(4) If any MCO, PIHP, or PAHP identifies deficiencies or areas for improvement, the ACE, PIHP, or PAHP and the subcontractor take corrective action.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
8. Nondiscrimination <i>Integrated Care Program Contract 2013-24-004, Sections 9.1.22(iv)-(vi)</i> 42 CFR 438.12 (a)(1-2)	An ACE may not discriminate against any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification. If an ACE declines to include individual or groups of providers in its network, it must give the affected providers written notice of the reasons for its decision. In all contracts with health care professionals, The ACE must comply with the requirements specified in 42 CFR § 438.214. This paragraph may not be construed to: a) Require the ACE to contract with providers beyond the number necessary to meet the needs of its Enrollees; b) Preclude the ACE from using different reimbursement amounts for different specialties or for different practitioners in the same specialty; or c) Preclude the ACE from establishing measures designated to maintain quality of services and control costs and consistent with	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	



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Innovations Project – Accountable Care Entity
Contract Year 2014 Pre-Implementation Readiness Review Tool
for <ACE Name>



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Subcontractual Relationships and Delegation			
42 CFR 438.12 (b)(1-3)	its responsibilities to Enrollees. 42CFR 438.12 (a) <i>General rules.</i> (1) <i>An MCO, PIHP, or PAHP may not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. If an MCO, PIHP, or PAHP declines to include individual or groups of providers in its network, it must give the affected providers written notice of the reason for its decision.</i> (2) <i>In all contracts with health care professionals, an MCO, PIHP, or PAHP must comply with the requirements specified in § 438.214.</i> (b) <i>Construction. Paragraph (a) of this section may not be construed to—</i> (1) <i>Require the MCO, PIHP, or PAHP to contract with providers beyond the number necessary to meet the needs of its enrollees;</i> (2) <i>Preclude the MCO, PIHP, or PAHP from using different reimbursement amounts for different specialties or for different practitioners in the same specialty; or</i> (3) <i>Preclude the MCO, PIHP, or PAHP from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to enrollees.</i>		
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
9. Enrollee Nondiscrimination	The ACE shall abide by all Federal and State laws, regulations, and orders that prohibit discrimination because of race, color, religion, sex, national origin, ancestry, age, physical or mental disability,	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met	



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Contract Year 2014 Pre-Implementation Readiness Review Tool
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Subcontractual Relationships and Delegation

<p><i>Integrated Care Program Contract 2013-24-004, Sections 9.1.22</i></p> <p><i>42 CFR 438.100 (d)</i></p>	<p>including, but not limited to, the Federal Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Federal Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Illinois Human Rights Act, and Executive Orders 11246 and 11375.</p> <p><i>42 CFR 438.100 (d) Compliance with other Federal and State laws. The State must ensure that each MCO, PIHP, PAHP, and PCCM complies with any other applicable Federal and State laws (such as: title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; and titles II and III of the Americans with Disabilities Act; and other laws regarding privacy and confidentiality).</i></p>	<p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p>	
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REQUIRED ACTIONS:

CORRECTIVE ACTION RESPONSE:

HSAG REVIEW OF CORRECTIVE ACTION:

POST IMPLEMENTATION REVIEW:

<p>10. Subcontractor Training and Education: Cultural Competence Plan</p> <p><i>Integrated Care Program Contract 2013-24-004, Section 2.7.4 and 5.8.3</i></p>	<p>The ACE will require that its Subcontractors comply with the ACE's Cultural Competence Plan and complete the ACE's initial and annual cultural competence training.</p> <p>The ACE will provide the cultural competency requirements at orientation, training sessions, and updates as needed.</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p>	
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for <ACE Name>



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Subcontractual Relationships and Delegation			
11. Subcontractor Training and Education: Orientation <i>Integrated Care Program Contract 2013-24-004, Section 5.8.1</i>	The ACE shall conduct orientation sessions for Affiliated Providers and their office staff.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
12. Subcontractor Training and Education: Medical Home <i>Integrated Care Program Contract 2013-24-004, Section 5.8.2</i>	The ACE will educate Affiliated Providers about the Medical Home model and the importance of using it to integrate all aspects of each Enrollee's care, as well as how to become a Medical Home.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
13. Subcontractor Training and Education: Provider Manual <i>Integrated Care Program Contract 2013-24-004, Section 5.8.4</i>	The ACE's Provider Manual shall be a comprehensive online reference tool for the Provider and staff regarding, but not limited to, administrative, prior authorization, and Referral processes, claims and encounter submission processes, and plan benefits. The Provider Manual shall also address topics such as clinical practice guidelines, availability and access standards, Care Management Programs and Enrollee rights.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	



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POST IMPLEMENTATION REVIEW:			
14. Subcontractor Training and Education: Provider Directory <i>Integrated Care Program Contract 2013-24-004, Section 5.8.5</i>	The ACE shall make its Provider Directory available to Providers via the ACE's web-portal.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
15. Provider-based Health Education for Enrollees <i>Integrated Care Program Contract 2013-24-004, Section 5.8.6</i>	The ACE shall ensure that Providers have the preventive care, disease-specific and plan services information necessary to support Enrollee education in an effort to promote compliance with treatment directives and to encourage self-directed care.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
16. Payment in Full <i>Integrated Care Program</i>	Acceptance of payment of the rates specified for any Enrollee is payment in full for all Covered Services provided to that Enrollee, except to the extent the ACE charges such Enrollee a copayment as permitted in this Contract.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	



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	<p>(a) <i>General rules. (1) An MCO, PIHP, or PAHP may not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an enrollee who is his or her patient, for the following:</i></p> <p>(i) <i>The enrollee’s health status, medical care, or treatment options, including any alternative treatment that may be self-administered.</i></p> <p>(ii) <i>Any information the enrollee needs in order to decide among all relevant treatment options.</i></p> <p>(iii) <i>The risks, benefits, and consequences of treatment or nontreatment.</i></p> <p>(iv) <i>The enrollee’s right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.</i></p>		
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			
<p>18. Grievance Information</p> <p><i>Integrated Care Program Contract 2013-24-004, Sections 5.27.6</i></p> <p><i>42 CFR 438.228(a)</i> <i>42 CFR 438.414</i></p>	<p>All Affiliated Providers shall be furnished with information about the ACE’s Grievance and Appeal procedures at the time the Provider enters into an agreement with the ACE and within fifteen (15) days following any substantive change to such procedures.</p> <p><i>42 CFR 438.228</i></p> <p>(a) <i>The State must ensure, through its contracts, that each MCO and PIHP has in effect a grievance system that meets the requirements of subpart F of this part.</i></p> <p><i>42 CFR 438.414</i></p> <p><i>The MCO or PIHP must provide the information specified at § 438.10(g)(1) about the grievance system to all providers and subcontractors at the time they enter into a contract.</i></p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> N/A</p>	
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POST IMPLEMENTATION REVIEW:			
19. Delegation of Credentialing and Recredentialing <i>Integrated Care Program Contract 2013-24-004, Sections 5.7.4</i>	The ACE may subcontract or delegate all or part of its credentialing functions when the subcontractor or delegate, such as a Provider organization, maintains a formal credentialing program in compliance with the ACE, NCQA, the Department and applicable regulatory agency standards. The ACE shall remain responsible for Provider credentialing and recredentialing.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
REQUIRED ACTIONS:			
CORRECTIVE ACTION RESPONSE:			
HSAG REVIEW OF CORRECTIVE ACTION:			
POST IMPLEMENTATION REVIEW:			