

Attachment D Letter of Intent (LOI)

In order to allow for appropriate planning around this component of the ACE Program, the Department is requiring a Letter of Intent (LOI) from each entity that anticipates or is seriously considering submitting a Proposal for providing services under the ACE Program. While submitting a LOI does not commit an entity to actually submit a Proposal, HFS will not accept a Proposal from nor provide data to an entity that has not submitted a LOI by the due date of October 1, 2013.

The Department wants one LOI per entity, irrespective of the number of members within the entity. The organization and person submitting the LOI will be the Department's primary contact unless the contact information is subsequently changed. If an entity determines it is no longer interested in making a Proposal, it should withdraw its LOI.

The LOI must include the following items:

- Section A (Contact Information)
- Section B (Proposal Summary/Self-Assessment Form)
- Section C (HIPAA Data Use Agreement*)

** The Department will provide what HIPAA defines as a 'limited data set'. The data will not contain directly identifiable information, but will have sufficient granularity that HIPAA protections still apply.*

Other than sections marked with < > symbols, you must sign the Data Use Agreement without changes to format or language. We have provided a separate Word document for your use. Remove the < > symbols and content and insert your content as instructed.

The expected high-level timeline of the ACE Program is as follows:

- Last date to submit LOI – October 1, 2013
- Data sharing – As the LOI are received
- Proposals due – January 3, 2014
- Award Announcement – Anticipate February 2014
- Contract Start – Anticipate July 2014

Please send the completed LOI to Amy Harris at Amy.Harris@illinois.gov. If you have questions about the LOI submission, please contact Amy Harris.

Section A: Contact Information

Name of Accountable Care Entity (ACE) (working name is acceptable)

Primary Contact Information:

Name Janelle Reilly
Title Chief Strategy and Growth Officer and Interim System Vice President, Operations
Organization Presence Health Partners
Address 2380 E. Dempster, Des Plaines, IL 60016
Email Janelle.Reilly@Presence.Health.org
Phone 773-594-7852
Other information (e.g., assistant) _____

Primary Contact Person for Data (if different):

Name Same
Title _____
Organization _____
Address _____
Email _____
Phone _____
Other information (e.g., assistant) _____

Section B: Proposal Outline/Self-Assessment

1. Geography and Population.

Counties	Anticipated Number of Enrollees	
	Minimum	Maximum
Cook	40,000	TBD, depending on assessment
Kane		
Will		
Kankakee		
Champaign		
Vermilion		

Recruitment Plan.

- **Identification.** The project will identify patients (women and children) from the existing Presence Health Partners beneficiaries, as well as the state process for identification and assignment.
- **Recruitment.** Initial recruitment will identify, reach out to, and contract with 40,000 patients. Later, participants will be identified and recruited from multiple sources including, but not limited to, discharge personnel, community-based organizations, and care coordinators.
- **Recruitment Support.** Outreach and training will be provided through existing infrastructure. The data is in place and the consent policy has been developed. Patients that are most at risk will be identified. Upon agreeing to participate a consent form will be signed by the patient. To prevent cycling of patients through the program, the Project Manager will monitor progress on a quarterly basis. If the Project Manager identifies an issue with a high percentage of patients cycling through the program prior to the completion (exceeding 10% of the patient population), a plan will be developed with the participating hospitals to develop strategies to respond to identified needs.

2. Organization/Governance.

In November of 2011, Provena Health and Resurrection Health Care formed Presence Health the largest healthcare system in Illinois, encompassing 12 hospitals, 29 long term care and senior residential facilities, numerous outpatient services and clinics, home health services, hospice, private duty, comprehensive Behavioral Health services and more. As the single largest Catholic health system in Illinois, as well as one of the State of Illinois' largest employers, Presence Health partners with 4,000 expert physicians and 22,000 dedicated employees to provide a full continuum of services. Presence Health providers are able to develop new and innovative methods of providing coordinated patient, resident and family-centered care as a result of its breadth of services. Presence Health participating sites have over a hundred years of experience providing healthcare services to the greater Chicagoland area.

Primary Members of the ACE.

Members	Responsibilities
Presence Health Network	Parent organization of Presence Health Partners. Primary responsibility is financial and administrative oversight.
Presence Health Partners	ACE Lead Applicant Primary and specialty care services Project oversight and coordination
Presence Medical Group	Primary and specialty care services, back office support.
Presence Saint Joseph Hospital-Chicago, Presence Our Lady of the Resurrection Medical Center, Presence Saints Mary and Elizabeth Medical Center, Presence Resurrection Medical Center, Presence Saint Joseph Hospital-Elgin, Presence Mercy Medical Center, Presence Saint Joseph Medical Center, Presence St. Mary's Hospital, Presence United Samaritan's Medical Center, and Presence Covenant Medical Center.	Acute/in-patient services
Presence Behavioral Health	Outpatient services
Presence Life Connections	Home care services (if required)

Governance Structure

The ACE applicant is Presence Health Partners (formed in December of 2012). An extensive clinical integration process has been underway for over two years with the proposed target list of providers, including a combination of independent and employed physician providers. Presence Health Partners has recently initiated formal agreements with proposed ACO participants to operate as a patient-centered accountable care organization that provides high quality, coordinated and cost-effective care to beneficiaries by: facilitating coordination among providers; promoting accountability for the care of beneficiaries, evidence-based medicine, and beneficiary engagement; and encouraging investment in infrastructure and redesigned care processes.

Main Operating Agreements Below are the main operating agreements that have been developed. All of the agreements are in process of being developed. Presence Health Partners has existing operating agreement formats that will be tailored to the specific requirements of the ACE project.

- Physician Participation Agreement.
- Physician Group Participation Agreement.
- Hospital Participation Agreement.

3. **Network.** Provide a high-level summary of the Providers who have agreed to participate in your network and a summary of other Providers that the ACE plans on recruiting to participate in their network.

Providers	Current/Plans to Recruit
Presence Medical Group	Current
Presence Health Partners	Plans to recruit
Federally Qualified Health Center partnerships- TBD	Plans to recruit

4. **Financial.** Presence Health Partners is currently evaluating resources for upfront costs that will be put into the full proposals. Overall, Presence Health Network has a revenue base of over \$3 billion. Presence Health Network sites have over 20 years of experience successfully managing state and federally funded programs without significant cost disallowances or recommendation from outside auditors or funders for internal controls. We have the administrative, programmatic and technological processes and systems in place that provide a solid structure and infrastructure to administer this project. Presence Health Partners completes our own fiscal duties and undergo an annual audit by an independent accounting firm to assure compliance with the Government Auditing Standards. Existing fiscal procedures include an oversight process which is outlined and updated continually.

5. **Care Model.**

Care Model Design

Care coordination and care transitions will be redesigned from end to end by using a patient-centered approach. This will be accomplished with a multi-disciplinary/cross continuum team working at the top of their licensure with emphasis on hand-offs between roles, levels of acuity, specialties and facilities. The Presence Health system has already instituted service lines around cardiovascular, oncology, and orthopedics. These service lines will be utilized to begin care coordination/care transition improvements to better serve patients.

Areas for potential care coordination/care transition improvement will be identified on annual basis by the Presence Health Partners’ Quality Improvement Committee, as a result of the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, other patient engagement efforts, and scores on other quality/safety measures.

Specific improvement efforts may include, but are not limited to:

- Proactive discharge planning preparation before and while in the acute care setting
- Safety and quality coordination through the completion of tasks/checklist
- Coordination of the surgical, medical, nursing/ancillary staff and transitions team,
- Development of a shared beneficiary care plan for all caregivers throughout discharge and follow up and recovery
- An understandable discharge plan that is optimize based on discharge disposition

Governance Structure/Financial Reimbursement

During the first year, Presence Health Partner’s Quality Improvement Committee will oversee a review of the target measures (cost and quality) and the existing infrastructure to support quality and cost metrics. The Presence Health Partners’ Quality Improvement Committee will provide recommendations for any necessary improvements to the existing infrastructure to track proposed quality and cost metrics to the Board. If additional infrastructure is required, the Presence Health Partners Board will work with participating providers to implement such infrastructure.

6. **Health Information Technology.**

The Presence Health system is already pursuing presently an aggressive timeline to implement the Epic System for its entire employed physician group known as Presence Medical Group as part of a broader implementation for its entire system. The Presence Health system is installing Epic in its legacy Resurrection Hospitals and is upgrading Meditech for Meaningful Use in its legacy Provena Hospitals. During the 3 year performance period the Presence Health system will install a Private Health Information Exchange, Community Portal, Integrated Care Management System and Clinical Data Repository, Registry tools, Clinical Analytics, Population Risk Management Tools, Digital Patient Engagement Tools, and Shared Decision Making tools. The Presence Health system will also utilize Personal Health Records from Epic and other vendors as appropriate to enhance care redesign, care coordination, and beneficiary engagement to support this progress.

7. **Other Information.** Presence Health Partners has the requisite institutional infrastructure to support the ACE program. For example, Medicare Value Partners, an affiliate of Presence Health Partners is a Medicare Shared Savings accountable care organization. In addition, Presence Health system affiliates with Blue Cross and Blue Shield of Illinois on an Intensive Care Outcome Management (ICOM) project.