

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)

Rockford Health System ACE (draft) _____

Primary Contact Information:

Name Paula R. Dillon _____

Title Director of Managed Care _____

Organization Rockford Health System _____

Address 2400 N. Rockton Avenue, Rockford IL 61103 _____

Email pdillon@rhsnet.org _____

Phone 815-971-5871 _____

Other information (e.g., assistant) Lorrie Pierce, 815-971-7263 lpierce@rhsnet.org _____

Primary Contact Person for Data (if different):

Name SAME AS ABOVE _____

Title _____

Organization _____

Address _____

Email _____

Phone _____

Other information (e.g., assistant) _____



Section B: Proposal Outline/Self-Assessment

The Department is not seeking exhaustive detail on any of the following—that will be the purpose of the Proposal. However, high-level answers will:

- help the State understand who is likely to submit Proposals; and
- help interested entities understand the range of issues that must be addressed in the Proposal, thus giving them a chance to prepare for the eventual submission.

This Section B is simply a list of topic areas that we assume you will address in a separate document. Sections A and C must be completed and returned along with the document in which you answer the questions below.

1. **Geography and Population.** Define your service area by county or zip code. Describe, at a high level, the anticipated number of Enrollees (i.e. minimum and maximum) and your plan for recruiting Potential Enrollees. If different than your expected service area, specify the county(ies) or zip codes for which you are requesting data.

The primary service area covered by Rockford Health System and potential affiliates would include the counties of Winnebago, Boone and Ogle Counties; tertiary service areas include Stephenson, Whiteside, Lee, McHenry, LaSalle and DeKalb counties. Our initial estimate for coverage of enrollees would be 10,000; however, we have not established a maximum threshold of enrollees.

2. **Organization/Governance.** List and describe the background of any primary members of the ACE and their responsibilities. Provide a high-level description of your expected governance structure including who will participate on the governing board and the responsibilities of the governing board. What are the main operating agreements that will have to be developed with the primary members? To what extent has work started on developing these arrangements? When will the remaining work be completed?

Rockford Health System will serve as the founding member of the ACE and will be working to identify the appropriate leadership – both clinical and administrative – that will govern the ACE development and implementation. Additional work will occur in the coming weeks to identify any additional healthcare partners who may be appropriate to serve in a governance capacity.

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.

Rockford Health System and its affiliated entities – Rockford Memorial Hospital, Rockford Health Physicians, VNA of the Rockford Area and Rockford Health Medical Laboratories – will participate as the founding organization. The system spectrum covers a broad range of inpatient, outpatient, primary and specialty care, home health, and behavioral health services across 11 inpatient/outpatient locations.

RHS also currently has several other relationships with independent specialty groups and other facilities in several counties in the Northern Illinois region to partner on clinical services. It is anticipated that additional discussions will occur in order to implement more formal arrangements to ensure continuity of care for enrollees.

4. **Financial.** Please provide a description of the financial resources available to the ACE including the sources of funding for upfront expenses.

RHS is currently conducting a financial feasibility study to determine budgetary considerations and needs for a 2014 implementation. At present, we have not finalized a monetary estimate with regards to financial needs.

5. **Care Model.** Give an outline of your care model, including your plan for care coordination and care management and how your governance structure and financial reimbursement structure support your care model. At this point, we are not expecting a full description of your care model, just a high-level summary of the major components of your expected Proposal.

Under the proposed care model, the Rockford Health System ACE would continue to provide the high level of quality care already provided within our organization. The Model of Care to be implemented would incorporate a series of standardized “best practices” and clinical indicators that would improve access to care, care delivery, coordination between providers, seamless access to a broader series of community services.

RHS’s model also incorporates chronic disease management protocols in which members identified as candidates for these programs will receive additional assessments – those assessments are also critical to determining member engagement in their plan of care.

Some key components of the model may include: collaborative approach to include all members of care team; robust communication with members to understand health issues; comprehensive assessment of both medical and social needs at point of enrollment; awareness of any social or language issues; effective plan for transitions of care from IP settings to the outpatient setting;

Additional work will be required by RHS to construct the infrastructure necessary to house data, monitor performance, conduct analytic work and provide robust reporting. Those discussions will be occurring shortly to determine the best approach to infrastructure development.

6. **Health Information Technology.** How will clinical data be exchanged? ACEs must have the capacity to securely pass clinical information among its network of Providers, and to aggregate and analyze data to coordinate care, both to make clinical decisions and to provide feedback to Providers.

RHS currently is utilizing an EMR application – both on the hospital and the physician clinic side. RHS is also part of the Northern Illinois Healthcare Exchange that allows for secure transmission of authorized patient information. Additional capabilities assessment will need to be conducted for additional providers that may be included in the ACE who are not part of the NIHIE.

Part of a potential vendor assessment may include any IT or other infrastructure needs that will be necessary to support ACE implementation.

7. **Other Information.** Please provide any other information that you think will better enable the Department to understand and meet your needs or the general needs of potential ACEs.

Section C: HIPAA Limited Data Set Agreement