

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) - Illinois Hospital Alliance

Primary Contact Information:

Name Dennis Hesch
Title Chief Financial Officer
Organization The Carle Foundation
Address 611 West Park Street, Urbana, Illinois 61801
Email dennis.hesch@carle.com
Phone 217-383-3417
Other information (e.g., assistant) _____

Primary Contact Person for Data (if different):

Name Dennis Hesch
Title Chief Financial Officer
Organization The Carle Foundation
Address 611 West Park Street, Urbana, Illinois 61801
Email dennis.hesch@carle.com
Phone 217-383-3417
Other information (e.g., assistant) _____

Section B: Proposal Outline/Self-Assessment

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.

Please see Attachment 1 depiction of a map detailing the service area contemplated by this ACE application. The ACE anticipates enrolling a minimum of 80,000 to a maximum of 120,000. The Alliance would like to receive the statewide data.

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?

The ACE would operate like a joint venture with a governing board of directors operating under a charter governed by articles of incorporation and bylaws. Initial meetings have already begun to develop the plan. The organizational structure is expected to be completed in late October or early November. The following entities comprise the ACE:

- Blessing Health System
- Cadence Health
- Centegra Health System
- Decatur Memorial Hospital
- Kishwaukee Community Hospital
- McDonough District Hospital
- Memorial Health System
- OSF HealthCare
- Riverside HealthCare
- Rockford Health System
- The Carle Foundation

As founding members, each entity would have a seat on the board with equal voting rights. The governing board would be responsible for the following but not limited to funds flow, incentive design and dissemination, network development, contract design,

clinical and nonclinical IT infrastructure, maintenance, and standards, quality and performance reporting.

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.

The organizations listed in number two, above, bring a broad spectrum of inpatient, outpatient, behavioral health, and population health experience to the ACE. Several currently have relationships with Critical Access Hospitals, rural health clinics and federally qualified health centers (FQHCs) allowing a broader reach in to the communities served. However, the governing board would actively recruit providers who can align closely with the founding members that can bring the following competencies: care delivery transformation, clinical innovation, physician coaching and disease management experience and expertise.

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

The founding members of the ACE are fully capitalized and prepared to proffer the estimated \$1.5 million in startup dollars.

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.

Founding members of the ACE provide meaningful and quality care today in the communities in which they serve. The Model of Care would bring together best practices to be replicated and shared across the consortium to improve care delivery, coordination and utilization of community-based services. The capabilities of a vendor would provide for service implementation and monitoring across the ACE, including evaluation, analytics, and quality reporting. Components central to the Model of Care are as follows:

- PCP “Team Leader”
- Collaboration coordinated by Care Manager at assessment and throughout enrollment
- Emphasis on understanding and responding to member’s quality of life and health expectations
- Assistance with language and cultural needs
- Comprehensive, multi-source assessment of needs at enrollment

- Interdisciplinary care planning and monitoring
- Robust analytics

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.

The founding members of the ACE have in place functioning EMRs and are in various stages of meaningful use implementation and testing. We are in the initial stages of surveying and inventorying the founding member IT capabilities. Nevertheless, the ACE contemplates using the services of a third party vendor to pass clinical information among network providers. Additionally, the vendor would provide marketing and sales, premium pricing, actuary capabilities, analytics, benefit and product design, pharmacy network, claims administration and payment, financial reporting and insurance compliance.

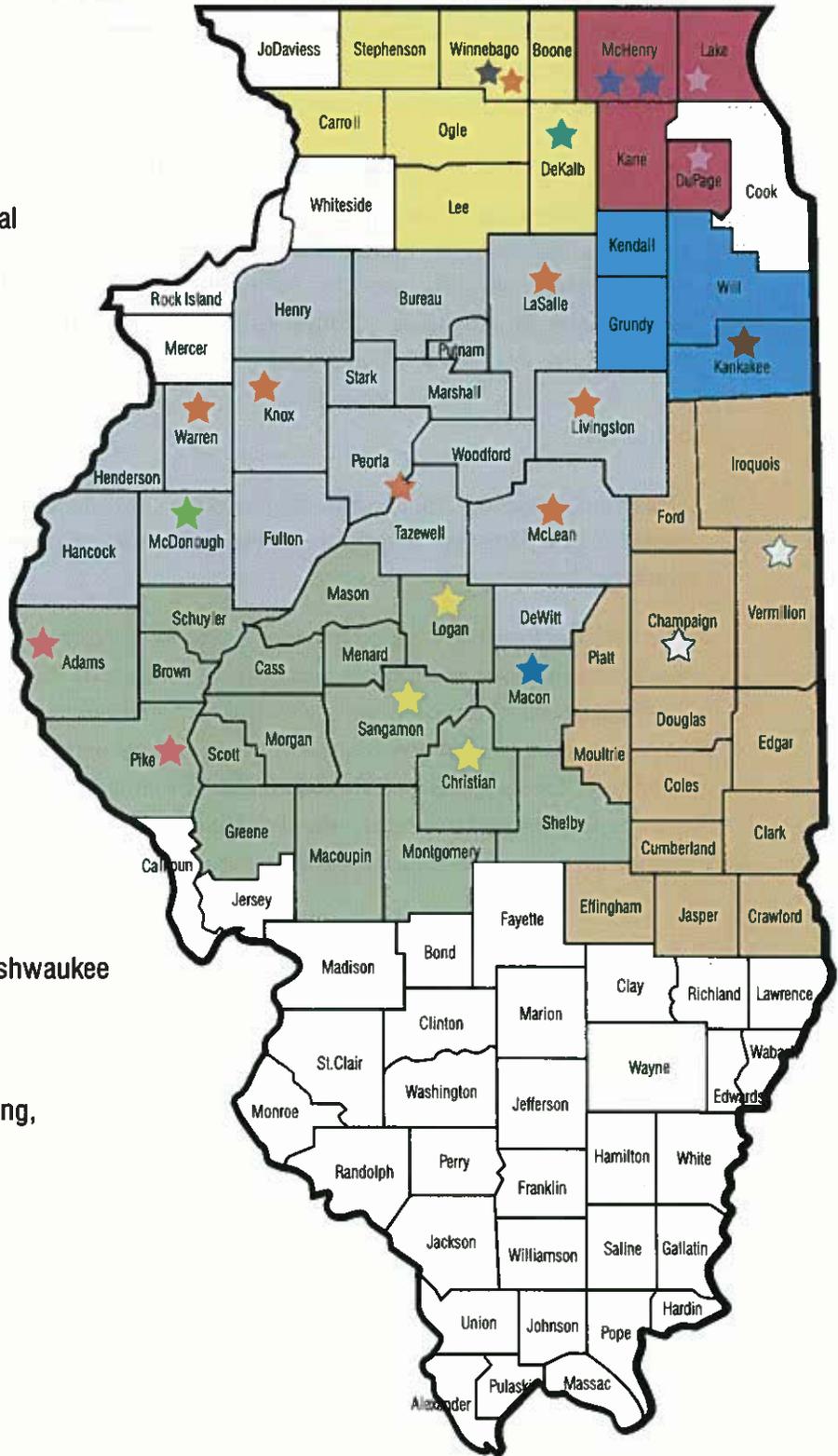
7. **Other Information.** Please provide any other information that you think will better enable the Department to understand and meet your needs or the general needs of potential ACEs.

The Illinois Hospital Alliance represents a group of community-based hospitals that serves a significant geographic footprint in the State of Illinois. We have come together for the purpose of improving the way care is delivered to some of the most vulnerable populations within our communities. We recognize and are committed to meeting the timeframe for submitting a proposal under this solicitation. It is critical to our Alliance that the Department provides a timely response to our data request and feedback to questions we may have as we develop our proposal.

Illinois Hospital Alliance

2014

- ★ Blessing Health System
- ★ Cadence Health
- ★ Centegra Health System
- ★ Decatur Memorial Hospital
- ★ Kishwaukee Community Hospital
- ★ McDonough District Hospital
- ★ Memorial Health System
- ★ OSF HealthCare
- ★ Riverside HealthCare
- ★ Rockford Health System
- ★ The Carle Foundation



- Riverside
- OSF, Rockford Memorial, Kishwaukee
- OSF
- Carle
- Springfield Memorial, Blessing, Decatur Memorial
- Cadence Health, Centegra