# Table of contents

Table of contents...........................................................................................................................................2
ACH contact information....................................................................................................................................3
Section 1. ACH organizational updates ........................................................................................................4
   Attestations.......................................................................................................................................................4
   Documentation.................................................................................................................................................5
Section 2. Project implementation status update .............................................................................................7
   Documentation................................................................................................................................................8
   Narrative responses.....................................................................................................................................8
   Attestations...............................................................................................................................................17
Section 3. Value-based Payment ....................................................................................................................19
   Narrative responses...................................................................................................................................19
Section 4. Pay-for-Reporting (P4R) metrics ....................................................................................................22
   Documentation...........................................................................................................................................22
**ACH contact information**

Include in the semi-annual report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH’s semi-annual report. If secondary contacts should be included in communications, also include their information.

<table>
<thead>
<tr>
<th>ACH name:</th>
<th>North Sound ACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary contact name</td>
<td>Elizabeth Baxter, CEO</td>
</tr>
<tr>
<td>Phone number</td>
<td>(360) 386-5745</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:liz@northsoundach.org">liz@northsoundach.org</a></td>
</tr>
</tbody>
</table>

| Secondary contact name | Nicole Willis, COO |
| Phone number | (360) 830-6238 |
| E-mail address | nicole@northsoundach.org |
Section 1. ACH organizational updates

Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

<table>
<thead>
<tr>
<th>Foundational ACH requirements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The ACH has an organizational structure that reflects the capability to make decisions and be accountable for financial, clinical, community, data, and program management and strategy development domains.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. The ACH has an Executive Director.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. The ACH has a decision-making body that represents all counties in its region and includes one or more voting partners from the following categories:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Primary care providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Behavioral health providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health plans, hospitals or health systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Local public health jurisdictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tribes/Indian Health Service (IHS) facilities/Urban Indian Health Programs (UIHPs) in the region</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Multiple community partners and community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations in its region.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. At least 50 percent of the ACH’s decision-making body consists of non-clinic, non-payer participants.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. Meetings of the ACH’s decision-making body are open to the public.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6. Within the last 12 months, the ACH has completed an organizational self-assessment of internal controls and risks (using this template or a similar format) that addresses internal controls, including financial audits.¹</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7. The ACH maintained ongoing compliance with the Model ACH Tribal Collaboration and Communication Policy.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8. The ACH conducted communication, outreach and engagement activities to provide opportunities for community members to inform transformation activities and to receive updates on progress.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

¹ https://wahca.box.com/s/nfesjalde5miye6aobhiouu5xemeoh26

North Sound ACH - Semi-Annual Report 6.0
Reporting period: July 1, 2020 – December 31, 2020
9. **Key staff position changes.** If key staff changes occurred during the reporting period, include as an attachment a current organizational chart. Use *bold italicized font* to highlight changes to key staff positions during the reporting period.

- Include staff names and titles in the organizational chart. For vacant positions, mark each applicable position as “vacant” on the organizational chart.
- Provide a narrative explanation of the organizational changes.

**Response:**
A new Project Manager came on board during the reporting period, Erica Littlewood. The Clinical Director resigned during the reporting period, Greg Arnold, and that position will not be filled at this time so has been removed from the organizational chart. North Sound ACH uploaded Attachment A: North Sound Revised Organizational Chart.

10. **Budget/funds flow.**

   a) **Financial Executor Portal activity for the reporting period.** The Independent Assessor will receive an ACH-specific report from the Financial Executor Portal, representing activity in the Portal during the reporting period. The Independent Assessor will append this document to the semi-annual report. **No action is required by the ACH for this item.**

   b) The ACH is asked to provide additional context to add clarity about the portal activity payments made outside the portal.

   - For COVID-19 related payments made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.²
   - For payments not related to COVID-19 made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.³

**Response:**

a) North Sound ACH has no additional clarifying comments to add to this question about the report from the Financial Executor Portal.

b) North Sound ACH uploaded Attachment B: North Sound SAR6 Payment Reconciliation Sheet, for COVID-19 related payments made outside of the Financial Executor Portal during the reporting period. At the end of the reporting period there is a balance of $79,656 remaining of the $1M drawn down from the Financial Executor Portal in March 2020. We anticipate those remaining funds being distributed in Q1 2021.

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² The HCA issued COVID 19 reconciliation spreadsheet can be found at the following link: [https://hca.wa.gov/assets/program/payment-reconciliation-template-covid.xlsx](https://hca.wa.gov/assets/program/payment-reconciliation-template-covid.xlsx).

³ The HCA issued non-COVID reconciliation spreadsheet can be found at the following link: [https://hca.wa.gov/assets/program/payment-reconciliation-form-sar-5.0-noncovid.xlsx](https://hca.wa.gov/assets/program/payment-reconciliation-form-sar-5.0-noncovid.xlsx).
11. Incentives to support integrated managed care. Regardless of integrated managed care implementation date, provide the following information regarding ACH incentives to support the region in transition to integrated managed care.

a) List of use and expenditures that reflect a cumulative accounting of all incentives distributed or projected to support the transition to integrated managed care. It is not limited to the reporting period.

   i. ACHs may use the table below or an alternative format as long as the required information is captured.

   ii. Include any earned Integration Incentives, Project Incentives or other funds that have been or will be used.

   iii. Description of use should be specific but concise.

Response:
There have been no changes to this distribution since the Semi-Annual Report 5.0 submission.

<table>
<thead>
<tr>
<th>Description of Use</th>
<th>Expenditures ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant (XPIO) who worked with BHAs to identify resource needs for IMC readiness.</td>
<td>$553,320</td>
</tr>
<tr>
<td>BHO contract to support $ for BHAs with IMC readiness assessment and implementation.</td>
<td>$5,936,049</td>
</tr>
</tbody>
</table>
Section 2. Project implementation status update

12. Implementation work plan
The reporting requirements for the implementation work plan updates are temporarily replaced with COVID-19 related responses in the “Narrative Responses” section. The submission of an updated implementation work plan is considered optional for this reporting period but is encouraged to the extent the ACH has an updated work plan.

Implementation plans are “living documents” that outline key work steps and plans to be conducted within the time frame of the Medicaid Transformation. The ACH’s implementation plan (work plan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress. These plans provide HCA information to monitor ACH activities and project implementation timelines.

- Optional: The ACH may submit an updated implementation plan reflecting progress made during the reporting period.

Response:
North Sound ACH is not submitting an updated implementation plan for this reporting period.

13. Partnering provider roster.
The roster should reflect all partnering providers that are participating in project implementation efforts through the ACH under Medicaid Transformation. To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that are participating in Medicaid Transformation Project Toolkit activities in partnership with the ACH. ACHs should maintain the roster provided by HCA at the time of the SAR4 release for the remaining semi-annual reporting periods.

Response:
North Sound ACH uploaded Attachment C: North Sound ACH Provider Roster, with a list of provider sites that are participating with North Sound ACH.

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4 Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH’s projects. Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers). Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable healthcare services to Medicaid members (e.g., behavioral health organizations, community based organizations, fire districts).
Documentation

14. Quality improvement strategy update
The reporting requirements for the quality improvement strategy updates are temporarily replaced with COVID-19 related responses in the “Narrative Responses” section. The submission of quality improvement strategy updates are considered optional for this reporting period but are encouraged to the extent the ACH has an updated quality improvement strategy to keep HCA and the IA apprised of quality improvement activities and findings. If submitting updates, ACHs may determine the format to convey this information.5

Response:
North Sound ACH is not submitting a quality improvement strategy update for this reporting period.

Narrative responses

15. COVID-19
a) Provide an update on ACH activities in response to COVID-19 during the reporting period. Include a summary of how DSRIP activities and timelines have changed (i.e., which projects remain on track, which projects or areas of focus have expanded, which capacity building efforts have emerged, etc.).

Response:
During the reporting period, some partners reported delays in their areas of focus due to COVID-19. Ten organizations had milestones noted as ‘Delayed’ or ‘Not Started’, all or in part due to COVID-19. We had several projects that struggled to remain on track, including:

• In pediatric clinics there was a decline in well child visits and immunizations.

• Closure of sites like the YMCAs led to a decline in access to chronic disease education and exercise programs. They eventually became virtual options, but access is then limited to community members with good broadband access, another challenge that hit many communities.

• Oral health providers reported a decrease in appointments, and school closures resulted in diminished access for kids to school-based sealant programs, being supported by Medicaid Transformation Project and a contract with the Arcora Foundation.

• Partners working in transitions and diversions reported that they are unable to enter Emergency Departments or jail settings to work with clients/patients.

5 Reporting requirements for the quality improvement strategy updates will be fulfilled by COVID-19 context in the “Narrative Responses” section
To support partnering providers while they were rapidly responding to the coronavirus, North Sound ACH took the following actions during the reporting period, including:

- Provided $675,034 in capacity-building funds to community action agencies, tribes, family coalitions, food banks, and organizations supporting farmworkers and other vulnerable communities.

- Continually updated a COVID-19 Vulnerability Dashboard and COVID-19 Impact Mode that included data from the region’s five counties and eight tribal nations in the North Sound region, linked on our website COVID-19 resource page.

- Assigned North Sound ACH staff to support COVID-19 response activities for Whatcom County’s Unified Command Structure (WUC). North Sound ACH staff serve as Strategic Planning Unit Lead and Volunteer Section Chief. Their efforts developed Whatcom County’s medical surge plan, weekly surveillance reports, staffing support for testing and staffing for food distribution.

- Coordinated connections between local health jurisdictions (LHJs) and community action agencies who serve individuals experiencing homelessness or unstable housing, farmworkers, and low-income residents, exacerbated by COVID-19.

- Partnered with LHJs in the North Sound region to submit a ‘Letter of Intent to Partner’ to the Washington Department of Health (DOH) to act as the COVID-19 Care Coordination Hub for people in isolation and quarantine. The ACH submitted an application to as the Hub for this project for 2021 and support LHJs in providing care coordination services.

- North Sound ACH worked with DOH to distribute food and care kit boxes to LHJs in November and December 2020. North Sound ACH distributed close to 2,000 kits across the North Sound region.

- North Sound ACH supported planning, coordination, and staffing of mobile testing clinics hosted in community locations and at hours to best reach farmworker and Latinx communities in Whatcom and Skagit counties.

- North Sound ACH piloted a well-being survey with staff and members of the Data Community for Change to determine feasibility and interest in regional well-being data collection.

b) Describe any DSRIP activities that enabled the ACH and partners to respond to and navigate the COVID-19 pandemic (e.g., care coordination, information exchange, telehealth access, data analytics, population health training and technical assistance, etc.), as applicable. If applicable, indicate whether certain activities applied to specified sub-populations within your region. Describe any lessons learned that the ACH will use to support projects and partnerships moving forward.
Response:
Below is a description of DSRIP activities that enabled the ACH and partners to respond to and navigate the COVID-19 pandemic. These activities were focused across the region and were not limited to any specific subpopulations.

- North Sound ACH moderated bi-weekly Long-term Care COVID-19 response calls with local health jurisdictions, WA Department of Health, Department of Social and Health Services, and Northwest Healthcare Response Network. These calls were made possible by relationships established through DSRIP activities.
- North Sound ACH facilitated partners gaining access to a COVID-19 tracking tool within Julota (an EMS and high-utilizer care coordination), allowing them to see other partners working with patients after discharge.
- Partners using the Care Coordination HUB on the Care Coordination Systems (CCS) platform were able to use the platform for all patients discharging from county quarantine sites, regardless of whether they met the region’s MTP criteria or not.
- North Sound ACH continued to convene partners focused on common goals and projects, e.g., Community Resource Paramedicine, opioids, oral health, etc. This allowed partner organizations to share resources and strategies in COVID response.
- North Sound staff leveraged existing relationships with local health jurisdictions to plan several free COVID-19 testing events for Spanish-speaking and farmworker populations.
- Utilizing relationships built with partners through DSRIP activities, such as the annual retreat and convenings, North Sound ACH launched the Community Data for Change Initiative to foster regional discussions of shared metrics to assist in COVID-19 response and long-term planning for regional well-being.

Lessons learned from COVID-19 response that North Sound ACH will use to support projects and partnerships moving forward include:

- The power of partnership: We can accomplish more by working together. COVID-19 quickly brought many partners together to coordinate county-level and regional responses to the pandemic. The need for stronger relationships was made clear and fostered better collaboration and communication across the region.
- Local expertise: Local organizations and coalitions know what they and their communities need. It is our job to help facilitate them meeting those needs.
- Speed of response: During this crisis, we couldn’t worry about getting a response perfect, as people were in immediate need of support. This is a lesson learned for responding to other crises like housing and racial injustice: the time to act is now.
c) Describe how your ACH included Tribes/IHCPs in your COVID-19 response activities.

**Response:**
North Sound ACH has included Tribes/IHCPs on multiple COVID-19 response activities. These activities include:

- Maintaining a full time Tribal Liaison position on the North Sound ACH team, who attends all state level and regional tribal-led meetings discussing tribal policies and approaches, keeping the rest of the team abreast of those updates to assure that we optimize opportunities for partnership and collaboration.

- Meetings of the Board’s Tribal Alignment Committee are the regular vehicle to share with tribal leaders the work of regional partners and the ACH team, providing opportunities for communication and collaboration.

- North Sound ACH’s Tribal & Equity Learning webinars are held monthly, led by experts from tribal nations.

- North Sound ACH team members continued to attend virtual meetings at the local, state and national levels to stay updated on COVID-19 response efforts related to tribal communities.

- North Sound ACH continued to offer technical assistance to Tribal partners to apply for grants and other funding applications.

- North Sound ACH offered PPE, care and food kits to all tribal communities in the North Sound Region.

d) Specific to partnering providers, describe how the ACH has adjusted contracts, reporting, type of provider engaged, and/or payment strategies.

**Response:**
North Sound ACH did not adjust contracts with partnering providers. Payment allocation approaches for 2020 were not altered, although North Sound ACH distributed 50% of anticipated 2020 funds to partners three months earlier than we did in 2019.

North Sound ACH amended partners’ October 2020 reporting by adding additional questions related to COVID-19. North Sound ACH partners were asked to respond to the following questions: “How would you like to see the ACH be a resource to your organization as we look forward to COVID-19 recovery efforts and address systemic racism? Describe elevated priorities and/or shifts in services that have resulted from COVID-19. What has COVID-19 elevated in priority for your organization? What are you doing differently as a result of COVID-19?”
North Sound ACH hosted several remote convenings for partnering providers with common goals to network, learn from one another, and identify opportunities for increased collaboration. Topic areas included care coordination, opioid abuse prevention and response, oral health, and indigenous youth leadership.

North Sound ACH hosted a webinar learning series featuring national and local leaders to speak about strategies for enhancing food security, mental health, and wellbeing. In addition to hosting remote group learning sessions, North Sound ACH staff provided one-one-one technical assistance to partnering providers.

e) Describe specific risks/issues that emerged during the reporting period (e.g., workforce, information exchange, access). Also highlight any mitigation strategies or activities that shifted as a result, if applicable. Indicate whether this applied to specified sub-populations within your region.

Response:
Specific risks/issues that emerged during the reporting period for North Sound ACH are listed below. Each of these issues applied to one or more partners:

- Several partner organizations were unable to send staff to external training sessions that were delayed or cancelled due to COVID.
- Partners had to shift their practices to ensure the fidelity of following evidence-based practices in a remote environment.
- Partners faced challenges in meeting the demand for services from clients, as staff providing services were forced to flex their hours and take time off to address personal COVID-19-related health and daycare needs.
- Partners who continued to provide in-person services experienced difficulty paying for the added expense of procuring personal protection equipment, and delays in filling open staff positions due to the challenge of onboarding remotely.
- Local health jurisdictions lack adequate staffing to provide COVID-19 testing and educational materials to non-English speakers and individuals who cannot access testing during regular business hours.

In response to these risks and issues, North Sound ACH staff implemented the mitigation strategies and activities. Members of the North Sound team:

- Scheduled one-on-one discussions with all partners who reported delays to identify strategies for additional support.
- Coordinated mobile testing sites and identified volunteers for COVID-19 testing events at times and locations to serve Latinx and farmworker communities.
• Posted COVID-19 educational materials in multiple languages and assisted in identifying bilingual volunteers able to support testing for Spanish speakers.

• Distributed over 2.3 million masks and over 2,000 care and food kits to organizations across the region.

• Provided Zoom technical assistance to partners hosting calls remotely.

• Hosted several remote convenings for providers with common goals to network and identify opportunities for increased collaboration.

• Hosted a webinar learning series featuring national and local leaders to speak about strategies for enhancing food security, mental health and wellbeing.

f) Highlight one best practice or “bright spot” that emerged during this reporting period as a result of COVID-19, if applicable.

Response:
One “bright spot” that emerged during this reporting period as a result of COVID-19 was acting as a regional source for PPE such as masks, gowns, hand sanitizer, face shields to over hundreds of unique providers and organizations in the North Sound Region. This occurred due to relationship with the Health Care Authority, who linked ACHs to the state’s emergency command center, which had access to stores of supplies, but no mechanism to distribute across the state. One example of the impact is with the Everett Gospel Mission. North Sound ACH provided them with over 200,000 cloth and KN95 masks to distribute to those they serve in Snohomish County. Because of the PPE they received, they were able to build 40 new shelter beds for those experiencing homelessness.

16. Scale and sustain update
In answering these questions, please focus on activities that took place during the six-month reporting period. Recognizing P4P incentives for DY4 and DY5 will be paid out in 2022 and 2023, have these funds been obligated? In addition to answering yes/no, please provide relevant context regarding this question and each of the following components.

  i. What types of entities are those funds obligated to?
  ii. Will the ACH retain some of this funding for post-2021 admin?
  iii. Are providers receiving any of these funds for P4P or for future deliverables?

Response:
North Sound obligates funds in the following cadence:

• Annually the Board votes to approve an operating budget for the following year;

• Annually the Board votes to approve an allocation strategy for distribution of funds for project management, project implementation and health system capacity building.
• The Board has not obligated any funds beyond 2021.
  
  i. No specific organizations or entities have funds obligated to them beyond 2021.
  
  ii. The North Sound ACH Board has operated as having 7 years of MTP earnings, ending at end of 2023, not a five-year effort ending in 2021. The board has set a limitation on administrative expenses at 10% over the lifespan of receiving MTP earnings.
  
  iii. Decisions about fund allocation for 2022 will be made at end of 2021. We anticipate decisions about specific expectations and deliverables for years 2022-2023 to be made during 2021, resulting in extended contracts with interested partner organizations in Q4 of 2021. Available funds to distribute will be less, unless a sixth year extension is approved, so scopes of work for partnering providers have to be adjusted accordingly.

b) If applicable, describe how any other P4R or P4P funds (already earned or to be earned before the end of the DSRIP period) have been obligated for ACH or provider payments post-2021.

Response:
No funds have been obligated beyond the end of 2021. Decisions about fund allocation for 2022 will be made at end of 2021.

c) Assessment of DSRIP sustainability:
  
  i. Describe activities and/or conversations, if any, your ACH has supported with partners related to sustainability priorities and mechanisms. For example, have there been activities or conversations around defining sustainability, evaluating results, or establishing criteria to determine what DSRIP activities would continue post-DSRIP funding?

Response:
The project and activities that will be sustained post-DSRIP are being driven primarily by the areas that partners noted as priorities for their organization and will be sustainable post-DSRIP. During the summer of 2020, partners were asked to report on the areas they were planning to sustain post-DSRIP funding in their regular biannual reporting. Partner responded to the following question: “As the Medicaid Transformation Project comes to a close, what strategies or topic areas do you anticipate continuing working on at your organization after MTP funding has ended? What, if any, efforts are underway to ensure the sustainability of these efforts?”

Discussions between Project Managers and partner organizations will further clarify what activities can be sustained beyond end of 2021.
  
  ii. Describe activities and/or conversations, if any, your ACH has supported during this reporting period with partners and other stakeholders regarding the continuation of
DSRIP funded activities (e.g., capacity building, practice transformation, and collaboration among partners), beyond waiver funding. If you have not supported related activities and/or conversations during the reporting period, please explain why.

Response:
During this reporting period, no one in the North Sound region is acting on the premise that the level of revenue available through the waiver can be sustained after the waiver is complete, especially because of the significant financial impact COVID-19 has had on health and community-based organizations.

Partners have reached out to the legislature, philanthropy, county and state partners, and Medicaid Managed Care Plans to identify potential future funding sources.

North Sound ACH has convened meetings between care coordination partners and the Medicaid MCOs to discuss potential health plan support for care coordination efforts. North Sound region has the presence of all five MCOs and a regional strategy could prove valuable and feasible.

iii. Describe activities and/or conversations, if any, your ACH has supported during this reporting period with partners and other stakeholders regarding the continuation and/or scaling of specific DSRIP project toolkit evidence-based models and/or pilots (e.g., Community-Based Care Coordination, CoCM). If you have not supported related activities and/or conversations during the reporting period, please explain why.

Response:
During this reporting period, North Sound ACH, one of several regions where all five of the state’s Medicaid Managed Care Plans operate, has convened meetings between partners and the MCOs to discuss care coordination opportunities. As North Sound ACH takes on a regional role with the Washington Department of Health for COVID care coordination, coupled with the MTP Care Coordination HUB, partners see this as a viable mechanism to organize potential revenue to support care coordination.

17. Regional integrated managed care implementation update

a) For 2020 adopters, briefly describe the primary integrated managed care-related challenges in the region after the transition to integrated managed care. Challenges may include issues with client enrollment/eligibility, provider payment, data/HIT, etc. What steps has the ACH taken, in partnership with providers and MCOs, to address these challenges?

Response:
Not applicable; North Sound region implemented integrated managed care in July 2019.
b) For all early- and mid-adopters, briefly describe any challenges the region continues to experience due to the implementation of integrated managed care. What steps has the ACH taken during the reporting period, or what steps does the ACH plan to take, to address these challenges?

Response:
The challenges the region continues to experience due to the implementation of integrated managed care include:

- The Crisis Response line and Crisis Dispatch lost its ability to view the service history of Behavioral Health Agencies (BHAs). This information was previously centralized in the BHO system. As the BHASO continues to operate, links between previous client data stored under the former structure have not mapped to the new system, leaving gaps in client service history records.
- A decrease in non-Medicaid funding for crisis triage. The BHASO had to decrease non-Medicaid funding to crisis triage in order to maintain crisis outreach teams and other services.
- Since the implementation of integrated managed care, high rates of claim denials were reported in the early warning system for MCOs. North Sound ACH partners continue to report issues with receiving payments.

The ACH has taken the following steps during this reporting period to address these challenges:

- North Sound ACH has distributed the regional provider survey to partners, participated in the Early Warning System webinars, and connected providers to the HCA and MCOs to address payment challenges.
- The ACH is participating in a cross-ACH workgroup with Collective Medical to identify data elements and use cases for their platform to resolve this issue. The Interlocal Leadership Structure’s Joint Operating Committee is also discussing the use of the Collective Medical Platform to distribute this information.
- North Sound ACH also participates in the Interlocal Leadership Structure, which is discussing gaps in funding and data feeds, as well as the use of non-Medicaid funding allocated to address the issue.

c) For all regions, what steps has the ACH taken, or what steps does the ACH plan to take, to support coordination with local, regional and statewide partners to design and implement strategies to address gaps and barriers impacting the health system in response to integrated managed care implementation?
**Response:**
North Sound ACH has taken the following steps to support coordination with local, regional, and statewide partners to design and implement strategies to address gaps and barriers impacting the health system in response to the implementation of integrated managed care:

- North Sound ACH participates in the Interlocal Leadership Structure (ILS) to support coordination with local, regional, and statewide partners. The ILS brings together managed care organizations, the North Sound Behavioral Health Administrative Services Organization (BH-ASO), North Sound ACH, tribal partners, and County Health and Human Services partners to co-design regional response strategies to the barriers impacting health systems in response to integrated managed care implementation.

- In addition, North Sound ACH staff attends quarterly regional integrated provider meetings and reviews ACH partner feedback on the progress of integrated care to identify and respond to technical assistance needs that arise from partners committed to implementing integrated care.

- North Sound ACH works with other ACHs across the state to align with implementation strategies designed to support integrated managed care.

- HCA, MCOs, and ACHs are collaborating to identify a common assessment tool, and respective roles related to partner progress toward integrated care. North Sound ACH, Healthier Here, and Elevate Health participate in a work group developing a proposal for consideration.

**d) For all regions**, how are you supporting efforts to measure and report on clinical integration?

**Response:**
North Sound ACH supports efforts to measure and report on clinical integration by requiring reporting from contracted partners focused on clinical integration, including requiring completion of the MeHAF. Partners committed to this area are also asked to report successes, opportunities, challenges, and barriers on a semi-annual basis. The data generated from these reports allow North Sound ACH staff to measure and report on the status of clinical integration.

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**Attestations**
The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.
18. The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders’ and partners’ successes and challenges with Medicaid Transformation project implementation. ACH support or engagement may include, but is not limited to:

- Identification of partnering provider candidates for key informant interviews.
- ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary.
- Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities.

If the ACH checked “No” in item above, provide the ACH’s rationale for not supporting IEE activities for evaluation of Medicaid Transformation during the reporting period.
Section 3. Value-based Payment

This section outlines questions specific to **value-based payment (VBP) milestones** in support of the objectives of Domain 1 (Health and Community Systems Capacity Building), to be completed by DY 4, Q4.

*Note: The reporting period for VBP milestones cover the full calendar year (January 1 through December 31, 2020).*

**Narrative responses**

19. **Identification of barriers impeding the move toward value-based care**
   
a) Describe the barriers the region is facing regarding implementation of value-based care and methods the ACH continues to use to identify providers struggling to implement practice transformation and move toward value-based care.

**Response:**

North Sound ACH contracted partners implementing value-based care reported the following barriers to implementation:

- Shifting of priorities from implementing value-based contracts due to COVID-19.
- Difficulty contracting with Managed Care Organizations, especially for smaller practices (fewer covered lives) and rural providers.
- Issues with transitions to integrated managed-care funding and the changing of crisis funding. Partners noted challenges with accessing crisis services and the reimbursement system. As a result, some organizations have not adopted a value-based payment system and continue to use a fee-for-service payment model.

Methods the North Sound ACH continues to use to identify providers struggling to implement practice transformation and move toward value-based care are as follows:

- Partners are required to report on their implementation progress twice a year.
- As part of the requirement for reporting, partners are asked to write a narrative response describing their progress on the implementation of value-based care.
- Site visits are completed once a year, either in person or virtually, where partners are able to discuss barriers and successes of implementation of projects, including value-based payments.
- Partners who are committed to implementing value-based care are required to complete the statewide Paying for Value survey each summer. Individual responses are provided by the HCA to the ACH, which allows project staff to identify partners who are experiencing barriers in implementing value-based care in order to provide technical assistance.

20. **Support providers to implement strategies to move toward value-based care**
   
a) Describe how the ACH has helped providers overcome barriers; indicate if the scope or
intensity of support has been different for small providers (25 FTEs or fewer), or behavioral health providers.

Response:
- Barriers to implementing value-based care have been identified via reporting completed by partners twice annually and through annual site visits, both of which are required for all contracted partners of North Sound ACH.
- If during a site visit or in their reporting, a provider reports a need for technical assistance or support for implementing value-based care, ACH staff respond accordingly and provide support to partner(s) via technical expertise or by linking that provider with a community connection. North Sound ACH has also provided webinars on value-based care which are available for streaming on the partner reporting portal, which can be accessed by any contracted partner.
- The scope or intensity of support has not been different for small providers or behavioral health providers.

21. **Continue to support regional VBP attainment assessments by encouraging and/or incentivizing completion of the state-issued Paying for Value Provider Survey**
   a) Provide an example of the ACH’s efforts to support completion of the state’s 2020 provider Paying for Value Survey. The ACH should indicate new tactics, if any, compared to tactics employed in prior years. The response should also specify if incentives were offered, and if so, include a description of the incentives.

Response:
North Sound ACH supports completion of the state’s 2020 provider Paying for Value Survey by including it as part of regular partner reporting. Each summer, all partners who committed to work on increasing value-based payments (tactic 4.1.5 in the Partner Contract), are sent an email by a Project Manager twice, once at the opening of the survey and once halfway through the survey period. Completion of the survey is scored along with the rest of partner reporting once per year; failure to complete the Paying for Value Survey may result in lost funds for partners. North Sound ACH has not implemented any new tactics to encourage the completion of the survey; we have been incentivizing completion the same way since the start of DSRIP implementation.

b) Describe how the ACH utilized individual responses and/or aggregate data, provided by HCA to the ACH from previous state-issued provider Paying for Value Surveys, to inform communications and/or identify providers in need of technical support.

Response:
North Sound ACH utilized data provided by the HCA from previous state-issues provider Paying for Values surveys in two ways:

- Aggregate results were used to assess readiness for value-based payments implementation in the region and to identify areas of need where the ACH could provide support and technical assistance.

- Individual responses were reviewed by individual Project Managers, who followed up with organizations one-on-one to address technical assistance needs and provide further support if warranted.
Section 4. Pay-for-Reporting (P4R) metrics

22. P4R Metrics

The reporting requirements for the P4R Metrics updates are temporarily replaced with COVID-19 related responses in the “Narrative Responses” section. ACHs may use discretion, and will not be penalized, surrounding the timing and volume of P4R metric data collection during the COVID-19 pandemic. For example, an ACH may choose to delay data collection, make participation optional, or target participation. The submission of P4R Metrics are considered optional for this reporting period but are encouraged.

P4R metrics provide detailed information to the IA, HCA and ACHs on partnering provider implementation progress for Projects 2A and 3A at a clinic/site level. Potential respondents should be consistent with the list of partnering provider sites identified in the ACH’s Partnering Provider Roster affiliated with Project 2A and 3A.

Related resources and guidance:
- For important points to consider when collecting and reporting P4R metric information, refer to the following resource: How to read metric specification sheets.
- Full P4R metric specifications are available on the Medicaid Transformation metrics webpage, under “ACH pay for reporting metrics.”

Instructions:
- a) Submit aggregate summary of P4R metric responses collected from partnering provider sites (e.g., count of sites that selected each response option).
- b) Provide a summary of respondents overall, by Project (2A/3A), and stratified by site-level provider characteristics as specified in the reporting template.

Format:
- a) ACHs submit P4R metric information using the reporting template provided by the state.

Optional: The ACH may submit P4R metric information.

Response:
North Sound ACH will not be submitting P4R Metrics for this reporting period.

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6 https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf#page=121
## Table 1: Incentives earned

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<th>Q3</th>
<th>Q4</th>
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<tr>
<td>Project 2B</td>
<td>$ -</td>
<td>$ 802,489.00</td>
<td>$ 802,489.00</td>
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<tr>
<td>Project 2C</td>
<td>$ -</td>
<td>$ 474,198.00</td>
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<tr>
<td>Project 2D</td>
<td>$ -</td>
<td>$ 474,198.00</td>
<td>$ 474,198.00</td>
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<tr>
<td>Project 3A</td>
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<td>Project 3B</td>
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<td>Project 3C</td>
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<td>Project 3D</td>
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<td>VBP</td>
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## Table 2: Interest accrued for funds in FE portal

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<td>Interest accrued</td>
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## Table 3: Incentive funds distributed, by use category

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<td>Community health fund</td>
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<td>- $</td>
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<td>Health systems and community capacity</td>
<td>$ 292,392.42</td>
<td>$ 232,601.36</td>
<td>$ 524,993.78</td>
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<td>Integration incentives</td>
<td>$ -</td>
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<td>Project management</td>
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<td>Provider engagement, participation, and</td>
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<td>$ 4,057,819.58</td>
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<tr>
<td>Provider performance and quality incentives</td>
<td>$ -</td>
<td>- $</td>
<td>- $</td>
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<tr>
<td>Reserve/contingency fund</td>
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<td>- $</td>
<td>- $</td>
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<tr>
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<td>$ 2,449,303.35</td>
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<td>$ 4,604,063.36</td>
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Note: Data presented in this report comes from the Financial Executor Portal and was prepared by the Health Care Authority (HCA). Data was extracted and compiled on January 22, 2021 to accompany the sixth Semi-Annual Report submission for the reporting period July 1 to December 31, 2020.