Medicaid Transformation
Semi-annual Report

SAR 7.0
Reporting Period:
January 1, 2021 – June 30, 2021
DY5 Q1-Q2
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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>
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<td>E-mail address</td>
<td><a href="mailto:liz@northsoundach.org">liz@northsoundach.org</a></td>
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<tr>
<td>Secondary contact name</td>
<td>Nicole Willis, COO</td>
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<tr>
<td>Phone number</td>
<td>(360) 830-6238</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:nicole@northsoundach.org">nicole@northsoundach.org</a></td>
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</table>
# 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>a) Primary care providers</td>
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<td></td>
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<tr>
<td>b) Behavioral health providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Health plans, hospitals or health systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Local public health jurisdictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Tribes/Indian Health Service (IHS) facilities/Urban Indian Health Programs (UIHPs) in the region</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) 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></td>
<td></td>
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<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>
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<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>
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</tbody>
</table>

¹ [https://wahca.box.com/s/nfesjalde5miye6aobhiouu5xemeoh26](https://wahca.box.com/s/nfesjalde5miye6aobhiouu5xemeoh26)
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.
   a) Include staff names and titles in the organizational chart. For vacant positions, mark each applicable position as “vacant” on the organizational chart.
   b) Provide a narrative explanation of the organizational changes.

**ACH Response:**
North Sound ACH uploaded a revised Organizational Chart (*NorthSoundACH.SAR7 Organizational Chart.08.02.2021*).

North Sound ACH had several staffing changes during the reporting period. Community HUB Manager, David Roehn, and two Project Managers were hired during the reporting period, Rajdeep Atwal and Megan Stephenson. In addition, two Network Technicians joined the team, Cináed Boyd and Woody Tovar Cano. Tribal and Community Liaison Tempest Dawson resigned, and Michaela Vendiola was promoted to the position during the reporting period. Communications Coordinator Hillary Thomsen resigned. As of end of the reporting period North Sound ACH is recruiting for six positions: a Communications Coordinator, 4 Project Managers and a Public Health Liaison.

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

**ACH Response:**
a) North Sound ACH has no clarifying comments to add to question 10.a) related to the report from the Financial Executor Portal.

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.

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.
b) North Sound ACH had no non-COVID payments to report from outside the portal during this reporting period.

North Sound uploaded NorthSoundACH.SAR7.PaymentReconciliationTemplate-COVID.08.02.2021, for COVID-19 related payments made outside of the Financial Executor Portal during the reporting period. At the beginning of the reporting period there was a balance of $79,656 remaining of the $1M drawn down from the Financial Executor Portal in March 2020. The balance paid is shown in the attachment.

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.

   **ACH 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>Actual</th>
<th>Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant (XPIO) who worked with BHAs to identify resource needs for IMC readiness.</td>
<td>$553,320</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>
<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.

ACH 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.

ACH Response:

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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).
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

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

Narrative responses
ACHs must provide concise responses to the following prompts:

15. COVID-19
a) Provide an update on COVID-19 activities. If applicable, please describe any support of vaccine efforts, or other ACH COVID-19 activities that emerged or evolved during the reporting period (e.g., PPE, project management, communication and engagement, coordination of funding).

ACH Response:
North Sound ACH COVID-19 activities and support of vaccine efforts during the reporting period included:
• Met weekly with local health jurisdictions, hospitals, clinics, and community organizations to advocate for equitable access to COVID testing, efforts that have now pivoted to vaccine equity. This resulted in four vaccination sites committed to reserving slots for underserved populations, and three mobile clinics planned for farmworkers and their families.
• Acted as regional lead for the Washington State Department of Health’s Care Connect Program. During the reporting period North Sound ACH processed 53 referrals which connected people impacted by COVID to vital resources such as food, rent assistance, and utilities assistance.
• Enhanced access to public COVID-19 education and materials in multiple languages. North Sound ACH partnered with PeaceHealth and several community-based groups to record “Why I got vaccinated” testimonial videos in Spanish, Mixteco, Tagalog, Korean, Punjabi, Vietnamese, and ASL, including videos of members of the North Sound

5 Reporting requirements for the quality improvement strategy updates will be fulfilled by COVID-19 context in the “Narrative Responses” section
region’s tribal communities. These videos are publicly available on North Sound ACH’s website and YouTube channel.

- Facilitated new partnerships for bilingual staff from community-based organizations to expand multi-lingual contact tracing and outreach messaging at Skagit County Public Health.
- North Sound ACH staff supported COVID-19 response activities for Whatcom County’s Unified Command Structure (WUC), including serving as Strategic Planning Unit Lead and Volunteer Section Chief. Their efforts developed Whatcom County’s medical surge plan, weekly surveillance reports, staffing support for COVID-19 testing and vaccinations, and staffing for food distribution.
- Coordinated delivery of PPE, food kits, and care kits to community organizations across the region. Between January 1, 2020 and May 12, 2021 the North Sound ACH distributed 2,022 care kits and 4,853 food kits.

b) During this reporting period, has your ACH made any notable changes or decisions related to your DSRIP activities? For example, are there updates regarding your region’s balancing of COVID-19 response and activities that were already in motion?

ACH Response:
During this reporting period, North Sound ACH made a few changes to DSRIP activities regarding partnering provider reporting and support:

Partner Reporting:
Partners are regularly required to report twice yearly to North Sound ACH via an online portal, where they report on the level of completion of strategies and tactics they committed to as part of their Medicaid Transformation Project (MTP) scope of work, as well as respond to a series of questions about how the work is going. In 2020, due to the COVID-19 pandemic, the window of time that partners could go onto the online portal and complete this reporting process was extended from one month to two months. For Spring 2021 reporting this window went back to one month (April 2021). In addition, North Sound ACH added a question about the impact of COVID-19 on their MTP work: “Did COVID-19 elevate or change any priorities for your organization? What are you doing differently as a result of COVID-19 in 2021?”

Partner Site Visits:
Prior to the COVID-19 pandemic, North Sound ACH team members conducted site visits during the spring to learn more about each partner’s MTP work and how North Sound ACH could provide support and technical assistance. During 2020, spring site visits were conducted virtually or canceled altogether (especially for hospitals and local health jurisdictions, whose staff capacity was significantly limited because of COVID-19). During this reporting period, site visits were postponed to the fall, with the hope that they can be safely conducted in person as vaccination levels continue to rise.
c) Describe any updates, new approaches, or new partnerships related to how your ACH has included Tribes/IHCPs in your COVID-19 response activities.

**ACH Response:**

North Sound ACH continued to include Tribes/IHCPs in multiple COVID-19 response activities, and hosted convenings related to tribal learning for North Sound ACH partners. These activities include:

- Monitored public-facing resources related to public health and COVID-19 authored and distributed by Tribal Nations, Indian Health Care providers, and Urban Indian Health Institutes in the region. North Sound ACH disseminated these resources to ACH staff and partners.
- Maintained a full time Tribal Liaison position on the North Sound ACH team, who attended state 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.
- Continued meetings of the Board’s Tribal Alignment Committee, which is the vehicle to share with tribal leaders the work of regional partners and the ACH team, providing opportunities for communication and collaboration.
- Continued to offer technical assistance to Tribal partners to apply for grants and other funding applications.
- Worked with Northwest Washington Indian Health Board to provide PPE, care and food kits to all tribes in the North Sound Region.
- Hosted Tribal & Equity Learning webinars every other month, feature experts and community innovation led by Tribes and IHCPs in the region.
- Sponsored a Healing Dialogue session for community members to process and reflect on discoveries of burial sites of First Nations children in Kamloops, Manitoba and other sites across Canada and the US.

d) Specific to partnering providers, describe any updates, new approaches regarding provider contracts, reporting, type of providers engaged, support provided, and/or payment strategies.
ACH Response:

During the reporting period, partner reporting was updated to include the following questions to inform North Sound ACH’s future state and to better realize the ongoing impact of COVID-19:

- **Do you plan to scale up any of the work you are doing? If so, how? For example, expanding to different populations, increasing service areas, etc.**
- **Have there been any changes in your plan for sustaining this work? For example, acquiring new sources of funding, implementing continuous quality improvement processes, finalizing staff training, etc.**
- **Did COVID-19 elevate or change any priorities for your organization? What are you doing differently as a result of COVID-19 in 2021?**

There are no new approaches regarding provider contracts as we plan for end of the MTP implementation period; one additional MTP partner was added in March 2021. didgŵálič Wellness Center was engaged through work with the North Sound ACH Tribal Liaison. Partner support and payment strategies are unchanged since the last reporting period.

COVID did create opportunities to add partners from the LatinX community, especially those serving farmworkers, migrant and immigrant families. This expanded network of community-based organizations played essential roles in mitigating barriers to accessing COVID testing and vaccine.

e) **Describe specific risks/issues that emerged during the reporting period (e.g., workforce, information exchange, access), including any notable impacts to specific providers or communities. Also highlight any mitigation strategies or activities that shifted as a result, if applicable.**

**ACH 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:

- Partners continue to report on-going and heightened workforce shortages, specifically in behavioral health.
- The region’s largest behavioral health provider closed several rural satellite clinics, and closed its practice to new referrals for a large part of the reporting period.
- Partners had to shift their practices to ensure the fidelity of following evidence-based practices in a remote environment.
- Limitations among care coordination partners to quantify and capture the work being done to serve clients exposed to covid using the Innovacer platform.
- Partners had difficulty identifying vaccine providers with available vaccine supply and cited challenges including the continually shifting eligibility criteria for the vaccine, securing vaccine appointments for populations with accessibility barriers such as
language, employee time restraints, transportation, and competency with technology.

- Inadequate transportation, especially in rural areas, made accessing health services challenging.
- Ongoing purchasing barriers of PPE among community-based organizations
- Disparities in food access continued to be an issue. During the past year, this was further exacerbated when food access points were disrupted, dependent staffing, funding, publicly known (made known to under-reached and underserved populations in the appropriate language), and/or had sufficient stock and donations.

In response to these risks and issues, North Sound ACH implemented the following mitigation strategies and activities:

- Discussed with partners ways to retain existing staff, including what a healthy and supportive work environment could look like.
- Convened hospitals and MCOs to share updates about the impact of workforce shortages on access to care and discuss potential solutions for the region.
- Hosted several discussions among providers with common goals to network and identify opportunities for increased collaboration.
- Worked with Elevate Health and Innovaccer to implement a COVID care coordination tracking module.
- Supported community-based scheduling with community-based organizations, allowing smaller CBOs to bypass web-based complicated appointment scheduling programs.
- ACH staff worked at various vaccine sites in Whatcom and Skagit Counties, specifically targeting populations with inequitable access to vaccines and testing.
- Provided PPE such as masks, gowns, hand sanitizer, face shields, as well as food and hygiene care kits to providers and organizations in the North Sound Region.
- Organized a workgroup with focus on transportation needs, beginning a partnership with the Northwest Transportation Alliance to address solutions to transportation barriers.
- Expanded the number of community partners distributing emergency food kits to clients impacted by COVID.

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

**ACH Response:**

One best practice or “bright spot” that emerged during this reporting period as a result of COVID-19 response and recovery efforts was strengthened relationships between and among community-based organizations that serve the farmworker, immigrant and refugee communities. The ACH providing access to PPE resources opened doors to other opportunities, including crafting a way for community organizations to bypass complicated
and often inaccessible appointment scheduling systems, arranging vaccine sites that were culturally and linguistically accessible and welcoming, and jointly applying with the ACH for federal grants.

A vaccine equity grant from All in Washington opened the door for a fund to support community health workers (CHWs) and promotoras across the region – a workforce that was essential to advancing vaccine equity, but who are often underpaid and themselves in need of assistance. Codeveloping strategies to support this workforce with community leaders has been perhaps the ‘brightest spot’ during the reporting period.

North Sound ACH was able to play a key role by brokering relationships between vaccine providers and community-based organizations that work with populations disproportionately impacted by COVID. These collaborative efforts resulted in an increase of equitable access to culturally and linguistically appropriate vaccine opportunities for underserved communities, and more robust relationships with key community partners.

16. Scale and sustain update

a) In SAR 6.0, ACHs reported on activities and/or conversations regarding the sustainability of DSRIP funded infrastructure, activities, and/or evidence-based models. Please describe relevant updates from the reporting period. These could include (but are not limited to) board decision regarding priority ACH investments and projects, strategic planning results, community/partner engagement, sustainability planning TA or coordination, etc.

ACH Response:

During the reporting period, North Sound ACH staff led the following work regarding the sustainability of DSRIP funded infrastructure, activities, and/or evidence-based models:

- During North Sound ACH’s semi-annual partner convening in January 2021, staff leadership shared the organization’s vision and future state activities approved by the Board of Directors, which partners endorsed as the ‘future state.’
- In Q2 2021, ACH leadership hosted two sessions with a workgroup comprised of partners, board members and community leaders who provided reflection and input into how we transition to 2022.
- Approval of the MTP Sixth year, has impacted our thinking to a small degree. It provides additional support for transition activities from a purely MTP/8 projects focus to how we sustain a regional network/collaborative focused on systemwide change that advances equitable well-being.

b) In SAR 6.0, some ACHs reported that P4P incentives for DY4 and DY5, to be paid out in 2022 and 2023, had been obligated, and others reported they had not been obligated. Please provide any updates based on this reporting period, or simply indicate “no updates” as applicable.

i. Have P4P incentive funds for DY4 and DY5 (to be paid out in 2022 and 2023) been
obligated?

**ACH Response:**
No updates - P4P incentive funds for DY4 and DY5 have not been obligated.

ii. What types of entities are those funds obligated to?

**ACH Response:**
No updates - P4P incentive funds for DY4 and DY5 have not been obligated.

iii. Will the ACH retain some of this funding for post-2021 admin?

**ACH Response:**
No updates - P4P incentive funds for DY4 and DY5 have not been obligated.

iv. Are providers receiving any of these funds for P4P or for future deliverables?

**ACH Response:**
No updates - the North Sound ACH Board of Directors has not obligated any funds beyond 2021.

- No specific organizations or entities have funds obligated to them beyond 2021.
- The North Sound ACH Board has operated as having seven years of MTP earnings, ending at the 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.
- Decisions about fund allocation for 2022 will be made at the 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.

**c)** 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.

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

### 17. Regional integrated managed care implementation update

a) For **all regions**, 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?

**ACH Response:**

The challenges the region continues to experience due to the implementation of integrated managed care (IMC) include:

- Continued issues with partners receiving timely payments from MCOs: Since the implementation of integrated managed care, high rates of claim denials were reported in the early warning system for MCOs.

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

- North Sound ACH participated in the Early Warning System webinars, and connected providers to the HCA and MCOs to address payment challenges.
- North Sound ACH also participates in the Interlocal Leadership Structure meetings, which is instrumental in discussing gaps in funding and data feeds, as well as the use of non-Medicaid funding allocated to address the issue.

b) 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?

**ACH 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 integrated managed care implementation:

- The ACH will continue to offer avenues for technical assistance and support where IMC transitions are occurring by attending the Interlocal Leadership Structure (ILS) Meetings. The ILS is instrumental in discussing gaps in funding and data feeds, as well as the use of non-Medicaid funding allocated to address the issue.
- North Sound ACH convenes a quarterly meeting with MCO partners to discuss challenges that partners experience across the region, bringing together partners, HCA and MCO representatives.

c) For all regions, what challenges or opportunities has the ACH identified during the reporting period tied to clinical integration measurement and assessment?

**ACH Response:**
Challenges identified by the ACH during the reporting period include:

- Behavioral health providers incurring new costs to acquire electronic health records and reporting systems to meet MCO billing requirements under Integrated Managed Care (IMC).
- IMC has been a challenge, particularly for substance use disorder (SUD) agencies and agencies adding or updating electronic health record systems.

Opportunities identified by the ACH during the reporting period include:

- Providers reported that they would like the ACH to continue to offer technical assistance and support where IMC transitions and challenges are occurring.

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>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>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:</td>
<td>X</td>
<td></td>
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<tr>
<td>• Identification of partnering provider candidates for key informant interviews.</td>
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<tr>
<td>• ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary.</td>
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<tr>
<td>• 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.</td>
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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. Pay-for-Reporting (P4R) metrics

19. 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:

ACHs submit P4R metric information using the reporting template provided by the state.

ACH Response:

North Sound ACH uploaded P4R metric information in the attachment NorthSoundACH.SAR7.P4Rmetrics.08.02.2021.

Narrative responses:

20. If the ACH is not providing updates on the MeHAF this reporting period, please describe what, if anything, the ACH is doing to assess partnering provider implementation progress at a clinic/site level?

6 https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf#page=121
ACH Response:

Not applicable - North Sound ACH is providing MeHAF updates for this reporting period. Please see attachment NorthSoundACH.SAR7 P4R metrics. 08.02.2021.

21. If the ACH is providing updates on the MeHAF this reporting period, please provide any additional context if applicable.

ACH Response:

North Sound ACH is providing MeHAF updates for this reporting period. Please see attachment NorthSoundACH.SAR7 P4R metrics. 08.02.2021.

Partners are required to complete the MeHAF Site Self-Assessment for each site participating in bi-directional integration work twice each year - in April and October. This is the fifth round of MeHAF surveys collected from North Sound ACH partners. No additional context is applicable.
### Cumulative snapshot

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
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<tbody>
<tr>
<td>Funds Earned</td>
<td>$ 100,310,474.51</td>
</tr>
<tr>
<td>Funds Distributed</td>
<td>$ 82,857,509.48</td>
</tr>
<tr>
<td>Funds available</td>
<td>$ 17,452,965.03</td>
</tr>
</tbody>
</table>

### Table 1: Incentive Funds earned

<table>
<thead>
<tr>
<th>Project</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project 2A</td>
<td>-</td>
<td>-</td>
<td>$2,838,479.00</td>
<td>-</td>
<td>$2,838,479.00</td>
</tr>
<tr>
<td>Project 2B</td>
<td>-</td>
<td>-</td>
<td>$2,076,531.00</td>
<td>-</td>
<td>$2,076,531.00</td>
</tr>
<tr>
<td>Project 2C</td>
<td>-</td>
<td>-</td>
<td>$1,182,696.00</td>
<td>-</td>
<td>$1,182,696.00</td>
</tr>
<tr>
<td>Project 2D</td>
<td>-</td>
<td>$1,094,005.00</td>
<td>-</td>
<td>-</td>
<td>$1,094,005.00</td>
</tr>
<tr>
<td>Project 3A</td>
<td>-</td>
<td>-</td>
<td>$391,197.00</td>
<td>-</td>
<td>$391,197.00</td>
</tr>
<tr>
<td>Project 3B</td>
<td>-</td>
<td>-</td>
<td>$431,005.00</td>
<td>-</td>
<td>$431,005.00</td>
</tr>
<tr>
<td>Project 3C</td>
<td>-</td>
<td>-</td>
<td>$252,462.00</td>
<td>-</td>
<td>$252,462.00</td>
</tr>
<tr>
<td>Project 3D</td>
<td>-</td>
<td>-</td>
<td>$640,486.00</td>
<td>-</td>
<td>$640,486.00</td>
</tr>
<tr>
<td>VBP</td>
<td>$250,000.00</td>
<td>$150,000.00</td>
<td>-</td>
<td>-</td>
<td>$400,000.00</td>
</tr>
<tr>
<td>Bonus pool/High</td>
<td>-</td>
<td>-</td>
<td>$2,546,656.00</td>
<td>-</td>
<td>$2,546,656.00</td>
</tr>
<tr>
<td>Performance Pool</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$250,000.00</td>
<td>$11,603,517.00</td>
<td>-</td>
<td>-</td>
<td>$11,853,517.00</td>
</tr>
</tbody>
</table>

### Table 2: Interest accrued for funds in FE portal

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest accrued</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Table 3: Incentive funds distributed, by use category

<table>
<thead>
<tr>
<th>Category</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community health fund</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health systems and community capacity building</td>
<td>$344,061.82</td>
<td>$397,694.42</td>
<td>-</td>
<td>-</td>
<td>$741,756.24</td>
</tr>
<tr>
<td>Integration incentives</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Project management</td>
<td>$10,000.00</td>
<td>$10,000.00</td>
<td>-</td>
<td>-</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>Provider engagement, participation, and implementation</td>
<td>-</td>
<td>$5,994,825.00</td>
<td>-</td>
<td>-</td>
<td>$5,994,825.00</td>
</tr>
<tr>
<td>Provider performance and quality incentives</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>reserve/contingency fund</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$354,061.82</td>
<td>$6,402,519.42</td>
<td>-</td>
<td>-</td>
<td>$6,756,581.24</td>
</tr>
</tbody>
</table>

**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 July 21, 2021 to accompany the seventh Semi-Annual Report submission for the reporting period January 1 to June 30, 2021.