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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>Liz Baxter, Chief Executive Officer</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>
<tr>
<td>Secondary contact name</td>
<td>Nicole Willis, Chief Operations Officer</td>
</tr>
<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>
</tr>
</tbody>
</table>
### Section 1. ACH organizational updates

The following sub-sections are required components of the ACH’s semi-annual report. ACHs may submit reports in the formats of their choosing, as long as all required elements are clearly addressed.

### 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></td>
<td>X</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></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></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></td>
<td>X</td>
</tr>
<tr>
<td>6. Within the last 12 months, the ACH has completed an organizational self-assessment of internal controls and risks.</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>
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.

**ACH Response:**

North Sound ACH uploaded a revised Organizational Chart ([NorthSoundACH.SAR8 Organizational Chart.1.31.2022](#)).

North Sound ACH had several staffing changes during the reporting period. Rocio Castillo-Foell joined as Director of Community Engagement and Health Promotion; Ashley Farsnworth joined as Administrative Associate; Natalie Esparza joined as Communications Coordinator; Gabriela Cardona, Alesha Harrison, Marco Morales, and Lisa Sohni joined as Project Managers; and Adam Brendgard joined to lead cyber security and privacy tasks. Several staff left the organization during the reporting period, including Alisha Benish, Cinaed Boyd, Amanda Robins, Woody Tovar Cano. At the end of the reporting period North Sound ACH has multiple vacant positions, including a Procurement specialist, an IT/network specialist, a Population Health Director and several Project Managers.

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 payments made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.

**ACH Response:**

North Sound uploaded [NorthSoundACH.SAR8.PaymentReconciliation.1.31.2022](#).

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

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.

<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

The following sub-sections are required components of the ACH’s semi-annual report unless otherwise noted. ACHs may report in the format of their choosing, as long as all required elements are addressed.

Attachments

The ACH should provide applicable attachments or additional context that addresses the following:

12. Implementation 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. Updates to the ACH’s implementation plan were made optional for SARs 5.0, 6.0, and 7.0.

- The ACH must submit an updated implementation plan reflecting current status and progress made since the last submitted update.

ACH Response:

North Sound ACH uploaded
NorthSoundACH.SAR8ImplementationWorkPlan.1.31.2022.

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.

Instructions:

a) For each partnering provider site identified as participating in transformation activities, the ACH should use the template provided by the IA to indicate:

i. Whether the partnering provider site is pursing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.

ii. When the partnering provider site starts and ends engagement in transformation activities according to project area by indicating the quarter and year.

b) Update partnering provider site information as needed over each reporting period.

ACH Response:

Documentation

The ACH should provide documentation that addresses the following:

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.

ACH Response:

North Sound ACH will not be submitting quality improvement strategy updates with this Semi-annual Report.

Narrative responses

ACHs must provide concise responses to the following prompts:

15. COVID-19

a) Provide an update on COVID-19 response and recovery activities. Please describe ACH COVID-19 activities that emerged or evolved during the reporting period (e.g., project management, communication and engagement, coordination of funding, etc.).

ACH Response:

North Sound ACH COVID-19 response and recovery activities completed during this reporting period include:

- **Testing Support for Community-based Organizations** - North Sound ACH supported 84 organizations with COVID-19 rapid antigen tests, including supporting them under the ACH CLIA waiver, fostering creation of plans for testing, and reporting test results to the state.

- **Support for Regional Testing and Vaccination Pop-up Clinics** - North Sound ACH employees supported and set up rapid testing sites at local food banks and migrant farmworker health fairs and also helped support vaccinations clinics. These clinics were primarily focused on serving the Latinx community in North Sound counties.

- **Equitable Language Access for Testing and Vaccination** - North Sound ACH provided financial and organizing support for interpreters to be present during testing and vaccination pop up clinics.

- **Testing and Vaccination Support for LHJs** - North Sound ACH employees supported LHJs at local testing and vaccination sites, helped coordinate volunteers for COVID-19 response, and organized distribution of COVID-19 testing supplies to rural areas where LHJ capacity is limited.
• **COVID-19 Education and Vaccine Education in Multiple Languages** - North Sound ACH worked with CBOs and other organizations to translate educational information and fliers in multiple languages including indigenous Latin American languages such as Mixteco and Triqui. North Sound ACH also helped translate COVID-19 vaccine information from English into Spanish to support the Spanish speaking Latinx communities in the region.

• **Project Management for Food Insecurity due to COVID-19** - North Sound ACH provided groceries, gift cards, and food kits to local organizations to be distributed to people who are experiencing food insecurity or are unable to access food due to isolation or quarantine for COVID-19.

• **Food Distribution Collaboration with CBOs for Latinx Farmers** - North Sound ACH collaborated with CBOs with “fair market trade” food distribution to Latinx families from Latinx farmers. This food was fresh and culturally appropriate to address the needs of food insecure families.

• **PPE and Supply Distribution** - North Sound ACH distributed PPE, including masks, hand sanitizer, gloves, gowns, face shields, food and care kits to the five-county region and neighboring regions.

• **Pediatric Vaccine Clinic Collaboration with Partners and Promotoras** - North Sound ACH collaborated with Community to Community (C2C), a women-led grassroots organization dedicated to food sovereignty and immigrant rights, and Skagit Pediatrics to hold vaccine clinics for children ages twelve and over.

• **Partnership with Medical Teams International (MTI)** – North Sound ACH, with support from Kaiser Community Foundation, partnered with MTI and local organizations to utilize MTI’s dental van as a draw for COVID-19 vaccination. The MTI vans served community members in all five North Sound counties.

b) 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:

• There are limited numbers of Medicaid providers in Island County and the primary hospital and urgent care facility for those in this county, WhidbeyHealth, has experienced severe staffing and funding shortages which have intensified during COVID-19. Due to the lack of Medicaid providers, people have to travel for providers outside of their county or service area. The lack of Medicaid providers causes inequity in care and can prevent individuals from seeking the care needed due to transportation and financial barriers, especially limiting referrals from PH to available community health providers accepting Medicaid patients.
- Hospitals across the region continued to have ongoing inpatient surges, limiting access to those waiting for non-critical or elective procedures and putting a toll on the mental health and well-being of health providers.
- Long Term Care (LTC) facilities continued to have COVID-19 outbreaks, along with challenges quarantining patients at memory care facilities.
- Behavioral Health providers are at capacity with clients needing care to deal with increased mental health challenges since the pandemic. Wait times for initial screening is up, especially for pediatric patients in crisis. This has led to clinical practices adding BH providers to medical clinics.
- COVID-19 educational materials are available in a limited number of languages other than English, which continues to create barriers to vaccine uptake. This is especially true in communities where large numbers of individuals speak Indigenous Latin American languages, from Asian Pacific Islanders, from newly arrived individuals from Afghanistan. This is further complicated by the complexity of understanding the constantly changing landscape of COVID-19, vaccines, and public health measures, so printed and online materials need to be constantly updated.

In response to these risks and issues, North Sound ACH staff implemented the mitigation strategies and activities listed below:
- North Sound ACH staff supported community-based scheduling with community-based organizations.
- North Sound ACH staff worked at various vaccine sites as requested by community partners, specifically targeting populations with inequitable access to vaccines and testing.
- Hosted regional calls with leaders from Local Health Jurisdictions (LHJ), WA Department of Health (DOH) and WA Department of Social and Health Services (DSHS) to provide a space for collaboration and accurate information to be shared between organizations and agencies. The collaboration of the LHJ/DOH/DSHS created an opportunity for systems to speak directly with each other to discuss issues such as LTC facility outbreaks.
- North Sound ACH’s Community HUB referral system is in place and available for assistance to mental health for people and organizations. A referral request is available on North Sound ACH’s website and processed through the Community HUB to providers, depending on availability, for assistance to mental health care.

c) 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 bright spot that emerged during COVID-19 response was the increase in inclusion of Community Health Workers (CHW) and Promotoras in health care conversations. The work of Promotoras with the Latinx and farmworker communities was essential to educate
people about COVID-19 and to decrease vaccine hesitancy. Their ability to speak to people in the language they are most comfortable speaking, continues to be invaluable to building trust and understanding.

CHWs and Promotoras scheduled vaccination appointments, accompanied community members to appointments to navigate language and cultural barriers, helped test for COVID-19, and continued to have conversations with people about what was needed in the community. CHWs and Promotoras are trusted in the communities they serve. Having their voices elevated helped bridge the gap between the Latinx and farmworker communities to local health departments, regional hospitals, and medical facilities.

CHWs and Promotoras identify language and cultural barriers, provide education regarding COVID-19 and vaccination, and support not only the people they serve but also raising awareness of the marginalization and inequity that communities experience.

16. Scale and sustain update

a) In SAR 7.0, 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 was engaged in the following work regarding the sustainability of DSRIP funded infrastructure, activities, and/or evidence-based models:

- During prior partner reporting and at in-person meetings, partner organizations continue to share how they have embedded some of the ACH supported work and will continue it post-MTP. Equity learning, trauma informed care, new ways to organize their teams and new relationships with other partner organizations have been called out.

- Other partners, for example Community Resource Paramedics, report continued struggles because each time they are successful it results in decreased revenue to their organization – they still only get reimbursed if they transport someone to the Emergency Department. They want to continue and grow this aspect of community-based care coordination but they need the revenue model to allow them to divert and prevent ER utilization, otherwise they see their programs at risk of closure.

- During the North Sound ACH’s partner convening in August 2021, ACH leadership shared how we are approaching 2022 partner agreements. This included a presentation and discussion among partners on the North Sound Collaborative Action Network’s guiding principles, shared beliefs, and commitments. Partners were told that there would be opportunities to co-create and co-design the work
that continues, which was exciting to some partners and caused anxiety for others who are used to contracts that lay out specific deliverables with payment methodology attached before they begin.

- In the fall and winter of 2021, ACH leadership met individually with contracted partners to review and discuss the proposed partner contract for 2022. The meetings were also an opportunity to assess interest in organizations leading learning cohorts in 2022. This information will shape partner investments and regional initiatives in 2022.

- In December 2021, the board of directors approved the organization's 2022 budget and agreed that the ACH would form a community group to advise on investment of the Community Resilience Fund.

b) As a result of MTP, please share your reflections on changes and improvements that have occurred and/or lessons learned over the past five years. Note, this is not expected to be a comprehensive inventory, but a summary of a page or less.

**ACH Response:**

Over the last five years, much has changed for North Sound ACH and its partner organizations in the region. Several key areas of change have emerged in partner reporting: increased collaboration between partners; training received by partners has positively impacted their work; increased capacity to address health disparities; expansion of the health workforce (although workforce challenges continue to be an issue across the board); and successful implementation of effective evidence-based practices. Examples of improvements in each area are below:

**Increased collaboration between partners:** As a result of North Sound ACH’s MTP work, partners have done more co-creation of programming with other organizations and partnering with other organizations to better serve their communities. For example, creating a Skagit county based Latinx Healthcare Access Advisory Group, which included information collecting, funding targeted recommendations made by the group, and seeking funding and other resources to support leadership and local career development opportunities for group members. One partner noted that “the partnership with North Sound ACH has brought a sense of relief and a positive example for... demonstrating what equal partnership can look like.” Another partner noted that “the connections to other organizations [provided by] the ACH is of tremendous value to [our organization]. We have always been collaborative as an agency, but we see our connections turning into strong partnerships and view our membership in the ACH as instrumental in making that happen.”

**Training received by partners has positively impacted their work:** North Sound ACH partners reported two areas of training their staff received during MTP that made a positive impact on their work: 1) training hosted by North Sound ACH as part of the Equity and Tribal Learning series and 2) training to prepare staff to implement evidence-based practices. One partner noted they “see North Sound ACH as a visionary leader, pushing equity work to the forefront, educating us about Targeted Universalism, anti-racist efforts
and so much more... You help us see new possibilities – and that keeps us motivated to keep working even when things are difficult... I think of the ACH as the rock dropped into a pond or lake – it creates ripples that cascade further and further. And you enable more rocks to be dropped and ripples to continue – leading to greater equity and inclusion... It would feel overwhelming of where to start, and what steps to take without the ACH’s support.” Partners also noted repeatedly that the training provided by the ACH, especially those related to equity and Tribal learning, were instrumental in helping them make progress on their organizational commitments to equity work.

**Increased capacity to address health disparities:** As a result of MTP, many partners expressed they had an increased capacity to address health disparities in their work. Strategies like improving language access to services, hiring staff from the communities they serve, and others contributed to increasing this capacity, and partners specifically mentioned that they used these strategies during their COVID response work. For example, many partners noted that they had adapted their COVID-19 work to reach those who may be struggling to access testing and vaccines, such as “outreach and setting appointments for non-English speaking community members and other vulnerable [individuals] who may lack access... coordinating care for vulnerable seniors and people with disabilities.” Several organizations noted hiring community health workers who represent specific communities, such as Black, Latinx, and Tribal communities, to address COVID-19 concerns and other care coordination efforts. One organization noted that “to better assist the LGBTQ+ patient population, a provider champion has been identified with the goal of providing guidance and training to other providers.”

**Expansion of workforce:** Though workforce continues to be a huge challenge for providers in the North Sound region, partner organizations have noted that they have seen growth or expansion of their workforce happen as a result of MTP. For example, organizations reported adding positions or expanding the scope of existing positions to reach new populations, such as Latinx individuals, transgender clients, and pregnant and parenting individuals; hiring new staff to oversee Diversity, Equity, and Inclusion (DEI) work; and expanding specialties, such as opening a dental clinic or adding physical therapy to the practice. Care coordination was a large area of growth, with several organizations adding community health workers, peer navigators, and other care coordination roles.

**Successful implementation of evidence-based practices:** Partners reported successful implementation of evidence-based practices they committed to as part of their MTP work, and that they have seen these evidence-based practices change workflows and clinical practices, and result in improvements in patient outcomes.

**Eagerness to know what comes next:** Partners have been pushing the ACH team to share a vision of next steps, wanting to continue working with each other to find ways to learn, evolve and transform together. As we shifted to our focus from ‘improving health’ to advancing equitable well-being, partners began to see intersections between health and housing, climate change and livable communities, workforce and affordable wages. We are seeing common understanding and agreement that we need to focus on moving communities from suffering and struggling to thriving.
**Need for more generalized support/funding that is not incident-specific:** The most significant thing that 2020 and 2021 have taught us is that our traditional approach of bucketed funding will not serve us in the future. When funds in one hand will pay for wildfire response, and in the other hand we have dollars for those who test positive for COVID-19, but won’t pay for flood response needs (unless the person is COVID-19+ or running from a wildfire) we find ourselves unable to meet immediate needs, even if we have access to dollars.

A warehouse of “wildfire food-kits” needed permission from a state agency in order to be used for people displaced by unprecedented flooding. We have clearly entered a period of overlapping and simultaneous crises, that are most likely to continue looking forward. Allowing communities to navigate – and have control over – emergency response without checking to see if we can use the dollars in Hand #1 or Hand #2 is critical.

Perhaps that is the challenge of clinical and community providers as well – we want an integrated system, but we still pay for services using varied streams of dollars that each have their own set of restrictions and allowances. North Sound ACH and our partners are interested in finding different ways to meet the needs of those in our region. The Medicaid Transformation Project created and fostered the environment that has the ACH and partners working in concert to take that next step.

**17. Regional integrated managed care implementation and stabilization update**

a) For all regions, briefly describe any challenges the region continues to experience due to the implementation or stabilization phase 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 partners across our region continue to experience due to the implementation of or stabilization phase of integrated managed care (IMC) include:

- Continued issues with receiving payments from MCOs.
- Since the implementation of integrated managed care, high rates of claim denials were reported in the early warning system for MCOs.
- Lack of clarity as to MCOs will collaborate to ensure a consistent level of services be available in the region, agnostic to which plan is the payor.

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.
2-3 times each year North Sound ACH meets with representatives of all five health plans to ascertain the priorities of each health plan during the upcoming quarter.

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 and/or the stabilization phase of integration post implementation?

ACH Response:
North Sound ACH has taken steps and plans to take steps to support coordination with local, regional and statewide partners to design and implement strategies to address gaps and barriers in the health system in integrated managed care implementation and/or the stabilization phase of integration post implementation. These steps include:

- 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.
- In December 2021 North Sound ACH issued capacity building payments of $50,000 to partnering provider organizations engaged in Behavioral Health strategies to recognize workforce burden, and support efforts by partners to add more staff to their BH teams.

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 North Sound 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:

- North Sound ACH attends monthly meetings with the BH-ASO to hear and address provider technical assistance needs. Providers reported that they would like the ACH to continue to offer technical assistance and support where IMC transitions 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.

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>X</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. 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 5, Q4.

Note: The reporting period for VBP milestones cover the full calendar year (January 1 through December 31, 2021).

Narrative responses

19. Identification of barriers impeding the move toward value-based care

a) Providers reported the following top three barriers in the 2020 Paying for Value survey: “misaligned incentives and/or contract requirements,” “lack of timely cost data to assist with financial management,” and “Lack of interoperable data systems.” Describe whether these align with your region’s experience or if you are experiencing other more impactful barriers regarding implementation of value-based care. Also, describe methods the ACH continues to use to identify providers struggling to implement practice transformation and move toward value-based care.

**ACH Response:**

The top three barriers in the 2020 Paying for Value Survey align with the North Sound ACH regional experience regarding the implementation of value-based care. Other impactful barriers reported by providers in our region include:

- Shifting of priorities from implementing value-based contracts due to COVID-19.
• Difficulty contracting with Managed Care Organizations.
• Issues with transitioning to integrated managed-care funding and the changing of crisis funding. Partners noted issues with how crisis services can be accessed 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.

The methods North Sound ACH continues to use to identify providers struggling to implement practice transformation and move toward value-based care include:

• 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 care.
• 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 to VBP adoption; indicate if the scope or intensity of support has been different for small providers (25 FTEs or fewer), or behavioral health providers.

ACH Response:

• Barriers to implementing value-based care have been identified via semi-annual reporting completed by partners 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 partners via technical expertise or by linking the provider with a community connection. North Sound ACH has also provided webinars on value-based care which are available for streaming on the partner portal and 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 2021 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.

ACH Response:

North Sound ACH supported completion of the state’s 2021 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 staff member 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.

ACH 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

Documentation

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. However, it is requested if an ACH continues P4R data collection, including the MeHAF assessments, that the ACH submit a completed P4R report. These reports are helpful in providing utilization numbers and provider engagement totals throughout the state.

MeHAF guidance:

- The state continues to develop future integration assessment surveys and processes to improve on the reporting of behavioral and physical health integration. Until a new assessment is officially implemented it is recommended ACHs avoid engaging new providers in MeHAF assessment.

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).

ACH Response:

North Sound ACH uploaded P4R Metric reporting template as NorthSoundACH-SAR8. P4R Metrics.1.31.2022

b) Provide a summary of respondents overall, by Project (2A/3A), and stratified by site-level provider characteristics as specified in the reporting template.

ACH Response:

1 https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf#page=121
Not applicable - North Sound ACH is providing MeHAF updates for this reporting period. See uploaded document NorthSoundACH-SAR8. P4R Metrics.1.31.2022.

Format:

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

Narrative responses:

23. 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.

ACH Response:

North Sound ACH is providing updates on MeHAF during the reporting period.

24. 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. See attachment - SAR 8.0 - North Sound ACH - P4R Metrics.

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

**October 1-December 31, 2021**

#### Cumulative snapshot

<table>
<thead>
<tr>
<th></th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Earned</td>
<td>$101,343,055.51</td>
<td>$101,343,055.51</td>
<td>$202,686,111.02</td>
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<tr>
<td>Funds Distributed</td>
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<td>$87,616,757.25</td>
<td>$175,233,514.50</td>
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<tr>
<td>Funds available</td>
<td>$13,726,298.26</td>
<td>$13,726,298.26</td>
<td>$27,452,596.52</td>
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#### Table 1: Incentive Funds earned

<table>
<thead>
<tr>
<th>Project</th>
<th>Q3 (P)</th>
<th>Q4 (P)</th>
<th>Total (P)</th>
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<tbody>
<tr>
<td>Project 2A</td>
<td>$</td>
<td>$330,426.00</td>
<td>$330,426.00</td>
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<tr>
<td>Project 2B</td>
<td>$</td>
<td>$227,168.00</td>
<td>$227,168.00</td>
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<tr>
<td>Project 2C</td>
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<td>$134,236.00</td>
<td>$134,236.00</td>
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<tr>
<td>Project 2D</td>
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<td>$134,236.00</td>
<td>$134,236.00</td>
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<tr>
<td>Project 3A</td>
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<td>$41,303.00</td>
<td>$41,303.00</td>
</tr>
<tr>
<td>Project 3B</td>
<td>$</td>
<td>$51,629.00</td>
<td>$51,629.00</td>
</tr>
<tr>
<td>Project 3C</td>
<td>$</td>
<td>$30,977.00</td>
<td>$30,977.00</td>
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<tr>
<td>Project 3D</td>
<td>$</td>
<td>$82,606.00</td>
<td>$82,606.00</td>
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<tr>
<td>VBP</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>-</td>
<td>$1,032,581.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Q3 (P)</th>
<th>Q4 (P)</th>
<th>Total (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest accrued</td>
<td>$</td>
<td>-</td>
<td>-</td>
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</table>

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

<table>
<thead>
<tr>
<th>Use category</th>
<th>Q3 (P)</th>
<th>Q4 (P)</th>
<th>Total (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
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<td>-</td>
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<tr>
<td>Community health fund</td>
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<td>-</td>
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<tr>
<td>Health systems and community capacity building</td>
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<td>$1,950,581.42</td>
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<tr>
<td>Integration incentives</td>
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<td>-</td>
</tr>
<tr>
<td>Project management</td>
<td>$903,555.00</td>
<td>$10,000.00</td>
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<tr>
<td>Provider engagement, participation, and implementation</td>
<td>$</td>
<td>$1,895,111.35</td>
<td>$1,895,111.35</td>
</tr>
<tr>
<td>Provider performance and quality incentives</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Reserve/contingency fund</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$950,012.11</td>
<td>$3,809,235.66</td>
<td>$4,759,247.77</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 January 26, 2022 to accompany the seventh Semi-Annual Report submission for the reporting period October 1 to December 31, 2021.