

Attachment C: North Sound ACH Memorandum of Participation

Please read, complete and sign this Memorandum, and return it with the Completed Application Form. This agreement is in addition to any and all requirements outlined in the Master Service Agreement that partners must agree to in registering in the Financial Executor’s portal.

An organization that partners with the North Sound ACH commits to align its work with our vision of improved health, a transformed health system, and improved health equity for our region. In signing this Memorandum of Participation organizations commit to complete planning, reporting, and implementation deliverables tied to the goals for our region. Please initial by each statement below, signifying commitment and understanding of the partner expectations.

In applying to be a partnering organization with the North Sound ACH, my organization is agreeing to the following

- My organization is not using funds through this initiative to supplant other Medicaid funds.
- My organization is committed to serving people on Medicaid in the North Sound region, providing the highest quality care and services.
- My organization is committed to partnering with other clinical and nonclinical organizations in the North Sound region to advance the Medicaid Transformation Project goals.
- We will identify staff from our organization to take part in regional implementation planning with the North Sound ACH.
- We will identify staff from our organization to develop our own individual implementation plan.
- My organization will participate in shared learning around equity and disparities.
- My organization will participate in shared learning about the tribes of the North Sound region.
- My organization will enter into data share agreements with the ACH, to the extent that is allowable under HIPAA or other laws or regulations.
- My organization will measure and assess progress to continually improve internal processes.
- My organization will report required information into an ACH-selected reporting portal.
- My organization will adapt current its practices to incorporate process and quality improvement.
- My organization is committed to partner with upstream (social determinants of health) organizations and strategies to address underlying conditions that impact health and disparities.

Organization’s Authorized Signer:

I attest that I, the undersigned, have the authority to sign on behalf of my organization, and that the responses provided above are accurate and understand that by submitting the completed Application I am agreeing to the criteria laid out for participation in the 2018 Implementation Planning phase of the Medicaid Transformation Project with the North Sound ACH.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____