



Healthier Washington Medicaid Transformation

North Sound ACH

Semi-annual Report

Reporting Period: July 1, 2018 – December 31, 2018

January 31, 2019

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ACH contact information

Provide 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, please also include their information.

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Section 1. Required milestone reporting (VBP Incentives)

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 2, Q4.

Note: For VBP milestones only, the reporting period covers the full calendar year (January 1 through December 31, 2018). Where applicable, ACHs may use examples or descriptions of activities that may have been included in previously submitted reporting deliverables. Regardless, activities must reflect efforts that occurred during DY 2.

A. Milestone: Inform providers of VBP readiness tools to assist their move toward value-based care.

- Attestation:** The ACH has informed providers of and/or disseminated readiness tools to assist providers to move toward value-based care in the region.

Note: the IA and HCA reserve the right to request documentation in support of milestone completion.

Yes	No
X	

- If the ACH checked “No” in item A.1, provide the ACH’s rationale for not informing providers of and/or disseminating readiness tools. If the ACH checked “Yes” in item A.1, respond “Not applicable.”

ACH response:

Not Applicable.

- In the table below, list three examples of how the ACH has informed the following providers of VBP readiness tools: 1) providers with low VBP knowledge or significant barriers/challenges, 2) small providers (25 full time equivalents (FTEs) or fewer), and 3) behavioral health providers.

VBP readiness tool dissemination activities			
Intended audience	Communication method	Date	Specific tools provided
<i>Provider with low VBP knowledge</i>	North Central ACH invited North Sound for site visit to share VBP knowledge from	July 10, 2018	<ul style="list-style-type: none"> Learning on specific resources and trainings that were effective for North Central ACH

VBP readiness tool dissemination activities			
Intended audience	Communication method	Date	Specific tools provided
	behavioral health agencies (BHAs) about transition challenges		BHAs in establishing VBP contracts with MCOs <ul style="list-style-type: none"> • Case studies and lessons learned from early adopter BHAs • Connection to specialist technical assistance in contract negotiations
<i>Small provider</i>	In-person Integrated Managed Care design meeting for Physical Health Providers	June 13, 2018	<ul style="list-style-type: none"> • Presentation and materials on frameworks for alternative payment models • Presentation and materials on Medicaid Transformation Project and associated VBP targets
<i>Behavioral health provider</i>	In-person Integrated Managed Care design meeting for Behavioral Health Providers	February 5, 2018	<ul style="list-style-type: none"> • Presentation and materials on frameworks for alternative payment models • Presentation and materials on Medicaid Transformation Project and associated VBP targets

4. **Attestation:** The ACH conducted an assessment of provider VBP readiness during DY 2.

Note: the IA and HCA reserve the right to request documentation in support of

milestone completion.

Yes	No
X	

- If the ACH checked “No” in item A. 4 provide the ACH’s rationale for not completing assessments of provider VBP readiness during DY 2. If the ACH checked “Yes” in item A.4, respond “Not applicable.”

ACH response:

Not applicable.

B. Milestone: Connect providers to training and/or technical assistance offered through HCA, the Practice Transformation Hub, Managed Care Organizations (MCOs), and/or the ACH.

- In the table below, list three examples of how the ACH connected providers to training and/or technical assistance (TA) offered through HCA, the Practice Transformation Hub, MCOs, and/or the ACH or ACH contractors. Provide examples, including the recipients of the training and/or TA, identified needs, and specific resource(s) used.

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
North Sound physical and behavioral health providers: <ul style="list-style-type: none"> • Asian Counseling Treatment Services • Amerigroup • Community Action of Skagit County • Community Health Centers of Snohomish County • Family Care Network • Providence Health and Services • Molina 	Identified needs to increase competencies and skills for trauma-informed, patient-centered care	Southcentral Foundation: Core Concepts Training, July 12-14, 2018 Resources used: <ul style="list-style-type: none"> • ACH staff prep time: 20 hours of staff time planning and recruiting for event • Total participants: 35 • Training hours: 27 hours

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
<ul style="list-style-type: none"> • North Sound Behavioral Health Organization • Northwest Indian Health Board • Pioneer Human Services • Qualis Health • Skagit Pediatrics • Sunrise Services • Unity Care NW • Whidbey Health 		
Skagit Pediatrics	Training on developing and implementing an integrated care program in primary care settings	<p>Connected to North Sound Behavioral Health Organization (BHO) and UW Advancing Integrated Mental Health Solutions Center (AIMS Center) to learn more about training opportunities (i.e., the Whole Person Care in Primary Care Learning Cohort)</p> <p>Resources Used:</p> <ul style="list-style-type: none"> • Provider champion, Francie Chalmers MD attending on behalf of the region and Skagit Pediatrics • Training provided by CPAA for small cohort learning • Financial support provided to allow practicing clinician to attend CPAA training.

Connecting providers to training and/or technical assistance		
Recipient of training/TA	Identified needs	Resources used
North Sound Community HUB Care Coordinating Agencies (CCAs) <ul style="list-style-type: none"> • Compass Health • Northwest Regional Council • San Juan County • Sea Mar Community Health Centers 	Training on care coordination model and technology platform (CCS) for community-based care coordinators and Community Health Workers participating in the North Sound Community HUB model	<ul style="list-style-type: none"> • Pathways/CCS Training for CCAs • ACH staff prep time: 20 hours • Total participants: 8 • Training hours: 80 + practicum

C. Milestone: Support assessments of regional VBP attainment by encouraging and/or incentivizing completion of the state provider survey.

1. In the table below, list three examples of the ACH's efforts to support completion of the state's 2018 provider VBP survey. The ACH should indicate any new tactics, compared to tactics employed in prior years, to increase participation.

State provider VBP survey communication activities		
Tactic	Incentives offered? (Yes/No)	New tactic? (Yes/No)
Required completion of the VBP survey as a shared contractual expectation of clinical partners in the North Sound region	Yes	Yes
Embedded HCA VBP survey link and background information directly in partner self-assessment in July 2018	Yes	Yes
Promoted and provided ongoing individual troubleshooting support to partners completing 2018 VBP survey	Yes	Yes

D. Milestone: Support providers to develop strategies to move toward value-based care.

1. In the table below, provide three examples of how the ACH has supported providers to develop strategies to move toward value-based care. Examples of ACH support include direct TA or training, provision of TA or training resources, monetary support, development of an action plan, etc. The ACH must provide an example for three unique provider types: 1) providers with low VBP knowledge or significant barriers/challenges, 2) small providers (25 FTEs or fewer), and 3) behavioral health providers.

ACH provider support activities				
Provider type	Provider needs (e.g., education, infrastructure investment)	Supportive activities	Description of action plan: How provider needs will be addressed (if applicable)	Key milestones achieved
<i>Provider with low VBP knowledge</i>	Education in VBP	Training and technical assistance in VBP contracts	<ul style="list-style-type: none"> • Assess baseline knowledge and gaps • Identify opportunities for education and technical assistance • Provide technical assistance 	<ul style="list-style-type: none"> • Assessment of current VBP attainment and contractual relationships • Assessment of barriers to VBP contracting • Contractual commitment from partners to examine and report barriers to successful adoption of VBP
<i>Small provider</i>	Education in VBP	Training and technical assistance in implementing a health information	<ul style="list-style-type: none"> • Assess needs and Health Information Exchange (HIE) gaps • Require HIE integration for relevant providers. 	<ul style="list-style-type: none"> • Assessment of HIE needs and resource gaps • Contractual commitment from partners to leverage and expand systems

ACH provider support activities				
Provider type	Provider needs (e.g., education, infrastructure investment)	Supportive activities	Description of action plan: How provider needs will be addressed (if applicable)	Key milestones achieved
		exchange for care management	<ul style="list-style-type: none"> • Provide technical assistance and monetary support 	for population health management
<i>Behavioral health provider</i>	Education in VBP	Training and technical assistance	<ul style="list-style-type: none"> • Assess BHAs' capacity to negotiate VBP contracts with MCOs • Identify potential training resources • Collaborate with North Sound Behavioral Health Organization on VBP contract negotiation 	<ul style="list-style-type: none"> • Collaborate with North Sound Behavioral Health Organization on identifying subject matter experts and recruiting participants in training

Section 2. Required milestone reporting (Project Incentives)

This section outlines questions specific to **project milestones** in support of the objectives outlined in the Medicaid Transformation Project Toolkit by DY 2, Q4. This section will vary each semi-annual reporting period based on the required milestones for the associated reporting period.

A. Milestone: Support regional transition to integrated managed care (2020 regions only)

Not Applicable: The North Sound is a 2019 mid-adopter region, and therefore did not respond to questions under Section 2, Milestone A.

1. **Attestation:** The ACH engaged and convened county commissioners, tribal governments, MCOs, behavioral health and primary care providers, and other critical partners to discuss a process and timeline for regional transition to integrated managed care. Place an “X” in the appropriate box.

Note: the IA and HCA reserve the right to request documentation in support of milestone completion.

Yes	No

- a. If the ACH checked “No” in item A.1, provide the rationale for having not discussed a process and timeline for regional transition to integrated managed care. Describe the steps and associated timelines the ACH will take to complete this milestone. If the ACH checked “Yes,” to item E.1 respond “Not applicable.”

ACH response:

2. **Attestation.** The ACH, county commissioners, tribal governments, MCOs, behavioral health and primary care providers, and other critical partners developed a plan and description of steps that need to occur for regional transition to integrated managed care. Place an “X” in the appropriate box.

Note: the IA and HCA reserve the right to request documentation in support of milestone completion.

Yes	No

- a. If the ACH checked “No” in item A.2, provide the rationale for having not developed a plan for regional transition to integrated managed care. Describe the steps and associated timelines the ACH will take to complete this milestone. If the ACH checked “Yes,” to item E.1 respond “Not applicable.”

ACH response:

3. Has the region made progress during the reporting period to establish an early warning system (EWS)?
 - a. If yes, describe the region's plan to establish an EWS Workgroup, including:
 - i. Which organization will lead the workgroup
 - ii. Estimated date for establishing the workgroup
 - iii. An estimate of the number and type workgroup participants
 - b. If no, provide the rationale for not establishing an EWS. How has the ACH identified the process to monitor the transition to IMC and identify transition-related issues for resolution?

ACH response:

4. Describe the region's efforts to establish a communications workgroup, including:
 - i. Which organization will lead the workgroup
 - ii. Estimated date for establishing the workgroup
 - iii. An estimate of the number and type of workgroup participants

ACH response:

Describe the region's efforts to establish a provider readiness/technical assistance (TA) workgroup, including:

- iv. Which organization will lead the workgroup
- v. Estimated date for establishing the workgroup
- vi. An estimate of the number and type of workgroup participants

ACH response:

What provider readiness and/or TA needs has the ACH identified for Medicaid behavioral health providers transitioning to integrated managed care? Has the ACH identified steps to address TA needs?

ACH response:

What **non-financial** technical assistance has the ACH identified that HCA could provide to the ACH to help address provider readiness needs?

ACH response:

5. How has the ACH engaged MCOs, the regional behavioral health organization, consumers, and other affected stakeholders in planning for the transition to integrated managed care?

ACH response:

B. Milestone: Identified HUB lead entity and description of HUB lead entity qualifications (Project 2B only)

NOTE: This milestone pertains ONLY to Project 2B. If the ACH is not implementing this project, respond “Not applicable.”

The ACH may insert or include as an attachment supporting graphics or documentation for the questions below, though this is not required.

1. Identify the Project 2B HUB lead entity, and describe the entity’s qualifications. Include a description of the HUB lead entity’s organizational structure and any relationship to the ACH. Describe any shared staffing and resources between the HUB lead entity and the ACH.

ACH response:

The North Sound ACH decided in 2017 to serve as the HUB lead entity. The North Sound ACH has served and will continue to serve as a neutral convener of local and regional stakeholders, including community-based organizations and clinical partners. The ACH has conducted data-driven analysis on target populations and led discussions with the Health Care Authority and other ACHs to find alignment between the Pathways HUB model and existing regional needs and structures.

One early success was the development of a bi-directional referral process between Health Homes and the North Sound Community HUB. The North Sound ACH’s overall organizational structure will be addressed in detail in Section 3, Milestone A. The following text provides information on HUB staff, consultants, and committees.

The North Sound Community HUB team consists of North Sound ACH staff and is integrated into all North Sound ACH teams. The Community HUB Director reports directly to the North Sound ACH CEO, and the HUB Project Manager and HUB Consultant report to the Community HUB Director. The staffing for the Community HUB includes:

Community HUB Director: Leads the Community HUB implementation process, including the development of payment structures, the development of contracts for reimbursement on Pathway outcomes, and the maintenance of agreements with payers and contracted CCAs.

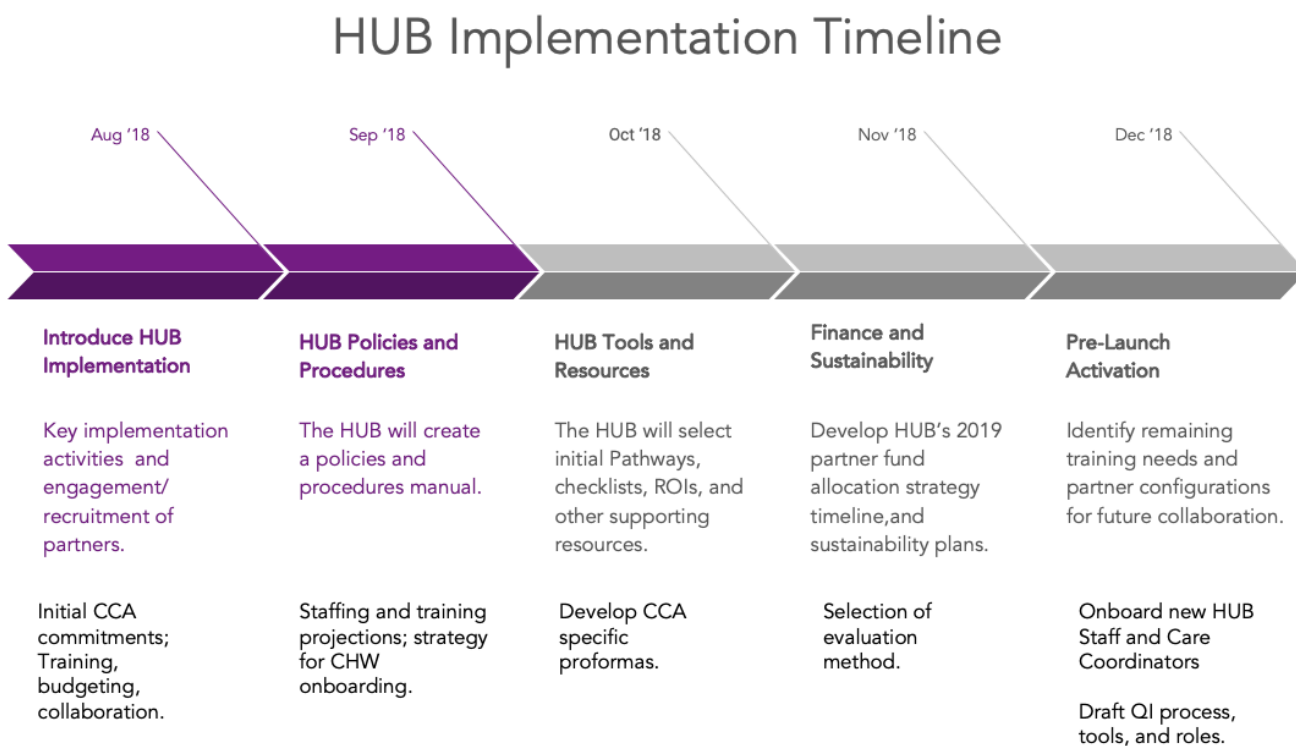
Community HUB Project Manager: Oversees the assessment, analysis, and performance of the HUB and its partner agencies. The HUB Project Manager streamlines operations and workflows between the HUB and CCAs.

Community HUB Project Coordinator: When hired, will lend content expertise to the HUB implementation process, assessing local relationships, partnership capacity, engagement approaches, and funding opportunities.

North Sound Community HUB Supporting Committees

The HUB’s Advisory Committee provides important guidance and feedback on the implementation process and began meeting in August 2018. This committee includes representatives from each of the HUB’s contracted CCAs, county public health officials, EMS partners, federally qualified health centers, and the Health Homes Chief Operations Officer. The work has been focused on developing the operational components of the Community HUB (see Figure 1). In 2019, additional Advisory Committee members will be added to represent additional provider/referral agencies.

Figure 1: North Sound Community HUB Implementation Timeline



In 2019, the North Sound Community HUB will bring together individuals engaged in the components of HUB implementation and operations.

- ACH HUB team will bring referral and service providers will be brought together to discuss successes or challenges to making HUB referrals or serving HUB clients.
- HUB staff will convene sector-specific learning cohorts to share their unique perspective or industry overlap with the Community HUB. Examples might include cohorts comprised of federally qualified health centers, health systems and/or behavioral health providers.

After the Community HUB is launched, the HUB Project Manager will use initial outcome reports to drive discussions among community health workers (CHWs) and CHW supervisors working. These learning cohorts will provide insights into the unique barriers or experiences of

the Community Health Worker workforce, as well as highlight additional training or staff needs.

2. Has the Project 2B HUB lead entity decided to move forward with HUB certification?
 - a. If yes, describe when it was certified, or when it plans to certify.
 - b. If no, describe how the HUB lead entity plans to maintain oversight of business, quality and clinical processes.

ACH response:

North Sound ACH has not yet decided whether it will seek HUB certification. North Sound will become eligible to pursue HUB certification in the second half of 2019, and the ACH is examining the feasibility and benefits of doing so. Initial discussions about certification have been held with national HUB certification experts, other HUBs (certified and not) across the region and state, and WA Medicaid Managed Care Plans.

For some HUBs, certification has proven a valuable tool for demonstrating that the HUB is following the standards of the Pathways intervention. However, Washington MCOs have not yet indicated whether they see HUB certification as the only way to illustrate fidelity to the Pathways HUB model, or if the Pathways model is the singular model that they will support. Further discussions with MCOs to find consensus on the value and applicability of HUB certification within the North Sound's regional context will occur in the coming year.

3. Describe the Project 2B HUB lead entity's role and processes to manage the appropriate HUB information technology requirements. Include a description of data governance (including clinical and administrative data collection, storage, and reporting) that identifies access to patient level data and health information exchange for HUB and care coordination staff, and referring or other entities.

ACH response:

The North Sound Community HUB has put policies, procedures, and protocols in place to manage data governance and security in the exchange of information. To manage HUB information technology requirements, the North Sound Community HUB requires partner compliance with specified privacy standards. Contracted organizations must integrate the North Sound Community HUB HIPAA Business Associate Policies & Procedures into their confidentiality practices. Applicable standards include:

- HIPAA (Health Insurance Portability and Accountability Act)
- 42 CFR Part 2 (Federal statute governing drug and alcohol treatment)
- VAWA (Violence Against Women Act of 2005)

The North Sound Community HUB technology platform (Care Coordination Systems) is part of the cloud-based database used by all of the providers, care coordinators, and referral sources participating in the HUB. To assure privacy of protected health information, individuals being

served through the HUB must authorize release of the information to all of the CCAs that are participating in the HUB by signing a *HUB Participation and Release of Information Consent Form* (Included as Attachment A).

Community members must attest that they understand the HUB will have full access to everything entered into the CCS platform. Individuals can also include names of agencies or individuals outside of the HUB's CCA network that information can be shared with.

The North Sound Community HUB will manage internal security protocols focused on the exchange of information, extension of software user credentials, and security of the physical space of HUB staff. The following policies are being finalized in conjunction with BlueOrange Compliance, an external vendor:

- *North Sound Community HUB User Access Policy*: Establishes and implements logical access controls and procedures to ensure that only authorized users are able to access the HUB's information systems.
- *North Sound Community HUB Bring Your Own Device (BYOD) Policy*: Defines the procedures and restrictions for HUB users who have a legitimate business need to access Care Coordination Systems software using personally owned computing devices.
- *North Sound Community HUB Physical Security Policy*: Implements security measures to restrict access to facilities and to the CCS from unauthorized physical access, tampering, theft, and physical damage, while ensuring that access by authorized workforce members is allowed.
- *North Sound Community HUB Systems Integrity Policy*: Implements technologies and procedures that prevent improper use, alteration, or destruction of ePHI and other sensitive data.
- *North Sound Community HUB Information Classification Policy*: This policy defines the confidentiality requirements for HUB software or supporting documentation.
- *North Sound Community HUB Security Guidelines*: Outlines parameters for CCS user access modification, deactivation, and removal; screensaver and automatic session locks; password requirements; BYOD security requirements; and HUB contracted HIPAA compliance organization responsibilities.

Security Compliance: North Sound ACH has contracted with BlueOrange Compliance to ensure that all policies, procedures, and protocols for information technology and exchange are in compliance with HIPAA and other security standards. BlueOrange Compliance will be working with ACH staff throughout 2019 to review workflows, protocols, and supporting documentation pursuant to the collection and processing of clinical and administrative data. Where gaps are identified, BlueOrange Compliance will issue a compliance scorecard and a subsequent action plan and timeline to remedy shortcomings. The North Sound ACH will be dedicating a portion of

a staff role to security officer responsibilities such as maintaining the BlueOrange Compliance action plan.

C. Engagement/support of Independent External Evaluator (IEE) activities

1. **Attestation:** During the reporting period, 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:
 - ACH participation in key informant interviews.
 - Identification of partnering provider candidates for key informant interviews.
 - 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.

Place an “X” in the appropriate box.

Note: the IA and HCA reserve the right to request documentation in support of milestone completion.

Yes	No
X	

2. If the ACH checked “No” in item C.1, provide the ACH’s rationale for not supporting IEE activities for evaluation of Medicaid Transformation. If the ACH checked “Yes,” to item C.1 respond “Not applicable.”

ACH response:

Not applicable.

Section 3: Standard reporting requirements (Project Incentives)

This section outlines requests for information included as **standard reporting requirements** for the semi-annual report. Requirements may be added to this section in future reporting periods, and the questions within each sub-section may change over time.

ACH-level reporting requirements

A. ACH organizational updates

1. **Attestations:** In accordance with the Medicaid Transformation’s Special Terms and Conditions and ACH certification requirements, the ACH attests to complying with the items listed below during the reporting period.

	Yes	No
a. 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.	X	
b. The ACH has an Executive Director.	X	
c. 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: primary care providers, behavioral health providers, health plans, hospitals or health systems, local public health jurisdictions, tribes/Indian Health Service (IHS) facilities/ Urban Indian Health Programs (UIHPs) in the region, and 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.	X	
d. At least 50 percent of the ACH’s decision-making body consists of non-clinic, non-payer participants.	X	
e. Meetings of the ACH’s decision-making body are open to the public.	X	

2. If unable to attest to one or more of the above items, explain how and when the ACH will come into compliance with the requirements. If the ACH checked “Yes,” to all items respond “Not applicable.”

ACH response:

Not applicable.

3. **Attestation:** The ACH has completed an organizational self-assessment of internal controls and risks using the attached template or a similar format that addresses internal controls, including financial audits.

Note: the IA and HCA reserve the right to request documentation in support of attestation.

Place an “X” in the appropriate box.

Yes	No
X	

- a. If the ACH checked “No” in item A.3, describe the ACH’s process to address the self-assessment components contained within the checklist, including financial audits. If the ACH checked “Yes,” to item A.3 respond “Not applicable.”

ACH response:

Not applicable.

4. Key Staff Position Changes: Please identify if key staff position changes occurred during the reporting period. Key staff changes include new, eliminated, or replaced positions. Place an “X” in the appropriate box below.

	Yes	No
Changes to key staff positions during reporting period	X	

If the ACH checked “Yes” in item A.4 above:

Insert or include as an attachment a current organizational chart. Use **bold italicized font** to highlight changes, if any, to key staff positions during the reporting period.

Updated Organization Chart is included as Attachment C.

B. Tribal engagement and collaboration

1. **Attestation:** The ACH attests to ongoing compliance with the [Model ACH Tribal Collaboration and Communication Policy](#).¹

Note: the IA and HCA reserve the right to request documentation in support of attestation.

Place an “X” in the appropriate box.

Yes	No
X	

2. If the ACH checked “No” in item B.1, describe the rationale for the ACH not being in compliance with the Model ACH Tribal Collaboration and Communication Policy. If the ACH checked “Yes,” to item B.1 respond “Not applicable.”

ACH response:

Not applicable.

3. If tribal representation or collaboration approaches have changes during the reporting period, please explain. If there have been no changes, respond “Not applicable.”

¹ <https://www.hca.wa.gov/assets/program/Model-ACH-Tribal-Collaboration-Communication-Policy.pdf>

ACH response:

There have been changes among tribal participation on the Board of Directors. In addition, discussions of the Board of the Northwest Washington Indian Health Board (NWIHB) may provide strategies for the North Sound ACH to enhance its work and engagement with the region's tribes.

During summer 2018, the Tribal Alignment Committee of the North Sound ACH Board reached consensus to extend a request to the Northwest Washington Indian Health Board to consider expanding from the current board (which includes five tribes in two counties) to one that includes all eight tribes in the North Sound region. The NWIHB began taking steps to consider this goal, including the adoption of new bylaws and a formal invitation to the three tribes that were not included previously. To our understanding, the governing councils of the Tulalip Tribes and Sauk-Suiattle Tribe of Indians have resolutions under consideration to join. If the NWIHB includes all eight tribes, it could provide a table for conversations that cross the tribes, and additional alignment with the Board's Tribal Alignment Committee.

For the North Sound ACH Board of Directors, tribal representation changed during the reporting period to include Samish Nation, which appointed Debbie Jones as a representative to the North Sound ACH Board in August 2018. During the reporting period the ACH had five of the eight tribes in the region represented on its Board of Directors.

C. Integrated managed care status update (early- and mid-adopters only)

1. During the reporting period, what work has the ACH done to assist Medicaid behavioral health providers transitioning to integrated managed care?

ACH response:

During the reporting period, the North Sound ACH partnered with the North Sound Behavioral Health Organization (BHO) to support the regional Medicaid behavioral health agencies (BHAs) in the transition to integrated managed care through the Interlocal Leadership Structure (ILS) planning group. The decision to partner with the BHO was made because of the North Sound BHO's existing contract structure and relationships with Medicaid BHAs and subject matter expertise on integrated managed care.

To support Medicaid BHAs in this transition, the North Sound BHO hired XPIO, a firm that has supported BHAs in both the North Central and Southwest Washington early-adopter regions, to conduct assessments of BHA provider systems. XPIO assisted BHAs in creating support requests based on the assessments, and BHAs submitted these requests for support to the BHO. Requests for support from behavioral health providers were reviewed by the BHO, and BHAs that identified needs for support around initial billing and information technology system changes for integrated managed care were prioritized. These requests for support were then forwarded to the North Sound ACH for review. Incentive money to support Medicaid BHAs in

the transition to integrated managed care was transferred to the BHO, in order to use the BHO's existing contract structure with the BHAs to support the transition activities outlined in their requests. BHAs are billing the BHO on a cost reimbursement basis against the incentive funding for activities approved in the support requests.

The North Sound ACH partnered with the North Sound BHO to host a contracting seminar on January 10th, 2019 to assist BHA providers in the contracting process with the Managed Care Organizations.

2. Describe how the ACH has prioritized, and will continue to prioritize, incentives to assist Medicaid behavioral health providers transitioning to integrated managed care. Include details on how Medicaid behavioral health providers and county government(s) have and will continue to participate in discussions on the prioritization of incentives.

ACH response:

The ACH has prioritized incentives to assist Medicaid behavioral health providers transitioning to integrated managed care: The incentives (funds and technical assistance) have been provided through the North Sound BHO, seeking recommendations from the ILS structure to recommend areas where BHA providers need assistance through the integrated managed care transition (see Figure 2). The ILS group includes ACH Board representation, along with the BHO, and county leaders to support the region through the financial integration. In the future, the North Sound ACH will continue to assess needs of BHAs, especially in 2019 as the transition to fully integrated care continues, and provide capacity building dollars, TA and training resources to them.

Figure 2: North Sound ACH Payments to support BH Integration Transition (paid via North Sound BHO)

	Payments	Total: \$3,298,815
	XPIO	\$553,320
Asian Counseling Treatment Services Behavior Health and Recovery		\$117,382
	Bridgeways	\$26,600
Catholic Community Services of Western Washington		\$48,000
	Center for Human Services	\$277,577
	Compass Health	\$627,500
	Evergreen	\$313,400
	Lake Whatcom Center	\$334,335
	Phoenix	\$52,000
	SeaMar	\$150,000
	Snohomish County	\$18,000
	Sunrise	\$460,700
	Telecare	\$9,623
	Therapeutic Health Services	\$310,378

Medicaid behavioral health providers have participated in, and will continue to participate in, discussions on the prioritization of incentives: The process has also directly engaged the BHA providers to identify their needs and elicit direct requests for support. XPIO is continuing to support the BHA transition and additional needs can be identified as transition activities occur.

County government(s) have participated in, and will continue to participate in, discussions on the prioritization of incentives: Participation in the ILS includes county representation in the planning for integrated managed care. Representatives of the county governments are also members of the BHO board that reviewed and approved the contract amendments that support BHA support activities using incentive funding.

3. Describe the decision-making process the ACH used and will continue to use to determine the distribution of Behavioral Health Integration incentives. Include how the ACH verified and will continue to verify that providers receiving assistance or funding through the Behavioral Health Integration incentive funds will serve the Medicaid population going forward.

ACH response:

Decision-making process to determine the distribution of Behavioral Health Integration incentives: The ACH sought recommendations from the ILS structure regarding support of BHAs and county governments in the North Sound region. Final distribution decisions have been delegated by the Board to the North Sound ACH CEO, while overall allocation decisions rest with the North Sound ACH Board of Directors. The North Sound BHO contracted with XPIO (also used in Southwest and North Central integrated managed care processes) to recommend investments in specific BHAs to prepare them for MCO billing and made those recommendations to the ILS. BHA involvement in ILS workgroups that focus on early warning metrics and regional behavioral health capacity and facilities will also provide an avenue for discussion of regional BHA needs and provide information to the ILS group.

Process for verifying that providers receiving assistance or funding through the Behavioral Health Integration incentive funds will serve the Medicaid population going forward: North Sound BHO relationships with BHAs will be leveraged to ensure that the ACH has an ongoing understanding of BHA needs related to managed care integration in order to ensure that BHAs have the capacity to continue to serve Medicaid enrollees. A contracting support seminar is being provided to assist providers in the Medicaid contracting process to remain Medicaid providers through the transition.

The North Sound ACH did not ‘carve out’ or specifically designate the Behavioral Health Integration Incentives. All ACH earnings are pooled. The North Sound ACH decision to seek recommendations from the ILS was a mechanism to assure that the needs of the BHAs and counties were addressed in an integrated manner for North Sound’s allocation and distribution strategies, rather than separating it into a distinct discussion.

4. Apart from the distribution of incentives directly to behavioral health providers, how has

the ACH supported Medicaid behavioral health providers to address business administration and/or operational issues **after** the transition to integrated managed care?

ACH response:

North Sound ACH will report on this after July 2019, when this region transitions to fully integrated managed care. The North Sound ACH has been working to support Medicaid behavioral health providers to address business administration and/or operational issues that will occur after the transition. Many of the support requests from the BHAs have come via the agreement with BHO and its contract with XPIO, including business and data analytics capacity for BHAs to improve business practices. BHAs are also participating in ACH projects related to clinical integration that include population health tracking and quality improvement.

5. Complete the items outlined in tab 3.C of the semi-annual report workbook.

D. Project implementation status update

Implementation Plans are “living documents” that outline key work steps an ACH plans to conduct across the timeline of the Medicaid Transformation. The ACH’s Implementation Plan (workplan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress, and also provides information for HCA to monitor the ACH’s activities and project implementation timelines.

As such, the ACH must submit an **updated implementation plan** that reflects *progress made during the reporting period* with each semi-annual report.²

- There is no required format, but the updated implementation plan must allow for the IA to thoroughly review progress made during the reporting period, as outlined in question 1 below.
 - If the ACH has made substantial changes to the format of the workplan from that originally submitted as part of the implementation plan in October 2018, the IA may request an opportunity to discuss the format with the ACH to provide an orientation to the changes.
1. Provide the ACH’s current implementation plan that documents the following information:
 - a. Work steps and their status (in progress, completed, or not started).
 - b. Identification of work steps that apply to required milestones for the reporting period.

Required attachment: Current implementation plan that reflects progress

² Note: ACHs are not to submit the narrative component of the October 2018 Implementation Plan.

made during reporting period.

The Updated Implementation Plan is included as Attachment D.

2. At the portfolio level, provide the top three achievements and risks (including planned mitigation strategies and estimated timing for resolution) identified during the reporting period.

ACH response:

ACHIEVEMENTS

Between July 1, 2018 and December 31, 2018, the top three achievements at the Portfolio level were the following:

1. Partner Retreat: August 2018

On August 8 and 9, 2018, all ACH partners who had completed Part 1 (brief application and broad partner commitments) and Part 2 (Partner Self-Assessment survey) of the Partner Application process participated in a two-day partner retreat at Everett Community College. This retreat was attended by approximately 150 representatives from nearly 70 partner organizations. During these two days, ACH staff presented an overview of the North Sound ACH's four-initiative project portfolio and each initiative's associated strategies, as well as next steps for the Medicaid Transformation Project, and expectations and roles for partners.

On the afternoon of the first day and the majority of the second day, staff members led initiative breakout work sessions where partners collaboratively discussed the work plan for implementing the North Sound ACH's Care Coordination, Care Transformation, and Care Integration Initiatives. Participation was required of all North Sound ACH partners who are considering a role in those three initiatives. The discussions at these sessions informed the North Sound ACH's Implementation Plan Work Plan, as well as the development of the Change Plan. Overall, ACH staff received positive feedback from attendees, and partner input played a key role in planning implementation activities.

2. Partner Change Plans: Development, Release, and Partner Completion

After the August 2018 Partner Retreat, ACH staff incorporated partner feedback into the implementation planning process and developed the North Sound ACH Change Plan. The format and structure were influenced by approaches from Olympic Community of Health and North Central ACH, and aligned with the structure of the online CSI Reporting Portal that the North Sound ACH will use for monitoring strategy implementation. The North Sound ACH Program Council provided critical input on change plan tactics and informed staff on orientation steps to consider that would increase success of completion.

The Change Plan template (a fillable PDF) was released on October 5, 2018, and partners had almost one month to complete it. During this time, the North Sound ACH staff answered questions from partners via email; hosted several "Info Session" phone calls in which partners were invited to ask questions and listen to questions from other partners; and posted an FAQ

section on the North Sound ACH website

(http://www.northsoundach.org/2018_implementation_fags). *The Change Plan Template is included as Attachment E.*

The final Change Plan was organized into three sections: Section A (Capacity Building), Section B (Cross-Cutting Implementation—tactics that are necessary to implement any strategy) and Section C—strategies from Care Coordination, Care Transformation, and Care Integration. Each strategy contains “required” tactics (without which implementation of the strategy will not be successful) and “supportive,” non-required tactics (tactics that might not be relevant to all partners). ACH staff created a Change Plan Overview document, which provided background and context for the Change Plan Template, instructions on how to complete the form, and information on ACH staff availability to support partners through the process of completing the Change Plan. *The Change Plan Overview Document is included as Attachment F.*

This staff support was well-received and resulted in 60 organizations submitting completed Change Plans by the November 2 deadline. Partners were asked to indicate their current level of work on each strategy and whether they planned to implement or expand, and they could leave narrative comments for each strategy.

3. Individual Change Plan partner meetings

Partners who completed the Change Plan successfully progressed to one-on-one meetings with North Sound ACH staff to discuss their Change Plan submission, clarify their commitment to and ability to implement the strategies they selected. Several partners chose to meet in a group because they were collaborating closely on implementing specific strategies. These partner meetings, typically held over the phone, were also called “Prep Calls” because they were intended to prepare staff and partners for a contract meeting with ACH leadership to formalize their Project Specific Agreements with the North Sound ACH. During these calls, the North Sound ACH staff moved through the details of the Change Plan and discussed each strategy and tactic. These calls have been enormously helpful to staff and partners as they have provided additional detail and an opportunity for both parties to ask clarifying questions about what implementation entails. Most calls have resulted in organizations adjusting their commitment to one or more strategies. By December 31, 2018, the North Sound ACH staff has had individual partner meetings with 26 organizations. These calls will continue into January and be completed by February 2019.

RISKS

Between July 1, 2018 and December 31, 2018, across the North Sound ACH project portfolio, the following were the top three risks, planned mitigation strategies, and estimated timing for resolution:

1. Adequate number of partner organizations implementing each strategy

One risk of the North Sound ACH Change Plan process is that there might not be partners committing to each of the strategies to ensure robust collaboration across the region. The North Sound ACH staff will not know this information until after their review of Change Plans and follow-up calls have been completed in Q1 2019. To mitigate this risk, the North Sound ACH staff are tracking the number of partners committed to specific strategies and tactics and will be able to identify areas where a gap is likely to occur. In addition, the ACH has begun a process for adding additional partner organizations in 2019 if needed. This will include revision of the Brief Application, the Partner Self-Assessment survey, and possibly the Change Plan. This process will be finalized after completion of the individual partner meetings.

2. Partner misunderstanding about implementation requirements

Another portfolio-level risk experienced during the reporting period was partner misunderstanding (or potential misunderstanding) about implementation requirements and expectations, and those misunderstandings affect the strategies and tactics partners committed to in their Change Plans. Areas of potential misunderstanding are the organizational capacity necessary to implement strategies and tactics, which tactics are required, how different strategies and tactics can be applied in different sectors or settings, reporting requirements, knowledge of evidence-based approaches, and others. To mitigate this risk, during the individual partner meetings, a copy of the Master Services Agreement (MSA) has been shared and is gone over in detail. Several partners did not understand that they completed the MSA upon registering in the Financial Executor portal. The ACH leadership goes over the Special Terms and Conditions, the HCA-ACH contract, and the MSA prior to discussing the Project Specific Agreement. Staff have worked to clarify commitments, implementation requirements and expectations and refined the Change Plans as needed.

3. Unclear process for continued partner collaboration

A risk encountered during the reporting period was undertaking implementation planning and the partner Change Plan process when the process for collaboration between partners in 2019 was not yet fleshed out. To mitigate this risk, ACH staff are developing a 2019 calendar for North Sound partner convenings and opportunities for facilitated collaboration, across the project portfolio, for each of the four initiatives and for specific strategies and/or tactics. This calendar should be ready for publication in Q1 2019. The North Sound ACH will define supports for partner-led or partner-convened gatherings during this same period. In addition, during the first quarter in 2019, the North Sound ACH staff will begin facilitating coordination between organizations working on closely aligned strategies.

3. Did the ACH make adjustments to target populations and/or evidence-based approaches or promising practices and strategies during the reporting period?

Place an “X” in the appropriate box.

Yes	No
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	X
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- If the ACH checked “Yes” in item D.3, describe the adjustments made to target populations and/or evidence-based approaches or promising practices and strategies during the reporting period. Include the adjustment, associated project areas, rationale, and anticipated impact. If the ACH checked “No,” to item D.3 respond “Not applicable.”

ACH response:

Not applicable.

Portfolio-level reporting requirements

E. Partnering provider engagement

- List three examples of ACH decisions or strategies during the reporting period to avoid duplication across ACHs (e.g., assessments, reporting, training) and/or align with existing provider requirements as defined by MCOs and other health plans (e.g., reporting, quality initiatives, and practice transformation programs).

ACH Decisions/Strategies to Avoid Duplication and Promote Alignment		
Decision or Strategy Description	Objective	Brief description of outcome
Monthly calls and quarterly in-person meetings with CPAA, Greater Columbia, North Central, North Sound, and Olympic ACHs facilitated by the Center for Evidence-based Policy (at Oregon Health & Science University)	<ul style="list-style-type: none"> Coordinated engagement with HCA and the MCOs Learning community (VBP, implementation planning, CBO engagement, etc.) Coordinated contracting and vendor interactions 	<ul style="list-style-type: none"> In-person meetings of the five participating ACHs in September and December, with focus on information sharing, best practices, and coordinated activity Charter drafted for an ACH-MCO-HCA engagement effort that was approved by the five participating ACHs, with planned involvement of HCA and the remaining ACHs Plan adopted to coordinate vendor contacts and negotiations

ACH Decisions/Strategies to Avoid Duplication and Promote Alignment		
Decision or Strategy Description	Objective	Brief description of outcome
Statewide Network of Care Learning Community (PreManage/EDIE state workgroup)	<p>The Statewide Network of Care Learning Community (SNCLC) will support optimizing local and regional care networks through shared learning and collaborations. ACHs will be connected through a shared learning environment that allows regions to develop and implement regionally tailored solutions, while collectively connecting to each ACH region. The goals of the SNCLC are to:</p> <ul style="list-style-type: none"> • establish a sustainable learning structure • work collaboratively • share best practices • create efficiencies whenever possible <p>The SNCLC will focus on optimizing, across care settings, Collective Medical Technologies Platforms to improve care management networks, activities, and health outcomes.</p>	<ul style="list-style-type: none"> • Formed Learning Community in collaboration across ACHs and in partnership with technology vendor, MCOs, and state partners • Established Learning Community Charter to set out scope and goals for the working group • Began development of work plan and timeline for 2019
<p>Pathways statewide communication and collaboration: ACHs include:</p> <ul style="list-style-type: none"> • North Sound • CPAA • North Central • Pierce • Better Health Together 	<ul style="list-style-type: none"> • MCO conversations about where to standardize across HUBs • HUB Advisory Committee discussions • Technical Advisory conversations from HUB software vendor • Discussions with other ACH care coordination partners 	<ul style="list-style-type: none"> • MCO conversations: Measurement development cohort being developed • List of agencies in the region that need to be looped into HUB implementation or referral sources conversations in order to avoid duplication

ACH Decisions/Strategies to Avoid Duplication and Promote Alignment		
Decision or Strategy Description	Objective	Brief description of outcome
<ul style="list-style-type: none"> Southwest ACH MCOs include: <ul style="list-style-type: none"> Molina Coordinated Care United Amerigroup CPHW State partners include: <ul style="list-style-type: none"> Health Care Authority The Department of Health 		<ul style="list-style-type: none"> Technical assistance: CCS and PCHI discussions Other care coordination partners: the areas of overlap between care coordination partners in project areas 2B,2C,2D; possibilities to align policies, procedures, and referral protocols HIE/HIT alignment and optimization

2. During the reporting period, how has the ACH engaged providers and community partners that are critical to success but had not yet agreed to participate in transformation activities (due to limited capacity, lack of awareness, etc.)? If the ACH has not engaged these providers during the reporting period, respond “Not applicable.”

ACH response:

During the reporting period, the ACH has engaged providers and community partners that are critical to success but have not yet agreed to participate in transformation activities in the following ways:

- The North Sound ACH released a Call for Partners in Q2 that was open to all clinical and non-clinical partners. In the initial pool of applicants, some partners only completed one or two steps of the three-step process but have remained engaged as broader community referral partners and participants in trainings and convenings. In Q3 and Q4 this process gave the North Sound ACH a broad network of community organizations that are working collaboratively with implementation partners but might not be prepared to be implementation partners at this time. However, these organizations could be appropriate to engage as partnering providers in the future.
- The North Sound ACH staff has presented to and participated in forums and community workshops at regional workforce meetings, at Whatcom Community College, the Area Health Education Center of Western Washington, and Western Washington University. These presentations and engagement opportunities allow the North Sound ACH to build

relationships with a range of service providers and community members who might not have yet engaged with the ACH.

- The North Sound ACH has begun development of an Oral Health Local Impact Network with the Arcora Foundation that will include engagement of ACH transformation partners, as well as partners that have not yet committed to participation. These partners will include local dental coalitions and private practice dentists. Engagement of these potential partners is being planned and will begin in DY3.
 - The North Sound ACH staff continues to participate in community coalitions throughout the region, including meetings with Local Health Jurisdictions, community health assessment partners and coalitions, and organizations working in specific communities of color such as the NAACP in Everett, Latino Advisory Council in Skagit County, and the Communities of Color Coalition in Snohomish County.
 - Partner mapping through learnings from the Change Plan process has allowed the North Sound ACH to find a “place at the table” for contracted providers, those who provide direct service who are not on contract, and those that could have a support role to implementation partners. The North Sound ACH is developing a roster of available subject matter expert advisors and trainers to support partners with various implementation efforts in 2019.
 - The ACH maintains an active social media presence through Facebook and a newsletter that reaches a broader group of stakeholders than the specific community of implementation partners.
3. Describe how the ACH supported active MCO participation to allow for MCO input and to send common signals to providers within the context of Medicaid Transformation, e.g., aligning performance expectations, VBP readiness support, billing and IT readiness support for IMC, etc.

ACH response:

The North Sound ACH has continued to support active participation and input from the state’s five MCOs, all of which operate in the North Sound region (Amerigroup, Community Health Plan of Washington, Coordinated Care of Washington, Molina Healthcare of Washington, and United Healthcare Community Group). Specific activities during the reporting period were the following:

- The current MCO sector representative participates on the Board of Directors and Governance Committee. Another MCO sector representative sits on the Board’s Governance Committee.
- The North Sound Community HUB is aligning performance expectations and evaluation needs, and examining the feasibility of different outcome-based payment methods and MCO/HUB security auditing

- The North Sound Community HUB has been working with other ACHs and the five MCOs to agree on measures, metrics, and value statements for various elements of the Community HUB. The goal is to align HUB performance measurement and evaluation with the areas of the Community HUB model that MCOs have expressed most interest in, and to determine which of these measures should or should not be standardized across all HUBs.
- The North Sound ACH has coordinated with four other ACHs to draft a charter for an ACH/MCO collaborative to increase cross-regional discussions and plan coordinated action. The primary scope of the collaborative is organizational alignment and consistency among payers in support of ACH project implementation.

F. Community engagement and health equity

1. **Attestation:** The ACH has conducted communication, outreach and engagement activities to provide regular opportunities for community members to inform transformation activities during the reporting period.

Note: the IA and HCA reserve the right to request documentation in support of attestation.

Yes	No
X	

2. If the ACH checked “No” in item F.1, provide the rationale for not conducting communication, outreach and engagement activities to support community member input. If the ACH checked “Yes,” to item F.1 respond “Not applicable.”

ACH response:

Not applicable

3. Provide three examples of the ACH’s community engagement³ and health equity⁴ activities that occurred during the reporting period that reflect the ACH’s priorities for health equity and community engagement.

ACH response:

In the 4th quarter of 2018, the North Sound ACH restructured the Board’s Community Leadership Council to allow it to be more accessible to community members and individuals who directly serve Medicaid enrollees and to facilitate more efficient provision of meaningful

³ Community engagement is defined as outreach to and collaboration with organizations or individuals, including Medicaid beneficiaries, which are not formally participating in project activities and are not receiving direct DSRIP funding but are important to the success of the ACH’s projects.

⁴ Health equity is defined as reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.

feedback to the board and staff about community needs. The Board Committee will be called the Regional Voices Council (RVC) in 2019.

In the last year, the North Sound ACH staff has seen firsthand that participation in recurring meetings (especially during work hours) is a significant barrier to Medicaid enrollees' participation in the committee. Accordingly, the new RVC structure will include fewer formal meetings and more opportunities for members to provide quick feedback by completing surveys, hosting community events (with support from the North Sound ACH staff) and connecting one-on-one or in small groups with other Medicaid enrollees to collect their ideas and input.

During the reporting period, the North Sound ACH established a relationship with John A. Powell of the Haas Institute for a Fair and Inclusive Society and arranged for his presentation at the HCA Learning Symposium in October. North Sound ACH has contracted with Hudson & Holland Advisors, a consulting firm that includes John Powell, to assist in launching an equity and Targeted Universalism learning series the region, developing a regional health equity coalition, and exploring opportunities for cross-ACH efforts to achieve equity in the Medicaid Transformation Project.

The North Sound ACH engaged with community-based coalitions throughout the North Sound region to build and deepen organizational partnerships, stay apprised of communities' needs and priorities, and learn about the innovative work of organizations around the region. During the reporting period, the North Sound ACH staff attended meetings of the North Sound Transportation Alliance, the Latino/a Advisory Council, the Community Services Advisory Council, and the Communities of Color Coalition. These cross-sector coalitions work with communities experiencing inequities and bring cross-sector partners to the table to discuss innovative strategies for improving health and equity in the region. Attending these meetings allows the North Sound ACH staff to learn about important community assets and aligned strategies that support equity in the North Sound region.

G. Budget and funds flow

Note: HCA will provide ACHs with a semi-annual report workbook that will reflect earned incentives and expenditures through the Financial Executor Portal as of December 31, 2018.

1. Design Funds

Complete items outlined in tab 3.G.1 of the semi-annual report workbook.

2. Earned Project Incentives

Complete items outlined in tab 3.G.2 of the semi-annual report workbook.

3. Describe how the ACH's Health Systems and Community Capacity investments intend to achieve short-term goals and/or broader transformation goals. Potential investments could include VBP training/technical assistance and/or the acquisition/use of certified EHRs by behavioral health, long-term care providers, and/or correctional health providers. Provide at least three examples, including how providers benefited from these investments.

ACH response:

From an implementation focus, the first investment has been on the readiness of BHAs that are moving toward integrated managed care and MCO billing. XPIO, a consultant to the North Sound BHO, produced a set of recommendations for specific BHAs, which the North Sound ACH provided financial support for through a contract with the North Sound BHO.

North Sound has utilized Health Systems and Community Capacity funds to support preparation and training of CCAs for implementation of the North Sound Community HUB.

With a stated goal of advancing equity, North Sound ACH has used Health Systems and Community Capacity investments to contract with consultants who are advising on the region's approach to targeted universalism and designing trainings for partners about equity, including facilitating leadership at sessions of the HCA Learning Symposium in October 2018.

North Sound ACH has identified a need for capacity building among the five Local Health Jurisdictions and is working collaboratively with them to support identified capacity building and leadership development.

4. If the ACH has elected to establish a community health fund or wellness fund, briefly describe the use or intended use of these funds to address social determinants of health and/or long-term health improvement strategies. Please describe how these strategies are linked to Medicaid Transformation goals.

ACH response:

The Board of Directors will begin to discuss approaches to use of the Community Resilience Fund early in 2019. The intended focus is on upstream social determinants of health, recognizing that these partners and supportive services are not directly tied to the implementation partners, but are critical in order to achieve whole-person care and address equity and disparities.

Section 4: Provider roster (Project Incentives)

A. Completion/maintenance of partnering provider roster

ACHs are to maintain a partnering provider roster as part of semi-annual reporting. The roster should reflect **all partnering providers** that are participating in project

implementation efforts in partnership with the ACH (e.g., implementing Medicaid Transformation evidence-based approaches or promising practices and strategies).⁵

The provider roster will be a standard component of future semi-annual reporting, requiring ACHs to report any changes in partnering provider participation in transformation activities throughout the Medicaid Transformation. *Note: While the roster is a standard component, the requirements will evolve based on evaluation and assessment needs (e.g., provider participation at the clinic/site-level).*

ACHs are to include the list of providers in the Provider Roster tab of the semi-annual report workbook. ACHs are encouraged to use the initial provider list submitted in the first semi-annual report as a starting point and modify as needed.

1. In tab 4.A of the semi-annual report workbook, identify:
 - a. All active partnering providers participating in project activities.
 - b. Project participation by active partnering provider. Place an “X” in the appropriate project column(s).
 - c. Start/end of partnering provider engagement in transformation activities by indicating the quarter and year.

Complete item 4.A in the semi-annual report workbook.

2. Has the ACH established mechanisms to track partnering provider participation in transformation activities at the clinic/site-level? For example, does the ACH understand within each partnering provider organization which sites are participating? If not, please describe any barriers the ACH has identified related to tracking site-level participation, and how the ACH intends to overcome those barriers.

ACH response:

The ACH has established mechanisms to track partnering provider participation in transformation at the clinic/site-level in the following ways:

- Through the Change Plan and subsequent meetings, partners will identify the level of implementation at the site level if possible.
- Where appropriate, ACH reporting process will track implementation at the site level to capture a more representative and comparative picture of the transformation activities underway around the region.

⁵ Provider is defined as traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH’s projects. Traditional Medicaid providers are traditionally reimbursed by Medicaid; non-traditional Medicaid providers are not traditionally reimbursed by Medicaid.

- After partners begin reporting on implementation strategies in in 2019, the portal will have a field for reporting site-level implementation so that transformation activities at multiple implementation sites can be tracked.

The North Sound ACH staff and contractors will also monitor site-level implementation through site visits and interviews with implementation partners at specific clinics or sites where transformation activities are being conducted.

Section 5: Integrated managed care implementation (Integration Incentives)

A. Implementation of integrated managed care (mid-adopters only)

1. **Attestation:** The ACH region implemented integrated managed care as of January 1, 2019.

Note: the IA and HCA reserve the right to request documentation in support of milestone completion.

Yes	No
	X

2. If the ACH checked “No” in item A.1, provide the ACH’s rationale for not implementing integrated managed care in its region on January 1, 2019. If the ACH checked “Yes” in item A.1, respond “Not applicable.”

The North Sound region is scheduled to transition to fully integrated managed care on July 1, 2019.

ATTACHMENTS (uploaded as separate files)

- A. HUB Participation and Release of Information Consent Form**
- B. Organizational self-assessment of internal controls and risks**
- C. Updated Org Chart**
- D. Updated Implementation Plan (Work Plan)**
- E. Change Plan Template**
- F. Change Plan Overview**