

Washington Financial Executor Web Portal

ACH User Guide: ACH Account and Changing Password

Updated: May 2018



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Introduction

About Us - Financial Executor

<u>Public Consulting Group</u>, Inc, (PCG) will serve as the Washington State Health Care Authority's (HCA) financial executor, focused on the five-year Healthier Washington Medicaid Transformation, ending December 31, 2021.

In accordance with <u>Attachment G</u> of the Transformation's Special Terms and Conditions, PCG will, under the direction of Washington's nine, regional Accountable Communities of Health (ACHs), record, process, distribute, and report on incentive fund payments and other financial transactions between the ACHs and partnering providers supporting regional transformation projects. PCG will ensure the fund distributions comply with all applicable laws, regulations.

This portion of the user guide will review the steps view information within your account, how to update banking information, and how to change your password in the Financial Executor (FE) portal.

Training and Support

For questions, please feel free to reach out to Public Consulting Group, Inc., via email or phone.

Email: WA_FE_FinancialServices@pcgus.com

Phone: 844-300-5040

ACH Account

If you want to view all the information that has been input into the system regarding your ACH, go to the My Account tab on the dashboard, which is your main page once you log in.

| Medicaid Tra | nsformation Demonstration | Financial Exe | cutor Paymen | t Portal | | About Us |
|--------------|---------------------------|-----------------------|--------------|---------------------------------------|--------------------------|--|
| Dashboard | Provider Management+ | Payments * | Reports 👻 | My Account | Admin 👻 | Log out |
| Welcome Mary | Smith | | | | | |
| | | | L J | Demonstration Yea an 1, 2018 - Dec | ar (DY) View 31, 2018 | State Fiscal Year (SFY) View Jul 1, 2017 - Jun 30, 2018 |

You will be brought to the **Contact Information** tab. You will notice some information is grayed out: ACH Name, EIN, Entity Type, and Email. This is because this was provided to HCA to create your account and so you will not be able to change it. Please contact the Financial Executor (FE) if you need to change these fields.

Other areas such as primary contact name and address can be edited. All areas with an asterisk need to have information in them or you will not be able to save the updated information.

| Dashboard Provide | r Management - Payments - | Reports + | My Account | Admin - | Log out |
|---------------------|--------------------------------|-------------|------------------|---------|---------|
| | | | | | |
| | | | | | |
| Contact Information | ACH Specific Details Payment I | Information | W9 | | |
| | | | | | |
| ACH Information | | | | | |
| ACH Name * | Training ACH | | | | |
| ACH EIN * | 159159159 | | | | |
| Entity Type * | ACH | | | | |
| Primary Contact | Marv | | Primary Contact | Smith | |
| First Name * | | | Last Name * | | |
| Email * | trainingach@yopmail.com | | Title | | |
| Phone | | | Ext | | |
| Street Address | 1 financial street | | Street Address 2 | | |
| 1* | | | | | |
| City* | Olympia | | | | |
| State* | WA | | Zipcode* | 98501 | |
| | | | | | Save |
| | | | | | |

Remember to save any changes you make.

The next tab is the **ACH Specific Details** tab. This tab allows you to see bank account information and participating projects of the ACH by selecting the plus sign.

| Medicaid Transformation Demonstration Financial Executor Paymer | nt Portal | O About Us |
|--|---|------------|
| Dashboard Provider Management - Payments - Reports - | My Account Admin - | Log out |
| Contact Information ACH Specific Details Payment Information ACH Specific Details Training ACH | W9 | |
| PCG Health | Washington Financial Executor Email: WA_FE_FinancialServices@pcgus.com Contact Number: 844-300-5040 | |

This plus sign expands the page and allows you to see more options, the first being bank account information. This page is where you can change the account you are receiving payments to.

| P | ayment Information |
|---|--|
| W | /ells Fargo : *******6789 Change Account |
| P | articipating Projects* |
| | Domain 1: Financial Sustainability Strategies |
| | 🗷 Financial Sustainability Payment Strategies |
| | Workforce Strategies |
| | Population Health Management |
| | Domain 2: Care Delivery Redesigns |
| | \square 2A: Bi-directional Integration of Core and Primary Care Transformation |
| | 2B: Community Based Care Coordination |
| | 🗹 2C: Transitional Care |
| | 2D: Diversions Interventions |
| | Domain 3: Prevention and Health Promotion |
| | 3A: Addressing the Opiod Use Crisis |
| | 3B: Reproductive and Maternal and Child Health |
| | 3C: Access to Oral Health Services |
| | ☑ 3D: Chronic Disease Prevention and Control |
| | Other Funding |
| | Behavioral Health Integration Incentive |
| | □ Value-Based Payment (VBP) Incentive |
| | High Performance Pool |

If you would like to change the bank account, select the **Change Account** button. There will be a dropdown option to select the bank account you want to choose. Be sure to hit the save button so the system will update the account or select cancel if your ACH does not want to change your bank account. See payment information to change bank account.

Save

| Instruction ACH | | |
|---|-------------|--------------------|
| Payment Information Wells Fargo : ********6789 Change Account | Select Bank | Wells Fargo 6789 |

On the ACH Specific Details tab, you can also update your participating projects if you selected projects in error during the registration process. To enter into a new project, click the box and check will appear. If you would like to leave a project you are currently participating in, uncheck the box so it appears empty. Be sure to hit the Save button to update any changes you may have made.

Participating Projects*

Domain 1: Financial Sustainability Strategies

- ✓ Financial Sustainability Payment Strategies
- Workforce Strategies
- Population Health Management

Domain 2: Care Delivery Redesigns

- 2A: Bi-directional Integration of Core and Primary Care Transformation
- 2B: Community Based Care Coordination
- IC: Transitional Care
- 2D: Diversions Interventions

Domain 3: Prevention and Health Promotion

- 3A: Addressing the Opiod Use Crisis
- 3B: Reproductive and Maternal and Child Health
- ☑ 3C: Access to Oral Health Services
- 3D: Chronic Disease Prevention and Control

Other Funding

- 🗷 Behavioral Health Integration Incentive
- □ Value-Based Payment (VBP) Incentive
- High Performance Pool



The third tab on your **My Account** page is **Payment Information**. In this tab, you can add or delete bank accounts. If you would like to add a new bank account, select the **Add Bank Account** button.

| Dashboard | Provider Management+ | Payments | Reports - | My Account | Admin 🝷 | | Log out |
|----------------|---------------------------|------------|---------------|------------|---------|--------|---------|
| Contact Inform | nation ACH Specific Detai | ls Payment | t Information | W9 | | | |
| Wells Farg | 30 | ********67 | 789 | | | Delete | |
| Add Bank | Account | | | | | | |

An Add Account box will appear. Enter in the banking information that you would like to add to your account. Once you have entered all the appropriate information, select the **Update** button so that the account will save within the Portal. If you do not want to add an account to your ACHs profile, hit the **Cancel** button.

| Medicaid Tra | nsformation Demonstration | Financial Executor Payme | nt Portal | | | | About Us |
|--------------|---------------------------|--------------------------|------------|---------|----------|----------|----------|
| Dashboard | Provider Management+ | Payments Reports + | My Account | Admin 👻 | | | Log out |
| L | Add Account | | | | | × | |
| Contact Info | Bank Name | Wells Fargo | Account | tType | Checking | ¥ | |
| Bank Infor | Bank Account # | 987654321 | | | | | |
| Wells F | Bank Routing # | 123456789 | | | | | |
| Wells F | Pay Street 1 | 3 Financial Street | | | | | |
| Add Bar | Pay Street 2 | | | | | | |
| | City | Olympia | | | | | |
| | State | WA | • | • | Zip 98 | 8501 | _ |
| | | | | | ✔ Update | X Cancel | |

This is the page where your ACH can also delete a bank account. To complete this action, select the **Delete** button.

| Dashboard | Provider | Management* | Payments | Reports + | My Account | Admin + | | Log out |
|-----------------|---------------|----------------------|-------------|-------------|------------|---------|--------|---------|
| ontact Informat | tion <i>F</i> | ACH Specific Details | Payment | Information | W9 | | | |
| ank Informati | ion | | | | | | | |
| Wells Fargo | | - | *********43 | 321 | | | Delete | |
| Wells Fargo | | | *********67 | 89 | | | Delete | |

A delete confirmation page will appear confirming that you would like to delete the account. If you wish to delete this bank account, select **Yes**. If you do not want to delete the bank account, select **No**.

| Medicaid Transformation Dem | Delete Confirmation | O About Us |
|-----------------------------|---|------------|
| Dashboard Provider Manag | Are you sure you want to delete this Bank Account | Log out |
| Contact Information ACH Sp | | Yes No |
| Bank Information | | |
| Wells Fargo | ********4321 | Delete |
| Wells Fargo | *******6789 | Delete |
| Add Bank Account | | |

If you choose Yes, a small message will appear informing you that you have successfully deleted the bank account.

| Dashboard Pr | ovider Management+ | Payments | Reports - | My Account | Admin 👻 | | Log o |
|--------------------|---------------------|------------|---------------|------------|---------|--------|-------|
| Contact Informatio | n ACH Specific Deta | lls Paymen | t Information | W9 | | | |
| Bank Informatio | n | | | | | | |
| Bank Account dele | ted Successfully. | | | | | | |
| Wells Fargo | | ********6 | 789 | | | Delete | |

The last tab under the **My Account** page is the **W9** form. Here you cannot edit information, but you can view what information was entered during registration.

| equest for Taxpayer | |
|--|--|
| | r Identification Number and Certification |
| 1. Name (as shown | on your income tax return). Name is required on this line, do not leave this line blank |
| Training ACH | |
| 2. Business Name / | disregard entity name, if different from above |
| Training Business AC | н |
| 3. Check appropriate | e box for federal tax classification, check only one of the following seven boxes: |
| Individual/sole | proprietor or single-member LLC |
| C Corporation | |
| S Corporation Partnership | |
| Trust/Estate | |
| Limited liability | y company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► |
| Note. For a singl classification of t | e-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax he single-member owner. |
| Other (see inst | tructions) |
| 4. Exemptions(code | s apply only to certain entities, not individuals) |
| Exempt payee code | (if any) |
| Exemption from FAT | CA reporting code (if any) |
| (Applies to accounts | maintained outside the US) |
| 5. Address(number, | street, and apt or suite no) |
| 1 Financial Street | |
| 5. City, state, and 71 | ID code |
| City Cal | Chake 710 |
| Olympia Olympia | a State WA 98501 |
| Requester's name and | address (optional) |
| | |
| | |
| 7. List account numl | ber(s) here(optional) |
| 7. List account numl | ber(s) here(optional) |
| 7. List account numl Part I Taxpayer Ider | ber(s) here(optional) ntification Number(TIN) |
| 7. List account num Part I Taxpayer Iden Employer Identificati Number (EIN) | ber(s) here(optional) ntification Number(TIN) ion 159159159 OR Social Security Number (SSN) |
| 7. List account numl Part I Taxpayer Ider Employer Identificati Number (EIN) Part II Certification | her(s) here(optional) ntification Number(TIN) ion 159159159 OR Social Security Number (SSN) |
| 7. List account numl Part I Taxpayer Iden Employer Identificati Number (EIN) Part II Certification Under penalties of per | ber(s) here(optional) ntification Number(TIN) ion 159159159 OR Social Security Number (SSN) |
| 7. List account numl Part I Taxpayer Iden Employer Identificati Number (EIN) Part II Certification Under penalties of per 1. The number shov 2. I am not subje Internal Revenue (c) the IRS has n | ber(s) here(optional) ntification Number(TIN) ion 159159159 OR Social Security Number (SSN) jury, I certify that: vn on the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and ct to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or iotified me that I am no longer subject to backup withholding, and |
| 7. List account numl Part I Taxpayer Iden Employer Identificati Number (EIN) Part II Certification Under penalties of per 1. The number shov 2. I am not subje Internal Revenue (c) the IRS has n 3. I am a US citizen 4. The FATCA code(s) | ber(s) here(optional) ntification Number(TIN) ion 159159159 OR Social Security Number (SSN) jury, I certify that: wn on the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and set to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or or other US person (defined below), and s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. |
| 7. List account numl 7. List account numl Part I Taxpayer Iden Employer Identificati Number (EIN) Part II Certification Under penalties of per 1. The number show 2. I am not subje Internal Revenue (c) the IRS has n 3. I am a US citizen 4. The FATCA code(s) Certification Instructio withholding because yn apply. For matgage int retirement arrangement but you must provider | ber(s) here(optional) ntification Number(TIN) ion 159159159 OR Social Security Number (SSN) jury, I certify that: wn on the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and ict to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or iotified me that I am no longer subject to backup withholding, and or other US person (defined below), and s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. ns: You must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup ou have failed to report all interest and dividends on your tax return. For real estate transactions, item 2. does not is rerest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual nt (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, 'your correct TIN. |
| 7. List account numl 7. List account numl Part I Taxpayer Iden Employer Identificati Number (EIN) Part II Certification Under penalties of per 1. The number shov 2. □ I am not subje Internal Revenue (c) the IRS has n 3. I am a US citizen 4. The FATCA code(s) Certification Instructio withholding because yn apply. For matgage int retirement arrangement but you must provider I, undersigned agreed | ber(s) here(optional) ntification Number(TIN) ion 159159159 OR Social Security Number (SSN) jury, I certify that: wn on the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and ict to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or iotified me that I am no longer subject to backup withholding, and or other US person (defined below), and s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. ns: You must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup ou have failed to report all interest and dividends on your tax return. For real estate transactions, item 2. does not zerest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual nt (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, 'your correct TIN. e to the above certilcation. |

How to Change Your Password

The FE Portal will periodically request that you update your password. An email will be sent to you every 90 days requesting that you do so. If you would like to change the password at any other select the **Admin** tab and then choose **Change Password**. Following the rules of acceptable criteria, you will be able to set a new password

| | Medicaid Tran | Medicaid Transformation Demonstration Financial Executor Payment Portal | | | | | |
|---------|---|---|----------|-----------|----------------------------|------------------------------------|---------|
| | Dashboard | Provider Management - | Payments | Reports - | My Account | Admin - | Log out |
| We | elcome Instru | ction ACH | | | | Change Password User Management | |
| | Password Expiration Your password expires in 85 days | | | | 's ast logged in | | |
| ∎ Th | is is the ACH | Dashboard | | | | | |

Once you select change password, you will be brought to the change password page. First, you will be asked to enter your current password where it prompts you to write in **Old Password**. Next you will enter in the password you want to set in **New Password** and again in **Confirm New Password**. To complete changing your password, select the **Save** button to update your password.

| Password should meet the following rules * At least 10 characters * At least one upper case letter * At least one special character * At least one number * At least one lower case letter Old Password New Password Confirm New Password | Change Password | |
|---|---|-------|
| * At least 10 characters * At least one upper case letter * At least one special character * At least one number * At least one lower case letter Old Password New Password Confirm New Password | Password should meet the following rules | |
| Old Password New Password Confirm New Password | * At least 10 characters * At least one upper case letter * At least one special character * At least one number * At least one lower case letter | |
| New Password Confirm New Password | Old Password | ••••• |
| Confirm New Password | New Password | ••••• |
| Save | Confirm New Password | Save |



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