

Washington Financial Executor Web Portal

ACH User Guide: Partnering Provider Payments

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 to create a complete payment file within the Financial Executor (FE) portal.

Video Link of step by step process: https://pcgus.webex.com/pcgus/ldr.php?RCID=3b8df3ad70716a98d1bc01f41a2de969

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

Payments: Shared Domain 1 Incentive Approvals

In addition to distributing payments to themselves and partnering providers, ACHs are able to distribute Shared Domain 1 Incentives through the Portal. The process for distributing Shared Domain 1 Incentives is a distinct function built into the Financial Executor (FE) Portal. PCG will upload the amount of funds to be distributed to each provider on behalf of the ACH. Once the payments have been uploaded, the ACH will be required to approve these payments in the FE Portal before the distribution can be scheduled. HCA will notify ACHs when these payments are ready for approval, and the date by which approvals must be made. To access this page, you will go to the **Payments** tab and then choose **Shared Domain 1 Incentive Approval.**

Note: Shared Domain 1 incentives will not immediately be deducted from your Available Balance. Instead these payments will be deducted from a future payment made to the ACH.

Medicaid Transformation Demonstration Financial Executor Payment Portal									
Dashboard Provider Managem	nent - Payments - Reports - My Account Admin -	Log out							
Welcome Mary Smith	SDOPPI Approval Provider Payments								
	Demonstration Year (DY) View Jan 1, 2018 - Dec 31, 2018	State Fiscal Year (SFY) View Jul 1. 2017 - Jun 30. 2018							

When it is time to approve Shared Domain 1 incentives, it will appear on this page. All you must do is select **Approve.** If it is not a time when a Shared Domain 1 Incentive payment requires ACH approval, the page will reflect as such (see below). When this payment process does occur, regular provider payments will be locked.



Payments: Partnering Provider Payments

The primary purpose of the FE Portal is for you to be able to distribute DSRIP incentive funds to your partnering providers and to yourself. This function can be executed in the **Payments** tab under **Provider Payments**. As long as there are funds in your PCG operated bank account, an ACH can make payments throughout the year to their partnering providers (except for the short period when the system is locked to process Shared Domain 1 incentive payments, described above).

Medicaid Transformation Demonstration Financial Executor Payment Portal									
Dashboard Provider Management+	Payments - Reports -	My Account Admin +	Log out						
Welcome Mary Smith	SDOPPI Approval Provider Payments								
Demonstration Year (DY) View State Fiscal Year (SFY) View Jan 1, 2018 - Dec 31, 2018 Jul 1, 2017 - Jun 30, 2018									

This is the page you are brought to when you select the **Provider Payments** page. It is split into two parts: at the top you will find payment filters and you will see your available balance. On the bottom of this page is where you enter in payment information.

Medicaid Transformation Demonstration Financial Executor Payment Portal										
Das	shboard Pro	ovider Management+	Payments - Rep	orts 👻 My Accou	nt Admir	۱ -		Log out		
Provider Payments										
Available Balance \$550,000.00 Select Payment Period 3/1/2018 to 3/15/2018										
Filter P	roviders By									
Provide	Provider Type Select Provider EIN									
Display	Display ONLY Providers with Amounts ProviderName									
							Filter	Clear Filter		
Notes	Provider EIN	Provider Name	Entity Type	Total Amount	Project Managemer Administrat	nt and ion	Provider Engagement, Participation and Implementation	Provider Performance and Quality Incentive Payments		
Ē	788788747	234234324	Traditional Medicaid Provider	\$0.00				A		
Ē	456346346	34535345	Traditional Medicaid Provider	\$0.00						
Ē	123456789	ABC Hospital	Non-Traditional Provider	\$0.00						
Ē	345345345	Birgunj Hospital	Traditional Medicaid Provider	\$0.00						

As you can see here, your **Available Balance** is shown. This is the amount of DSRIP funds you currently have in your account to distribute.

The next field is a **Filter Provider By** tab. In this area you can filter by provider type. The options for provider type will be Traditional Medicaid Provider, Non-Traditional Medicaid Provider, ACH, Tribal Provider (Tribal), Tribal Provider (UIHP), and Tribal Provider (IHS). You can also filter by other things such as provider EIN and provider name. Once you enter in a filter be sure to select **Filter** to make sure the Portal executes the task. If you have a filter on and want it cleared select **Clear Filter**.

i tovider i aymenta			
Available Balance	\$550,000.00	Select Payment Period	3/1/2018 to 3/15/2018 -
Filter Providers By			
Provider Type	Select	• Provider EIN	
Display ONLY Provi	ders with Amounts 🗉	ProviderName	

The bottom half of the page is where you can enter in DSRIP funds that you want distributed to partnering providers. Provider information is found on the left of the screen. You will be able to see the providers information and when funds are entered that will be reflected in the total amount column. You can also add a note for providers who have a payment associated with them. If you have a dollar value associated with a provider and want to add a note, select the icon under the note column to add in information about the payment, or anything else you may find useful.

۲»	949494949	Fuzz Factory	Tribal Provider (UIHP)	\$0.00			
- ¹²	468513143	Cornell Healthcare	Non-Traditional Provider	\$0.00			
1 4	345345345	Birgunj Hospital	Traditional Medicaid Provider	\$0.00			
μIII	123456789	ABC Hospital	Non-Traditional Provider	\$0.00			
ΡШ	456346346	34535345	Traditional Medicaid Provider	\$0.00			
¹	788788747	234234324	Traditional Medicaid Provider	\$0.00			
lotes	Provider EIN	Provider Name	Entity Type	Total Amount	Project Management and Administration	Provider Engagement, Participation and Implementation	Provider Performance and Quality Incentive Payments

The right side of the screen has the use categories listed in which you can pay partnering providers. There are two ways to enter payments into the FE portal, the first way is manually. To enter in an amount, click inside the box and enter in the amount of funds you would like distributed to that partnering provider. The amount you enter will populate a total value in the **Total Amount** column. To access the rest of the use categories, drag the bar to the right. To see all your providers, scroll up and down.

Notes	Provider EIN	Provider Name	Entity Type	Total Amount	(Project Management and Administration	Provider Engagement, Participation and Implementation	Provider Performance and Quality Incentive Payments
Ē	788788747	234234324	Traditional Medicaid Provider	\$40,059.00		\$40,059.00		
Ē	456346346	34535345	Traditional Medicaid Provider	\$72,489.00			\$72,489.00	
Ē	123456789	ABC Hospital	Non-Traditional Provider	\$0.00				
Ē	345345345	Birgunj Hospital	Traditional Medicaid Provider	\$5,679.00				\$5,679.00
Ē	468513143	Cornell Healthcare	Non-Traditional Provider	\$0.00				
Ē	949494949	Fuzz Factory	Tribal Provider (UIHP)	\$0.00				
Ē	177777777	Great Ormond	Traditional Medicaid Provider	\$0.00				
						4		•/
		19 Providers		\$118,227.00		\$40,059.00	\$72,489.00	\$5,679.00
		In	Export Export	Save Changes	Л	Submit for Approv	Val 🗸 🗸 Approv	e X Deny

Manually entering funds is just one way you can get this information into the Portal. The second way to enter payments into the portal is through the use of the import and export functions. You can **Export** a Microsoft Excel document that will mirror this screen and will be a little easier for you to enter in the funds.

		19 Providers		\$126,950.00		\$1,028.00	\$7,695.00	\$0.00
-			Non-Traditional					•
C.	658485163	Last Healthcare	Non-Traditional Provider	\$1,028.00		\$1,028.00		
L.	62111111	Lamont Healthcare	Traditional Medicaid Provider	\$0.00				
Ē	986556147	Isac Healthcare	Traditional Medicaid Provider	\$7,695.00			\$7,695.00	l
Ē.	177777777	Great Ormond	Traditional Medicaid Provider	\$0.00				
1°	949494949	Fuzz Factory	Tribal Provider (UIHP)	\$0.00				
L.	468513143	Cornell Healthcare	Non-Traditional Provider	\$0.00				ſ
	345345345	Birgunj Hospital	Provider	\$5,679.00				
Notes	Provider EIN	Provider Name	Entity Type	Total Amount	Systems nmunity y Building	Determinants of Health/Resiliency Fund	Reserve/Continger Fund	Empolicy Advoc

Once you export and download the file, a similar screen to the one below will show. As you can see, it is an exact replica of the provider payment screen within the Portal. It is extremely important that you do not add or remove any columns or rows. The Portal will read this document and this document only, so be sure not to edit any of the formatting.

Another important thing to note is that the **Total Amount** column will not auto populate in this Excel document. It will calculate once it is imported back into the Portal. If you would like to see totals, we suggest you save another Excel file and add in any calculations you would like. Again, only the exact Excel document that you downloaded can be uploaded back into the system.

Interior C.1	B 5. C &	• •		ProviderPayments	(10) - Compa	tibility Mod	le - Exc	æl			Mor	in, Rachel 🛛 🖽	-	0 >
File Home	Insert Draw Pag	e Layout Formulas Data	Review View Help											দ্রি ম
Paste	Anal • B I U • E	$ \begin{array}{c} \bullet & \bullet & \bullet \\ \bullet & \bullet & \bullet \\ \bullet & \bullet & \bullet \\ \bullet & \bullet &$	• PWrap Text	General • \$ • % • ***	Conditional F Formatting -	Format as Table -	Normal Good	Bad -	Insert Dele	te Format	∑ AutoSum	Sort & Find & Filter • Select •	Share V This File	(+) NebEx
A1 *	i × √ fr	Provider EIN	Algnment r,	Number 1.			Sh	nes	Cel	5		aong	Web	x
A	В	С		D		E		F				G		
1 Provider EIN	Provider Name	Provider Entity	Notes			Total Am	nount	Project Management and Adm	inistration	Provide	r Engagemen	t, Participation	and Imple	ementation
2 123456789	ABC Hospital	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
3 555444333	XYZ Hospital	Tribal Provider (IHS)					\$0.00		\$0.00					\$0.0
4 345345345	Birgunj Hospital	Traditional Medicaid Provider					\$0.00		\$0.00					\$0.0
5 788788747	234234324	Traditional Medicaid Provider					\$0.00		\$0.00					\$0.0
6 456346346	34535345	Traditional Medicaid Provider					\$0.00		\$0.00					\$0.0
7 177777777	Great Ormond	Traditional Medicaid Provider					\$0.00		\$0.00					\$0.0
8 621111111	Lamont Healthcare	Traditional Medicaid Provider					\$0.00		\$0.00					\$0.0
9 565656564	TX Healthcare	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
10 454545456	WY Healthcare	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
11 468513143	Cornell Healthcare	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
12 986556147	Isac Healthcare	Traditional Medicaid Provider					\$0.00		\$0.00					\$0.0
13 658485163	Last Healthcare	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
14 165498498	Vikings	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
15 654621651	Patriots	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
16 591515150	Wild	Non-Traditional Provider					\$0.00		\$0.00					\$0.0
17 999988888	Tribal Provider (UIHP)	Tribal Provider (Tribe)					\$0.00		\$0.00					\$0.0
18 979797979	Tribal Rain	Tribal Provider (Tribe)					\$0.00		\$0.00					\$0.0
19 949494949	Fuzz Factory	Tribal Provider (UIHP)					\$0.00		\$0.00					\$0.0
20 959595959	Zindabad	Tribal Provider (IHS)					\$0.00		\$0.00					\$0.0
21	19 Providers						\$0.00		\$0.00					\$0.0
22														
23														

Now that you have entered in the funds that you want distributed to partnering providers, it is time to save and import this Excel document back into the FE Portal. Once it is saved, go back to the Portal and select the **Import** option.

A	В	С	D	E	F	G
Provider EIN	Provider Name	Provider Entity	Notes	Total Amount	Project Management and Administration	Provider Engagement, Participation and Implementatio
123456789	ABC Hospital	Non-Traditional Provider		\$0.00	\$0.00	\$0.0
555444333	XYZ Hospital	Tribal Provider (IHS)		\$0.00	\$9,740.00	\$0.
345345345	Birgunj Hospital	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.0
788788747	234234324	Traditional Medicaid Provider		\$0.00	\$0.00	\$9,877.0
456346346	34535345	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.0
1777777777	Great Ormond	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.0
621111111	Lamont Healthcare	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.
565656564	TX Healthcare	Non-Traditional Provider		\$0.00	\$4,729.00	\$0.0
454545456	WY Healthcare	Non-Traditional Provider		\$0.00	\$0.00	\$0.0
468513143	Cornell Healthcare	Non-Traditional Provider		\$0.00	\$0.00	\$0.1
986556147	Isac Healthcare	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.0
658485163	Last Healthcare	Non-Traditional Provider		\$0.00	\$0.00	\$87,562
165498498	Vikings	Non-Traditional Provider		\$0.00	\$0.00	\$0.0
654621651	Patriots	Non-Traditional Provider		\$0.00	\$0.00	\$0.
591515150	Wild	Non-Traditional Provider		\$0.00	\$0.00	\$0.0
9999888888	Tribal Provider (UIHP)	Tribal Provider (Tribe)		\$0.00	\$8,594.00	\$0.0
979797979	Tribal Rain	Tribal Provider (Tribe)		\$0.00	\$0.00	\$0.0
949494949	Fuzz Factory	Tribal Provider (UIHP)		\$0.00	\$0.00	\$0.
959595959	Zindabad	Tribal Provider (IHS)		\$0.00	\$0.00	\$0.0
	19 Providers			\$0.00	\$0.00	\$0.0

Once you select **Import**, a **Payment File Import** page will appear. To import your file, choose the **Select Files** box and then choose the excel file you have just saved. Once you have selected the file choose the **Upload File** button. If you do not wish to upload the file select **Cancel**.

	Filter Cle	aar Filter
Notes	Payment File Import	× ce and
	Select Import File for Payment Period 3/1/2018 to 3/15/2018	entive
Ē	Select files	
P	Upload File Cancel	
Ē		
Ē		
Ē		
Ē		
D		
	4	•

Once the file has been imported, you will be able to preview it before uploading it to the provider payment screen. If everything is how you entered it, select **Upload File**. If you notice an error, or do not want to upload at this time, select **Cancel**.

Payment File	e Import					× ce and				
Payment file da	Payment file data format is correct. You can Upload this file if you would like.									
Select Impor	Select Import File for Payment Period 3/1/2018 to 3/15/2018									
Select files		Done⊘				- 88				
Provider EIN	Provider Name	Notes	Categor Amount	ry1 Category2 Amount	Categor Amount					
788788747	234234324		\$0.00	\$9,877.00	\$0.00	1 I I I I				
456346346	34535345		\$0.00	\$0.00	\$0.00					
123456789	ABC Hospital		\$0.00	\$0.00	\$0.00					
345345345	Birgunj Hospital		\$0.00	\$0.00	\$0.00	_				
468513143	Cornell Healthcare		\$0.00	\$0.00	\$0.00					
949494949	Fuzz Factory		\$0.00	\$0.00	\$0.00	-				
			4		•					
4				Upload F	ile Cancel	→				
	Impo	ort Export	Save Changes	Submit for Approv	al 🗸 Approv	e × Deny				

Now that you have uploaded the file, it will be displayed on the payment page, as shown below. All amounts will correspond with the providers and use categories and the total amount column will be calculated. You can make additional changes to the payment distribution if you would like. Just remember to Save Changes when you do make them.

Once you are satisfied with the payment distribution numbers, and you are prepared to make the actual DSRIP incentive payments to your partnering providers, select **Submit for Approval**.

		19 Providers		\$120,502,00	\$23,063,00	\$97,439.00	\$0.00
		0	Traditional Medicaid	+0.00	4		
Ē	949494949	Fuzz Factory	Tribal Provider (UIHP)	\$0.00			
Ē	468513143	Cornell Healthcare	Non-Traditional Provider	\$0.00			
Ē	345345345	Birgunj Hospital	Traditional Medicaid Provider	\$0.00			
Ē	123456789	ABC Hospital	Non-Traditional Provider	\$0.00			
Ē	456346346	34535345	Traditional Medicaid Provider	\$0.00			
Ē	788788747	234234324	Traditional Medicaid Provider	\$9,877.00		\$9,877.00	
Notes	Provider EIN	Provider Name	Entity Type	Total Amount	Project Management and Administration	Provider Engagement, Participation and Implementation	Provider Performance and Quality Incentive Payments

A confirmation pop-up will appear confirming you want to submit the file. If you are sure, select **Yes**. If you are not ready, select **No**. If you select **No**, no payment file will be submitted for approval.

de	er Type	Select	• Pro	vider EIN		
ay	ONLY Provide	ers with Amc Cor	nfirmation		×	
		Are	you sure you want to sul	omit the payment file?		Filter
s	Provider EIN	Provider Na			Yes No	ovider gagement, rticipation and pplementation
	788788747	234234324	Traditional Medicaid Provider	\$9,877.00	\$	9,877.00
	456346346	34535345	Traditional Medicaid Provider	\$0.00		
	123456789	ABC Hospital	Non-Traditional Provider	\$0.00		
	345345345	Birgunj Hospital	Traditional Medicaid	\$0.00		

Once you select **Yes**, the payment file will be **Submitted For Approval**. You will get a message informing you that the file has been **Submitted Successfully**.



Provider Payments have been submitted Successfully

Notes	Provider EIN	Provider Name	Entity Type	Total Amount	Project Management and Administration	Provider Engagement, Participation and Implementation	Provider Performance and Quality Incentive Payments
Ē	788788747	234234324	Traditional Medicaid Provider	\$9,877.00		\$9,877.00	
Ē	456346346	34535345	Traditional Medicaid Provider	\$0.00			
Ē	123456789	ABC Hospital	Non-Traditional Provider	\$0.00			
Ē	345345345	Birgunj Hospital	Traditional Medicaid Provider	\$0.00			
Ē	468513143	Cornell Healthcare	Non-Traditional Provider	\$0.00			
Ē	949494949	Fuzz Factory	Tribal Provider (UIHP)	\$0.00			
			Traditional Medicaid	+0.00	4		
		19 Providers		\$120,502.00	\$23,063.00	\$97,439.00	\$0.00

Payments: Approving Partnering Provider Payments

Now that you have submitted the file, an Admin and Approver from your ACH needs to log in to approve the payment. Once they log in and go to the **Provider Payments** screen they can begin approving. This process will need to be completed by **two different** ACH admin/approver users.

As you will see when you get to this page, the import, save changes, and submit for approval are grayed out. All you can do as the second approver is approve or deny the payment file. If you choose to **Deny**, the two-step approval process will start from scratch.

As an approver, there are two ways you can view the payments to be distributed. Either by scrolling through on the Portal or exporting the excel file. If you choose to scroll through the Portal, you can review on the screen below. If you choose to export the excel file, select export to download.

		19 Providers		\$120,502.00	\$23,063.00	\$97,439.00	\$0.00
					4		,
P	177777777	Great Ormond	Traditional Medicaid Provider	\$0.00			
1	949494949	Fuzz Factory	Tribal Provider (UIHP)	\$0.00			
Ē	468513143	Cornell Healthcare	Non-Traditional Provider	\$0.00			
Ē	345345345	Birgunj Hospital	Traditional Medicaid Provider	\$0.00			
Ē.	123456789	ABC Hospital	Non-Traditional Provider	\$0.00			
Ē	456346346	34535345	Traditional Medicaid Provider	\$0.00			
Ē	788788747	234234324	Traditional Medicaid Provider	\$9,877.00		\$9,877.00	
Notes	Provider EIN	Provider Name	Entity Type	Total Amount	Project Management and Administration	Engagement, Participation and Implementation	Performance and Quality Incentive Payments

Now that you have exported the file, you will be able to review the payments that have been entered into the Portal by the submitter. If all information is correct, select the **Approve** button. If information is

incorrect, select **Deny** and the payment process will start again. If you feel as though any changes need to be made to the payment distribution, select **Deny**.

A	8	С	D	E	F	G
Provider EIN	Provider Name	Provider Entity	Notes	Total Amount	Project Management and Administration	Provider Engagement, Participation and Implementation
123456789	ABC Hospital	Non-Traditional Provider		\$0.00	\$0.00	\$0.00
555444333	XYZ Hospital	Tribal Provider (IHS)		\$9,740.00	\$9,740.00	\$0.00
345345345	Birgunj Hospital	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.00
788788747	234234324	Traditional Medicaid Provider		\$9,877.00	\$0.00	\$9,877.00
456346346	34535345	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.00
177777777	Great Ormond	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.00
621111111	Lamont Healthcare	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.00
565656564	TX Healthcare	Non-Traditional Provider		\$4,729.00	\$4,729.00	\$0.00
454545458	WY Healthcare	Non-Traditional Provider		\$0.00	\$0.00	\$0.00
468513143	Cornell Healthcare	Non-Traditional Provider		\$0.00	\$0.00	\$0.00
986556147	Isac Healthcare	Traditional Medicaid Provider		\$0.00	\$0.00	\$0.00
658485163	Last Healthcare	Non-Traditional Provider		\$87,562.00	\$0.00	\$87,562.00
165498498	Vikings	Non-Traditional Provider		\$0.00	\$0.00	\$0.00
654621651	Patriots	Non-Traditional Provider		\$0.00	\$0.00	\$0.00
591515150	Wild	Non-Traditional Provider		\$0.00	\$0.00	\$0.00
9999888888	Tribal Provider (UIHP)	Tribal Provider (Tribe)		\$8,594.00	\$8,594.00	\$0.00
979797979	Tribal Rain	Tribal Provider (Tribe)		\$0.00	\$0.00	\$0.00
949494949	Fuzz Factory	Tribal Provider (UIHP)		\$0.00	\$0.00	\$0.00
959595959	Zindabad	Tribal Provider (IHS)		\$0.00	\$0.00	\$0.00
	19 Providers			\$120,502.00	\$23,063.00	\$97,439.00

If you select **Approve** you will see an **Incentive Payment Summary** appear. These will show some highlevel summaries of the payments you have entered.

Incenti	ve Payment Summary	>
Please (\$120,50	note you are about to approve payments to 02.00.	o HealthierHere's Partner Providers for the total amount of
The top	ten payments by total amount are being r	nade to below partnering providers:
#	Provider Name	Total Amount
1	Last Healthcare	\$87,562.00
2	234234324	\$9,877.00
3	XYZ Hospital	\$9,740.00
4	Tribal Provider (UIHP)	\$8,594.00
5	TX Healthcare	\$4,729.00
Total In	ncentive Payments are distributed by Use (Categories as below:
Use Ca	tegory	Total Amount
Project	Management and Administration	\$23,063.00
Provide	er Engagement, Participation and Implementation	on \$97,439.00
Provide	er Performance and Quality Incentive Payments	\$0.00

After a final review of the summary, you will be prompted to **Approve** or **Cancel**. If all information is correct, select **Approve**. If not, select **Cancel**.

Incentive Payment Summary			×
Health Systems and Community Capacity Building		\$0.00	•
Social Determinants of Health/Resiliency Fund		\$0.00	
Reserve/Contingency Fund		\$0.00	
Consumer Empowerment; Policy and Advocacy		\$0.00	
Integration Fund		\$0.00	
Total Incentive Payments are distributed by Provider Entity Type as belo	ow:		
Total Incentive Payments are distributed by Provider Entity Type as below Entity Description Tribal Provider (IHS)	View of the second seco		
Total Incentive Payments are distributed by Provider Entity Type as below Entity Description Tribal Provider (IHS) Traditional Medicaid Provider	Total Amount \$9,740.00 \$9,877.00		
Total Incentive Payments are distributed by Provider Entity Type as below Entity Description Tribal Provider (IHS) Traditional Medicaid Provider Non-Traditional Provider	Total Amount \$9,740.00 \$9,877.00 \$92,291.00		
Entity Description Tribal Provider (IHS) Traditional Medicaid Provider Non-Traditional Provider Tribal Provider (Tribe)	Total Amount \$9,740.00 \$9,877.00 \$9,8,877.00 \$92,291.00 \$8,594.00		

Now that you have approved the payment file, a Terms and Conditions page will appear. This states that you have reviewed and approve of the payments, as noted in the FE Portal. After reading, select I Accept to complete the payment. If you select I Decline, the payment file will not be submitted.

Na	Teri	ms and Conditions se Note: You must scroll til	l end and read entir	e agreement to be a	ble to accept it	×	Filter der rmance ar
324 45 spita	Pay By c payr in al Cons shall has	ment Approval Agreem licking this button, you are ments which have been red l respects; (2), all of the ir sulting Group, Inc. (PCG) is l PCG be liable to any party been entered.	ent e attesting on behalf quested to be made nformation that you s complete and corr y for any inaccurate,	f of your ACH that: (to your partnering p have provided for su ect in all respects, a , incorrect, or incom	1) these proposed providers are accurat ubmission to Public nd (3) that in no eve plete information the	te ent at	ients
Hos	Dow	nload Terms & Conditions		I Acc	ept I Decline		
are tory		Provider Tribal Provider (UIHP)	\$0.00				

Once you have selected I Accept, you will see a message informing you that the "Provider Payments have been approved Successfully."

rovider	Payments have	e been approved Su	ccessfully			Filter	Clear Filter
Notes	Provider EIN	Provider Name	Entity Type	Total Amount	Project Management and Administration	Provider Engagement, Participation and Implementation	Provider Performance and Quality Incentive Payments
Ľ.	788788747	234234324	Traditional Medicaid Provider	\$9,877.00		\$9,877.00	
T ² III	456346346	34535345	Traditional Medicaid Provider	\$0.00			
T ²	123456789	ABC Hospital	Non-Traditional Provider	\$0.00			
	345345345	Birgunj Hospital	Traditional Medicaid Provider	\$0.00			
Ĩ	468513143	Cornell Healthcare	Non-Traditional Provider	\$0.00			
Ē	949494949	Fuzz Factory	Tribal Provider (UIHP)	\$0.00			
Ĩ	177777777	Great Ormond	Traditional Medicaid Provider	\$0.00			
					•		•
		19 Providers		\$120,502.00	\$23,063.00	\$97,439.00	\$0.00

Again, please note: this process must be done **two times by two different ACH admin/approver users** for the payment file to go through. The bottom of your payment screen should have a **submitted by** timestamp, as well as two **approval by** timestamps as well. If there is only one approval, the payment file will not go through and will have to be completed again for the next payment cycle.

8525	545125	Dutch Healthcare	\$563.00	Non-Traditional Provider	\$563.00		
7414	452147	Harvard Health	\$0.00	Tribal Provider (Tribe)			
				The altala wall black at an I al			
		De Dunidana	The state sectors				
		31 Providers	\$7,196.00		\$1,238.00	\$1,350.00	\$1,458.00

Congratulations! You have successfully made your payment.



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