

# 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 <del>*</del>	Reports 👻	My Account	Admin 👻	Log out
Welcome Mary	Smith					
				Demonstration Yea an 1, 2018 - Dec		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 In	nformation	W9		
ACH Information					
ACH Name *	Training ACH				
ACH EIN *	159159159				
Entity Type *	АСН				
Primary Contact	Mary		Primary Contact	Smith	
First Name *			Last Name *		
Email *	trainingach@yopmail.com		Title		
Phone			Ext		
Street Address 1*	1 financial street		Street Address 2		
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	Payment Information
V	Vells Fargo : ********6789 Change Account
P	Participating 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



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		ls Payment	t Information	W9			
Wells Farg		*********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 <del>-</del>	Payments	Reports +	My Account	Admin +		Log out
ontact Informa	tion	ACH Specific Details	Payment	Information	W9			
ank Informat	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	De la constanti	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 Pro	ovlder Management <del>-</del>	Payments	Reports -	My Account	Admin +		Log o
Contact Information	ACH Specific Detai	lls Paymen	t Information	W9			
Bank Information							
Bank Account delet	ed 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 Ider	
• • • • • •	ntification Number and Certification
1. Name (as shown on yo	our income tax return). Name is required on this line, do not leave this line blank
Training ACH	
2. Business Name / disre	egard entity name, if different from above
Training Business ACH	
3. Check appropriate box	c for federal tax classification, check only one of the following seven boxes:
	vietor or single-member LLC
C Corporation     C     Corporation	
S Corporation	
<ul> <li>Partnership</li> <li>Trust/Estate</li> </ul>	
Limited liability com	pany. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) 🕨
-	mber LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax
classification of the sin	
Other (see instruction)	ans)
4. Exemptions(codes app	ply only to certain entities, not individuals)
Exempt payee code (if any	y)
Exemption from FATCA rep	porting code (if any)
(Applies to accounts main	itained outside the US)
5. Address(number, stree	et, and apt or suite no)
1 Financial Street	
5. City, state, and ZIP co	de
City Olympia	State WA ZIP 98501
olympia	WA 1
Requester's name and addre	ess (optional)
7. List account number(s	i) here(optional)
7. List account number(s	;) here(optional)
Part I Taxpayer Identific	ation Number(TIN)
Part I Taxpayer Identifica Employer Identification	ation Number(TIN)
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification	ation Number(TIN) 159159159 OR Social Security Number (SSN)
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, 1	ation Number(TIN) 159159159 OR Social Security Number (SSN)
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, 1 1. The number shown on 2. I am not subject to	ation Number(TIN)         159159159       OR       Social Security Number (SSN)         I certify that:         1 the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the
Part I Taxpayer Identification Employer Identification Number (EIN) Part II Certification Under penalties of perjury, 1 1. The number shown on 2. I am not subject to Internal Revenue Servi	ation Number(TIN)         159159159       OR       Social Security Number (SSN)         I certify that:         t the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the rice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
Part I Taxpayer Identification Employer Identification Number (EIN) Part II Certification Under penalties of perjury, 1 1. The number shown on 2. I am not subject to 1 Internal Revenue Servi (c) the IRS has notified	ation Number(TIN)         159159159       OR       Social Security Number (SSN)         I certify that:         1 the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, I 1. The number shown on 2. I am not subject to I Internal Revenue Servi (C; the IRS has notifier 3. I am a US citizen or ot	Istation Number(TIN)         Istation Number(SSN)         Istation Number(TIN)
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, I 1. The number shown on 2. I am not subject to I Internal Revenue Servi (c) the IRS has notifier 3. I am a US citizen or ot 4. The FATCA code(s) ent Certification Instructions: Yo	I certify that: I cert
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, I 1. The number shown on 2. I am not subject to 1 Internal Revenue Servi (c) the IRS has notified 3. I am a US citizen or ot 4. The FATCA code(s) ent Certification Instructions: Yow withholding because you ha	Isation Number(TIN)         159159159       OR       Social Security Number (SSN)         I certify that:         the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the rice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or d me that I am no longer subject to backup withholding, and ther US person (defined below), and         tered on this form (if any) indicating that I am exempt from FATCA reporting is correct.         ou must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup are failed to report all interest and dividends on your tax return. For real estate transactions, item 2. does not
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, I 1. The number shown on 2. I am not subject to Internal Revenue Servi (c) the IRS has notified 3. I am a US citizen or ot 4. The FATCA code(s) ent Certification Instructions: Yow withholding because you ha apply. For matgage interest	ation Number(TIN)         159159159       OR       Social Security Number (SSN)         I certify that:       I the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or d me that I am no longer subject to backup withholding, and there do n this form (if any) indicating that I am exempt from FATCA reporting is correct.         ou must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup we failed to report all interest and dividends on your tax return. For real estate transactions, item 2. does not : paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, I 1. The number shown on 2. I am not subject to Internal Revenue Servi (c) the IRS has notified 3. I am a US citizen or ot 4. The FATCA code(s) ent Certification Instructions: Yow withholding because you ha apply. For matgage interest	ation Number(TIN)         159159159       OR       Social Security Number (SSN)         I certify that:       I the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the ice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or d me that I am no longer subject to backup withholding, and ther US person (defined below), and tered on this form (if any) indicating that I am exempt from FATCA reporting is correct.         You must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup were failed to report all interest and dividends on your tax return. For real estate transactions, item 2. does not projed, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual RA), and generally, payments other than interest and dividends, you are not required to sign the certification,
Part I Taxpayer Identifica Employer Identification Number (EIN) Part II Certification Under penalties of perjury, I 1. The number shown on 2. I am not subject to I Internal Revenue Servi (c) the IRS has notified 3. I am a US citizen or ot 4. The FATCA code(s) ent Certification Instructions: Yo withholding because you ha apply. For matgage interest retirement arrangement (IR	Istation Number(TIN)         159159159       OR       Social Security Number (SSN)         I certify that:       It certify that:       It certify that:         I the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or di me that I am no longer subject to backup withholding, and ther US person (defined below), and         tered on this form (if any) indicating that I am exempt from FATCA reporting is correct.         ou must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup ave failed to report all interest and dividends on your tax return. For real estate transactions, item 2. does not : paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual XA), and generally, payments other than interest and dividends, you are not required to sign the certification, 'c orrect TIN.

## 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 Transformation Demonstration   Financial Executor Payment Portal						O About Us
	Dashboard	Provider Management -	Payments	Reports -	My Account	Admin -	Log out
Welcome Instruction ACH Change Password User Management							
Password Expiration Your password expires in 85 days				0 Day Since l	<b>'s</b> 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.

Change 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	Save



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