



Washington

Financial Executor Web Portal

ACH User Guide: Adding and Approving Partnering Providers

Updated: May 2018

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Introduction

About Us - Financial Executor

[Public Consulting Group](#), 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 [Attachment G](#) 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 add Partnering Providers within 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

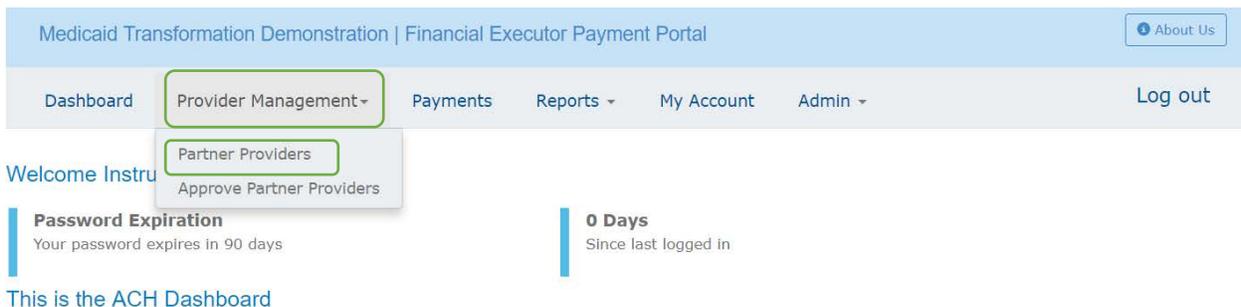
Phone: 844-300-5040

Adding Partnering Providers to the Portal

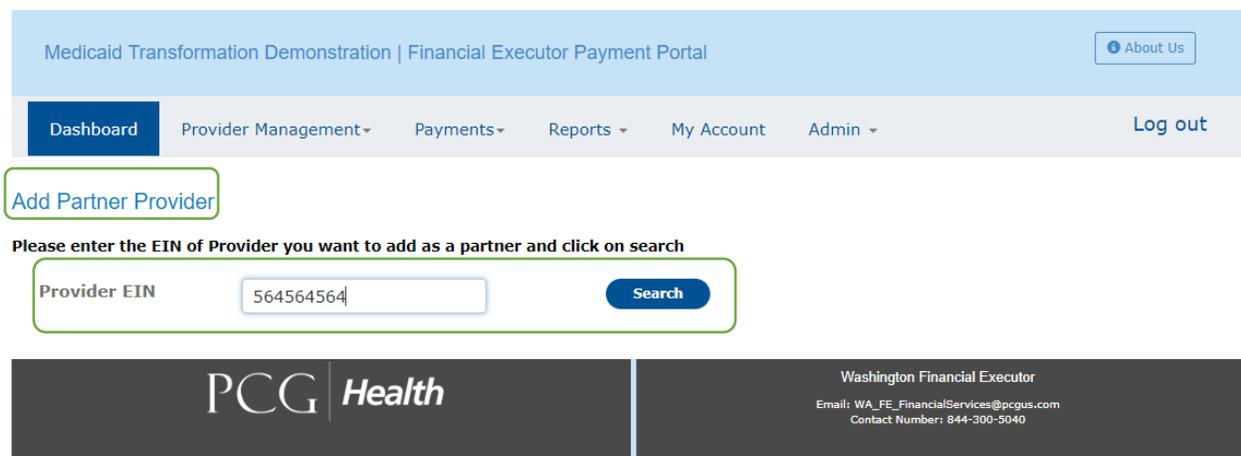
As an ACH you have the ability to add partnering providers into the Portal. There are two ways to do this: through a batch upload, or by adding providers individually.

The Financial Executor (FE) will work with HCA and the ACHs on a batch upload process to add multiple partnering providers at a time. This will be offered through June of 2018 and if needed the FE will work with HCA and ACH's to get the partnering providers into the portal. This process is not discussed in the manual.

The process here describes how you add an individual partnering provider. To begin, select the **Provider Management** tab and choose **Partner Providers**.



You will now be brought to the Add Partner Provider page where they will be prompted to enter in the partnering providers EIN. Enter in your partnering providers EIN and select **Search**.



A message will appear saying there were no matches. (If there is a match, proceed to the next section of the user manual). No match indicates this provider is not registered with any other ACHs within the Portal. You will also notice the provider EIN cannot be updated, that is because this information has been entered above.

Please enter the EIN of Provider you want to add as a partner and click on search

Provider EIN

[Search](#)

No matches were found please add the below details to invite this Provider to register on WA FE system

Provider Information

Provider Name *	<input type="text"/>	Primary Contact First Name *	<input type="text"/>
Provider EIN *	<input type="text" value="564564564"/>	Primary Contact Last Name *	<input type="text"/>
Entity Type *	<input type="text" value="Select"/>	Title	<input type="text"/>
Email *	<input type="text"/>	Ext	<input type="text"/>
Phone	<input type="text"/>	Street Address 2	<input type="text"/>
Street Address 1	<input type="text"/>	Zipcode	<input type="text"/>
City	<input type="text"/>		
State	<input type="text"/>		

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
- 2C: Transitional Care
- 2D: Diversions Interventions

Domain 3: Prevention and Health Promotion

- 3A: Addressing the Opioid 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

[Send Invite](#)

The next step is to complete the partnering provider's information. All fields with an **asterisk (*)** need to be completed. You will also need to select the **Participating Projects** that this partnering provider will be taking part in.

Add Partner Provider

Please enter the EIN of Provider you want to add as a partner and click on search

Provider EIN

No matches were found please add the below details to invite this Provider to register on WA FE system

Provider Information

Provider Name *	<input type="text" value="ABC Provider"/>	Primary Contact	<input type="text" value="Miller"/>
Provider EIN *	<input type="text" value="564564564"/>	Last Name *	
Entity Type *	<input type="text" value="Traditional Medicaid Provider"/>	Title	<input type="text"/>
Primary Contact First Name *	<input type="text" value="John"/>	Ext	<input type="text"/>
Email *	<input type="text" value="john.miller@yopmail.com"/>	Street Address 2	<input type="text"/>
Phone	<input type="text"/>	Zipcode	<input type="text"/>
Street Address 1	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		

You will now choose the **participating projects** your partnering provider will be participating in with you. Simply check the box of the projects this provider has participated in, once this step is completed choose to send invite.

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
- 2C: Transitional Care
- 2D: Diversions Interventions

Domain 3: Prevention and Health Promotion

- 3A: Addressing the Opioid 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

A Terms and Conditions page will appear. If the information is all correct, select **I Accept**. If edits need to be made, exit out or click **I Decline**. Then update the information and, once correct, accept the agreement.

The screenshot shows a 'Terms and Conditions' modal window. At the top, it says 'Please Note: You must scroll till end and read entire agreement to be able to accept it'. Below this is an 'Agreement' section with a paragraph of text. At the bottom of the modal, there are three buttons: 'Download Terms & Conditions' (blue), 'I Accept' (dark blue), and 'I Decline' (red). The background form is partially visible, showing fields for 'Primary Contact First Name', 'Email', 'Phone', 'Street Address 1', 'City', and 'State'. There are also sections for 'Participating Projects*' with sub-sections 'Domain 1: Financial Sustainability', 'Domain 2: Care Delivery Redesign', and 'Domain 3: Prevention and Health Promotion', each with several checkboxes. A 'Send Invite' button is visible at the bottom right of the background form.

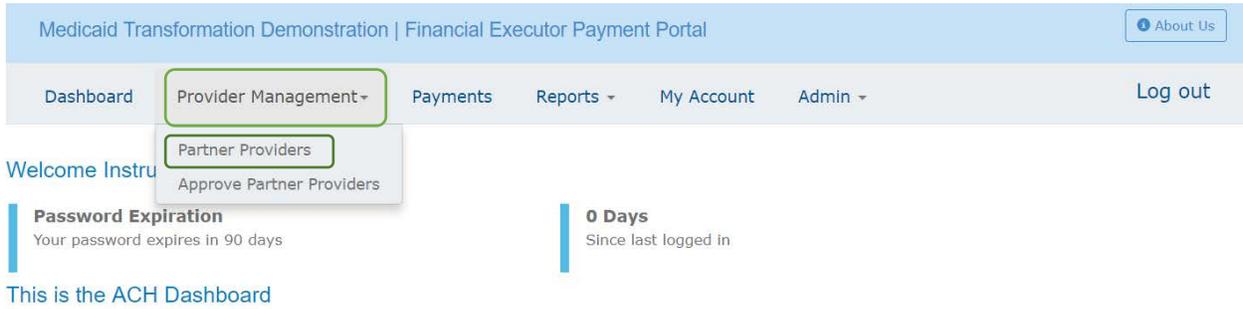
Once you click **Accept** the agreement you will be brought back to the **Add Partner Provider** page, confirming an email will be sent to the provider.

The screenshot shows the 'Add Partner Provider' page. At the top, there is a header with 'Medicaid Transformation Demonstration | Financial Executor Payment Portal' and an 'About Us' button. Below the header is a navigation bar with 'Dashboard', 'Provider Management', 'Payments', 'Reports', 'My Account', and 'Admin', along with a 'Log out' button. The main content area has the heading 'Add Partner Provider' and a message: 'This provider will be sent an email to accept the ACH invitation after their EIN has been validated. Please enter the EIN of Provider you want to add as a partner and click on search'. Below this is a form with a 'Provider EIN' label, an input field, and a 'Search' button. At the bottom, there is a footer with the 'PCG Health' logo on the left and 'Washington Financial Executor' with contact details on the right.

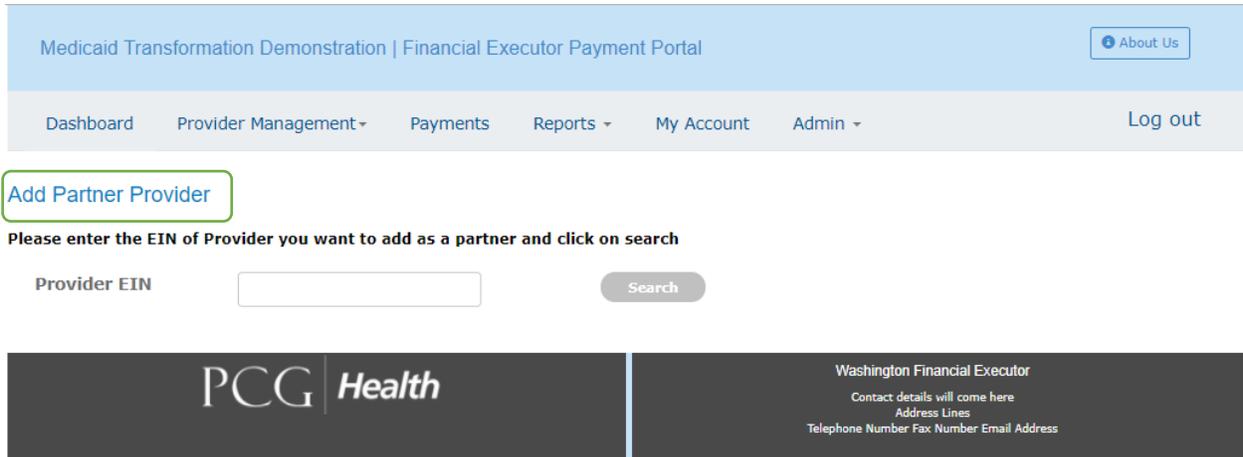
The next step here is for the FE to verify the EIN of the provider through a TIN matching service, where we will validate the partnering provider's names and EINs. This process generally takes around 24 hours to hear back from the IRS, so please allow a few business days before expecting a provider to receive their invitation email. Once this EIN is confirmed, the email will be sent. The next step is now for the provider to complete the registration process.

Adding Providers Already in the Portal

When adding a partnering provider to your network, it is possible that they are already registered with another ACH in the FE Portal. This speeds up the process, because you will not have to wait for the EIN match. To begin adding a partnering provider to your network, select the **Provider Management** tab and the **Partner Providers** option.



You will then be brought to the Add Partner Provider page where you will be prompted to enter in your partnering provider's EIN.



Once you enter in the partner providers EIN, select **Search**.

Dashboard Provider Management ▾ Payments ▾ Reports ▾ My Account Admin ▾ **Log out**

[Add Partner Provider](#)

Please enter the EIN of Provider you want to add as a partner and click on search

Provider EIN **Search**

PCG Health Washington Financial Executor
Email: WA_FE_FinancialServices@pcgus.com
Contact Number: 844-300-5040

Because this provider is already registered within the Portal, you will choose the **Select Provider** button. A partnering provider would already be in the system if that partnering provider has registered through another ACH.

[Add Partner Provider](#)

Please enter the EIN of Provider you want to add as a partner and click on search

Provider EIN **Search**

Please see below the details of registered Provider on WA FE

Name	Test
Address	Boston
EIN	123321123
Contact Person	Test Provider
Contact Email	testprovider12345@yopmail.com

Select Provider

Now that you have selected the provider, a list of participating projects will appear. Select the **Participating Projects** that this partnering provider will be participating in with you by checking the box. Once you have selected the projects, choose the **Send Invite** button to send the invitation to your partnering provider.

Please see below the details of registered Provider on WA FE

Name	Test
Address	Boston
EIN	123321123
Contact Person	Test Provider
Contact Email	testprovider12345@yopmail.com

[Select Provider](#)

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
- 2C: Transitional Care
- 2D: Diversion Interventions

Domain 3: Prevention and Health Promotion

- 3A: Addressing the Opioid 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

[Send Invite](#)

A Terms and Conditions agreement will appear ensuring that you have entered in the correct information. After reading, select **I Accept** if the information is correct. If something needs to be updated, simply exit out or decline, update the information, and then accept.

The screenshot shows a modal window titled "Terms and Conditions" with a close button (X) in the top right corner. The modal contains the following text:

Please Note: You must scroll till end and read entire agreement to be able to accept it

Agreement

By clicking this checkbox, I hereby certify on behalf of **Training ACH** that the Provider information which I have provided above, including, but not limited to, Provider names and contact information, is truthful, accurate, and complete in all respects. I acknowledge on behalf of **Training ACH** that by providing PCG with Provider names and contact information, PCG shall send to each Provider, an invitation to access the Services and I certify on behalf of **Training ACH** that all such individuals should receive access to the Service. I acknowledge on behalf of **Training ACH** that PCG will accept all of the above information on an as-is basis and under no circumstance shall PCG be responsible for the truthfulness, accuracy, or completeness of such information.

At the bottom of the modal, there is a link "Download Terms & Conditions" and two buttons: "I Accept" (blue) and "I Decline" (red).

The background shows a registration form with the following sections:

- EIN: 123321123
- Contact Person
- Contact Email
- Participating Projects*
 - Domain 1: Financial Sustainability
 - Financial Sustainability Payments
 - Workforce Strategies
 - Population Health Management
 - Domain 2: Care Delivery Redesign
 - 2A: Bi-directional Integration
 - 2B: Community Based Care
 - 2C: Transitional Care
 - 2D: Diversion Interventions
 - Domain 3: Prevention and Health Promotion
 - 3A: Addressing the Opioid Use Crisis
 - 3B: Reproductive and Maternal and Child Health
 - 3C: Access to Oral Health Services
 - 3D: Chronic Disease Prevention and Control
- Other Funding

Now that your ACH has accepted the Terms and Conditions agreement, you will be brought back to the add partner provider page. A message will appear that indicates that your invitation has been sent. Because this partnering provider has already registered within the Portal, the financial executor will not need to re-verify the EIN and the email will be immediately sent to the participating provider. The provider must now accept your invitation and fill in the necessary information before your ACH can approve the partnering provider, which is the final step in the partnering provider registration process.

The screenshot shows the "Add Partner Provider" page in the "Medicaid Transformation Demonstration | Financial Executor Payment Portal". The page has a navigation bar with the following items: Dashboard, Provider Management (dropdown), Payments, Reports (dropdown), My Account, Admin (dropdown), and Log out. There is an "About Us" button in the top right corner.

The main content area is titled "Add Partner Provider" and contains a message: "This provider has been sent an email to accept the ACH invitation." Below the message is a prompt: "Please enter the EIN of Provider you want to add as a partner and click on search". There is a text input field labeled "Provider EIN" and a "Search" button.

Approving Partnering Providers

At this point, the provider has accepted your ACH's invitation and all that is left to do is for you to approve them as a partner provider. To do this, select the **Provider Management** tab and then choose **Approve Partner Providers**.

Medicaid Transformation Demonstration | Financial Executor Payment Portal [About Us](#)

Dashboard **Provider Management** Payments Reports My Account Admin Log out

Welcome Mary

Partner Providers
Approve Partner Providers

Demonstration Year (DY) View: Jan 1, 2018 - Dec 31, 2018
State Fiscal Year (SFY) View: Jul 1, 2017 - Jun 30, 2018

This page displays all partnering providers who have accepted your invitation and are waiting to be approved by you. Notice that because no providers have been selected, the approve and deny options are grayed out.

Medicaid Transformation Demonstration | Financial Executor Payment Portal [About Us](#)

Dashboard **Provider Management** Payments Reports My Account Admin Log out

Welcome Mary

Partner Providers
Approve Partner Providers

Demonstration Year (DY) View: Jan 1, 2018 - Dec 31, 2018
State Fiscal Year (SFY) View: Jul 1, 2017 - Jun 30, 2018

Approve Partner Providers

Below listed Providers have accepted your invite and registered on WA Financial Executor Payment Portal system. Please select the Providers you want to approve and click on Approve button.

Provider Name	Provider EIN	Date
<input type="checkbox"/> ABC Provider	564564564	02/28/2018

PCG Health

Washington Financial Executor
Email: WA_FE_FinancialServices@pcgus.com
Contact Number: 844-300-3040

To approve a provider, **check the box** next to the partnering provider that you want to approve. Once selected, click **Approve** at the bottom right hand corner of the screen.

Medicaid Transformation Demonstration | Financial Executor Payment Portal [About Us](#)

Dashboard Provider Management Payments Reports My Account Admin Log out

Approve Partner Providers

Below listed Providers have accepted your invite and registered on WA Financial Executor Payment Portal system. Please select the Providers you want to approve and click on Approve button.

Provider Name	Provider EIN	Date
<input checked="" type="checkbox"/> ABC Provider	564564564	02/28/2018

PCG Health Washington Financial Executor
Email: WA_FE_FinancialServices@pcgus.com
Contact Number: 844-300-5040

A terms and conditions agreement will appear. Once you have read the terms, select **I Accept** to add this partner provider to your ACH.

Medicaid Transformation Demonstration | Financial Executor Payment Portal [About Us](#)

Dashboard Provider Management Payments Reports My Account Admin Log out

Approve Partner Providers

Below listed Providers have accepted your invite and registered on WA Financial Executor Payment Portal system. Please select the Providers you want to approve and click on Approve button.

Provider Name	Provider EIN	Date
<input checked="" type="checkbox"/> ABC Provider	564564564	02/28/2018

Terms and Conditions

Please Note: You must scroll till end and read entire agreement to be able to accept it

Agreement

By clicking this checkbox, I hereby certify on behalf of **Training ACH** that the Provider information which I have reviewed and approved above, including, but not limited to, Provider names and contact information, is truthful, accurate, and complete in all respects. I acknowledge on behalf of **Training ACH** that PCG will accept all of the above information on an as-is basis and under no circumstance shall PCG be responsible for the truthfulness, accuracy, or completeness of such information.

[Download Terms & Conditions](#)

PCG Health Washington Financial Executor
Email: WA_FE_FinancialServices@pcgus.com
Contact Number: 844-300-5040

The last step is to agree to the Master Services Agreement (MSA). The MSA is also known as and sometimes referred to as the Standard Partnership Agreement. You will not be able to accept to the terms of this agreement if you do not scroll through to the bottom, reading the agreement.

id Transformation Demonstration | Financial Executor Payment Portal

About Us

Log out

Master Services Agreement

Please Note: You must scroll till end and read entire agreement to be able to accept it

MASTER SERVICES AGREEMENT

On January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a section 1115(a) Medicaid demonstration entitled Medicaid Transformation Project demonstration (hereinafter MTP or "demonstration"). Part of this demonstration is a Delivery System Reform Incentive Payment (DSRIP) program, through which the State will make performance-based funding available to regionally-based Accountable Communities of Health (ACH) and their partnering providers. Attachment C to the Special Terms and Conditions (STCs) of the MTP Demonstration contains a DSRIP Planning Protocol.

In order to assure consistent management of an accounting for the distribution of DSRIP funds across ACHs, the State has selected a Financial Executor who is responsible for administering the funding distribution plan for the DSRIP program.

This MASTER SERVICES AGREEMENT (MSA) sets forth the basic agreement between an ACH and a partnering provider Participant. In addition, each ACH and Participant shall enter into a PROJECT-SPECIFIC AGREEMENT (PSA) that sets forth each party's responsibilities with respect to a specific DSRIP project submitted for approval to the Health Care Authority (HCA) as well the funding, project milestones, performance metrics, and payment schedules for that project.

Article I. Basic Roles and Responsibilities

Section 1.01 *Roles and Responsibilities of ACH.* The ACH will have the following roles and responsibilities, in accordance with and subject to the MTP Demonstration, this Agreement,

Download Master Services Agreement

I Accept I Decline

Deny

PCG

Now that you have read the agreement, on the bottom of the page, select **I Accept** to add this partnering provider to your account.

Master Services Agreement

Please Note: You must scroll till end and read entire agreement to be able to accept it

MASTER SERVICES AGREEMENT

On January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a section 1115(a) Medicaid demonstration entitled Medicaid Transformation Project demonstration (hereinafter MTP or "demonstration"). Part of this demonstration is a Delivery System Reform Incentive Payment (DSRIP) program, through which the State will make performance-based funding available to regionally-based Accountable Communities of Health (ACH) and their partnering providers. Attachment C to the Special Terms and Conditions (STCs) of the MTP Demonstration contains a DSRIP Planning Protocol.

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Article I. Basic Roles and Responsibilities

Section 1.01 *Roles and Responsibilities of ACH.* The ACH will have the following roles and responsibilities, in accordance with and subject to the MTP Demonstration, this Agreement,

[Download Master Services Agreement](#)

I Accept **I Decline**

Congratulations! Your partnering provider is now registered in the FE Portal. This means that they will now be eligible to receive DSRIP incentive payments from you.



www.publicconsultinggroup.com