



# Washington DSRIP Financial Executor Web Portal

ACH Initial Registration

12/05/2017

# Introduction to Washington's DSRIP Financial Executor

Here are some things you can expect to learn today during this brief training:

- ❑ What is the DSRIP “FE?”
- ❑ Why do I need to know about it?
- ❑ How am I going to interact with the FE?
- ❑ How do I register as an ACH?
  - Set up a new password
  - Add users with different access levels
  - Ability to add ACHs bank account
  - Attestations

# An Introduction to the DSRIP Financial Executor

What is it?

Why is it important to me?

What does the FE do?

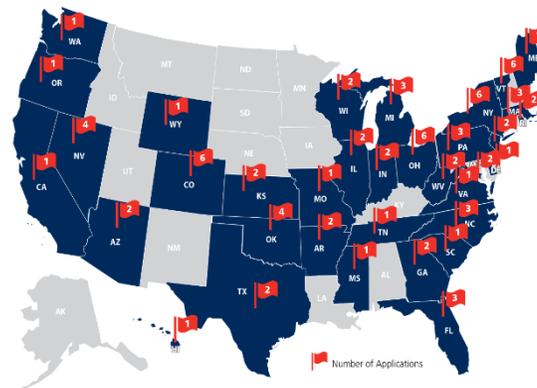
# What is the Washington's DSRIP Financial Executor?

- The Financial Executor, or FE, is a web-portal through which ACHs will make DSRIP payments to partnering providers.
- The State of Washington procured a FE vendor so that ACHs do not have to build the payment infrastructure themselves.



## Public Consulting Group (PCG) has been chosen as Washington's FE

- PCG was founded in 1986 with a mission of helping public sector agencies improve operational and managerial performance.
- Our team has worked on six DSRIP projects over the past 5 years on behalf of state agencies and providers.



- Currently have systems deployed in **35 states** with more than **60 applications** implemented across health and human service agencies.
- In 2016, PCG processed **\$2 Billion** in healthcare payments across 25 states to over 150k providers and 110k consumers.

# What will the FE do?

- The primary function of the FE will be to make payments to ACHs partnering providers, at the direction of the ACHs.
- **This is *your* DSRIP payment portal**
- Payments can be made to:
  - Traditional Medicaid Providers
  - Non-Traditional Providers and/or Partners
  - Tribal Providers
  - Yourself – ACHs can send DSRIP funding to themselves to pay for the delivery of services and/or the provision of administrative services.

## What will the FE do?

- The FE will take care of the following so ACHs don't have to:
  - Make payments to providers
  - Distribute 1099 forms to providers
  - Keep track of available DSRIP funds
  - Reporting

# What will the FE do?

There are three primary functions of the FE:

## ACH and Partnering Provider Registration

This is where ACHs and their partnering providers will “register” with the FE, providing contact and bank information so payments can be made.

## Payment Distribution

This is where ACHs will enter the FE system and determine how much DSRIP funding should be paid to which of their partnering providers.

## Reporting

This is where the portal providers up-to-date information about spending and balances.

# What will the FE do?

- There are three primary functions of the FE:

## ACH and Partnering Provider Registration

This is where ACHs and their partnering providers will “register” with the FE, providing contact and bank information so payments can be made.

## Payment Distribution

This is where A  
how much DSF  
partnering prov

**Today’s training covers only this registration process.**

## Reporting

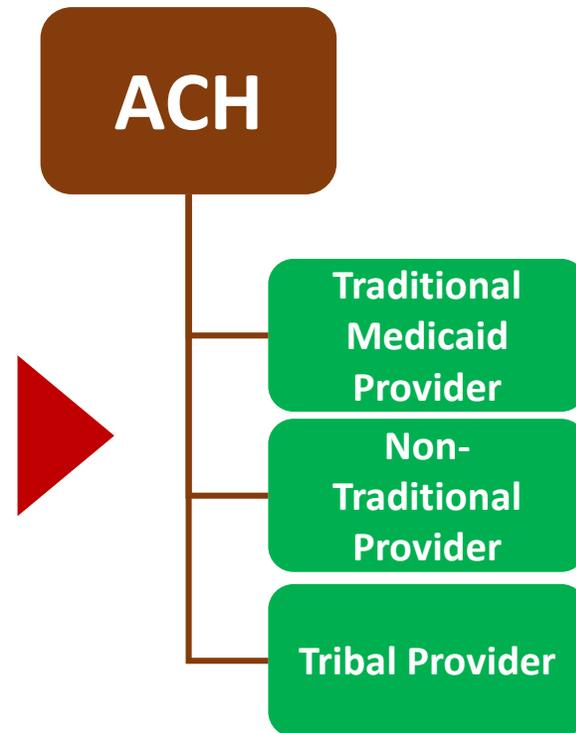
This is where th  
spending and k

**Future trainings and instruction on payments and reporting will be provided.**

# The DSRIP Payment Process

# DSRIP FE Payment Portal – the process

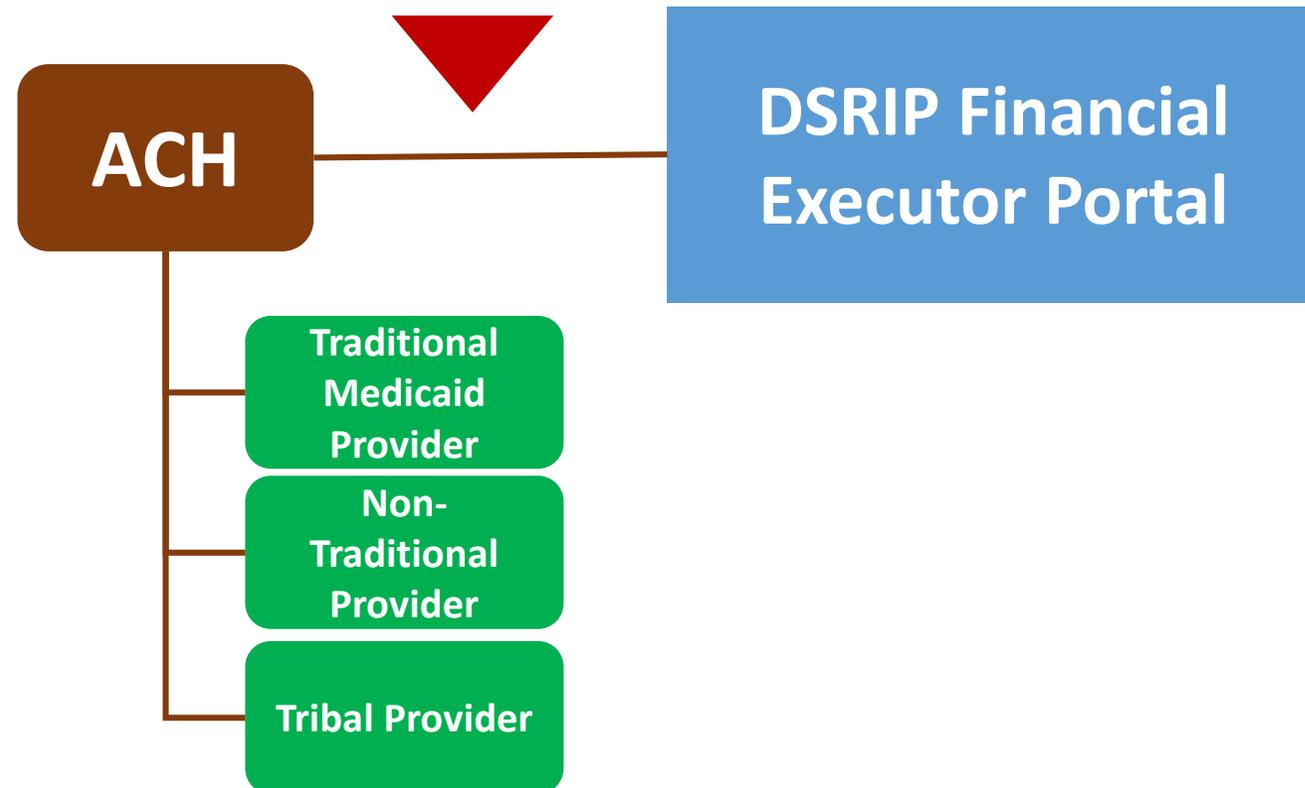
ACH's are currently in the process of organizing their partnering provider relationships.



DSRIP Financial  
Executor Portal

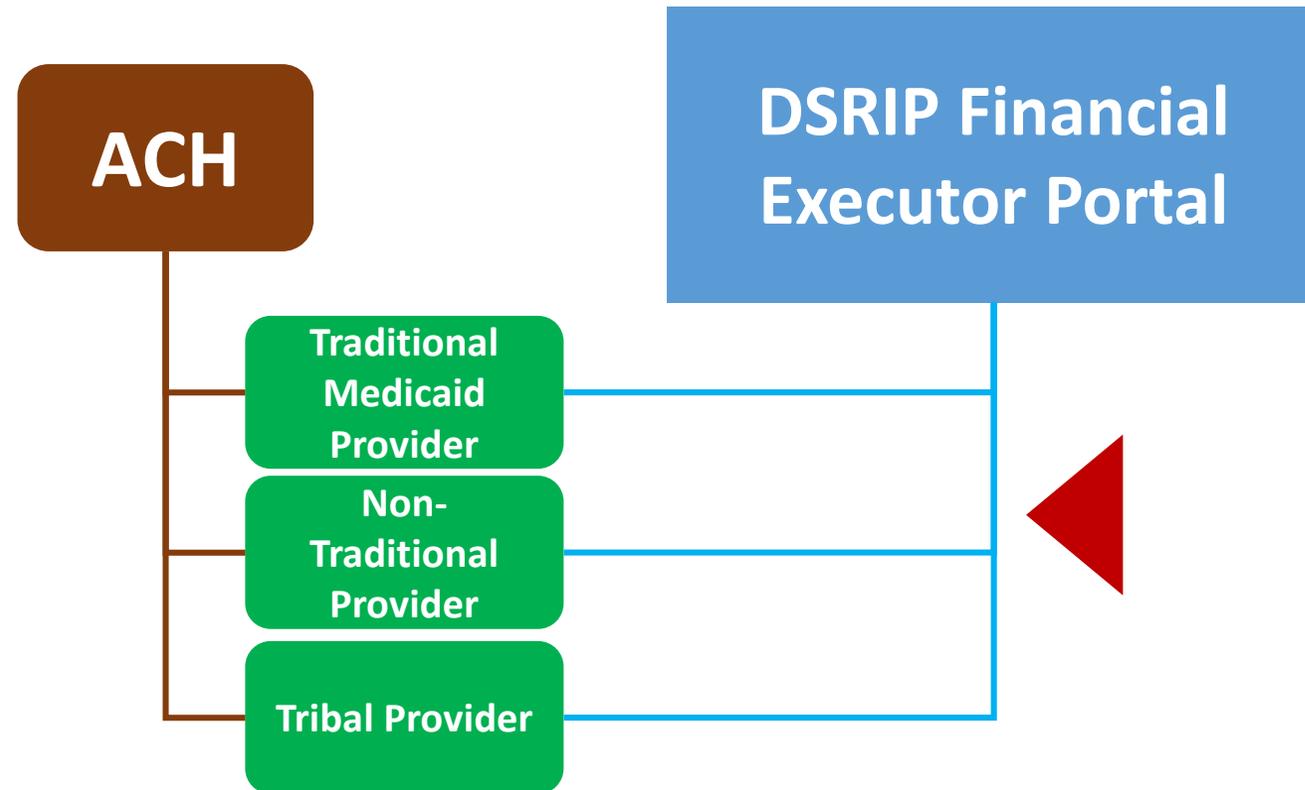
# DSRIP FE Payment Portal

ACHs will initiate the use of the FE by registering themselves as users in the portal. Next, ACH's will provide the FE with contact information for your ACH and for your partnering providers



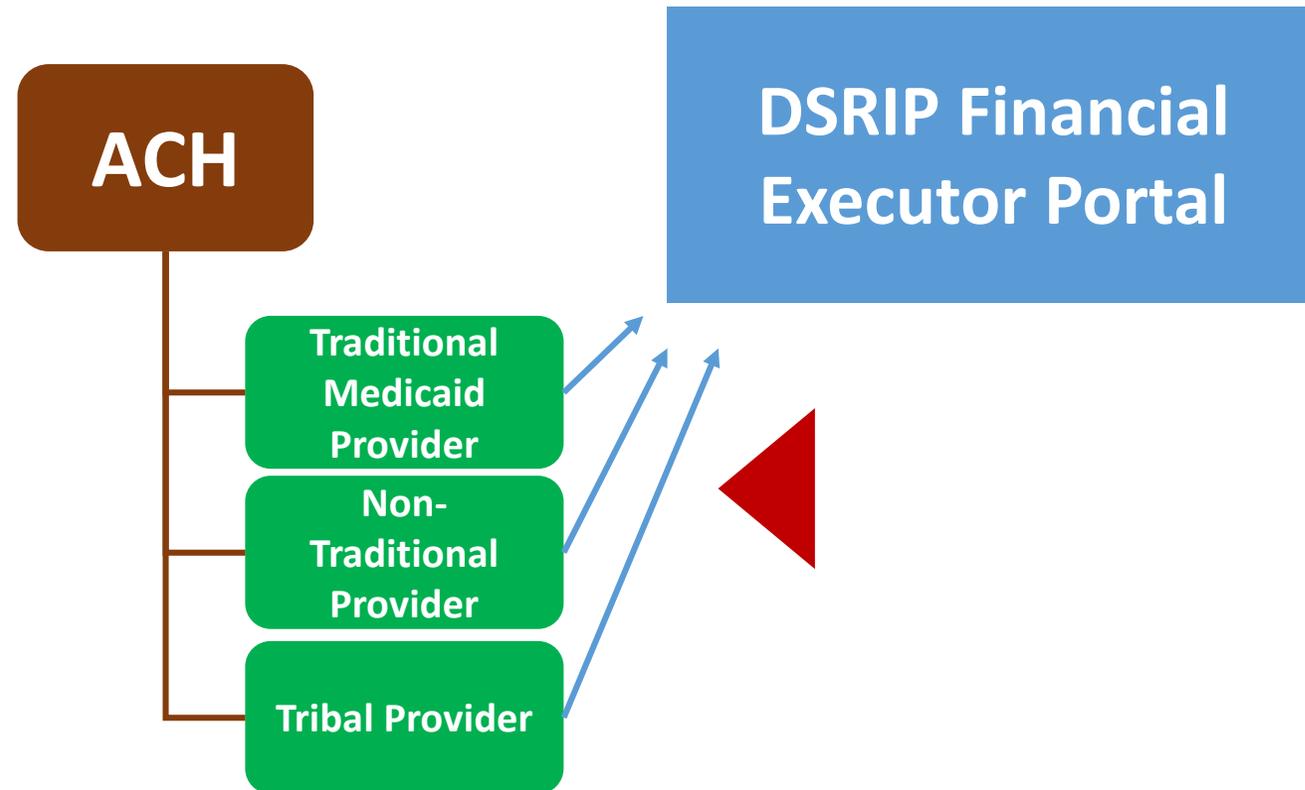
# DSRIP FE Payment Portal

The FE portal will generate emails to the ACH's partnering providers, requesting them to log onto the portal to register.



# DSRIP FE Payment Portal

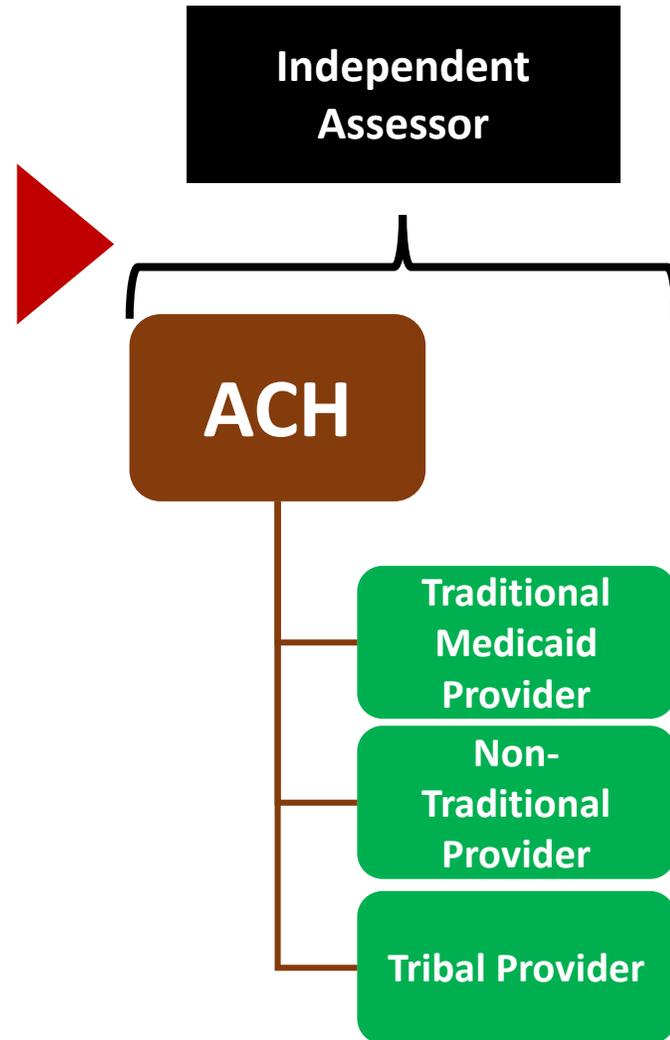
The partnering providers will register in the FE portal.



# DSRIP FE Payment Portal

The Independent Assessor, or IA, will review each ACH to determine progress toward achieving project goals.

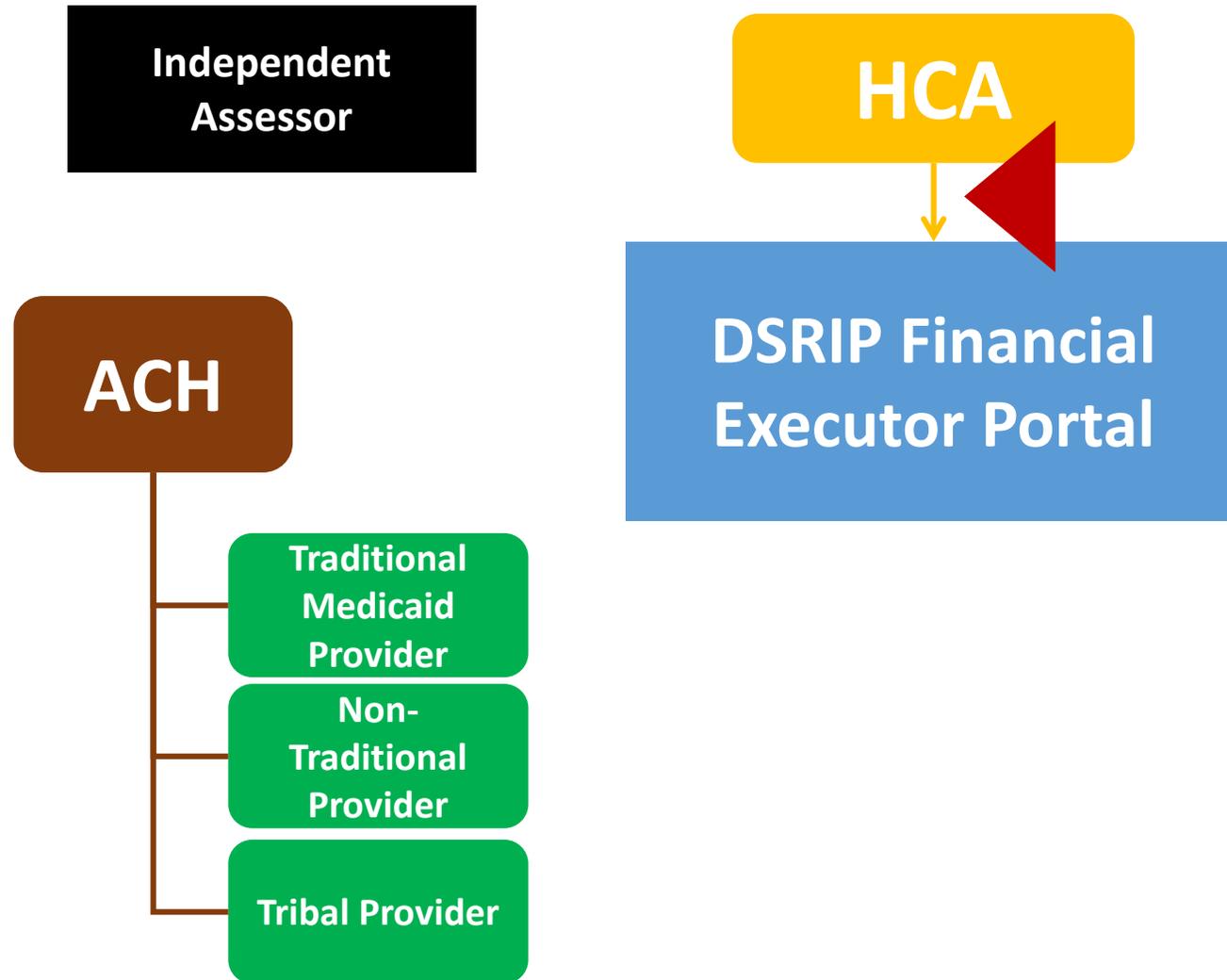
The IA determines the amount of DSRIP funding earned for each project.



DSRIP Financial  
Executor Portal

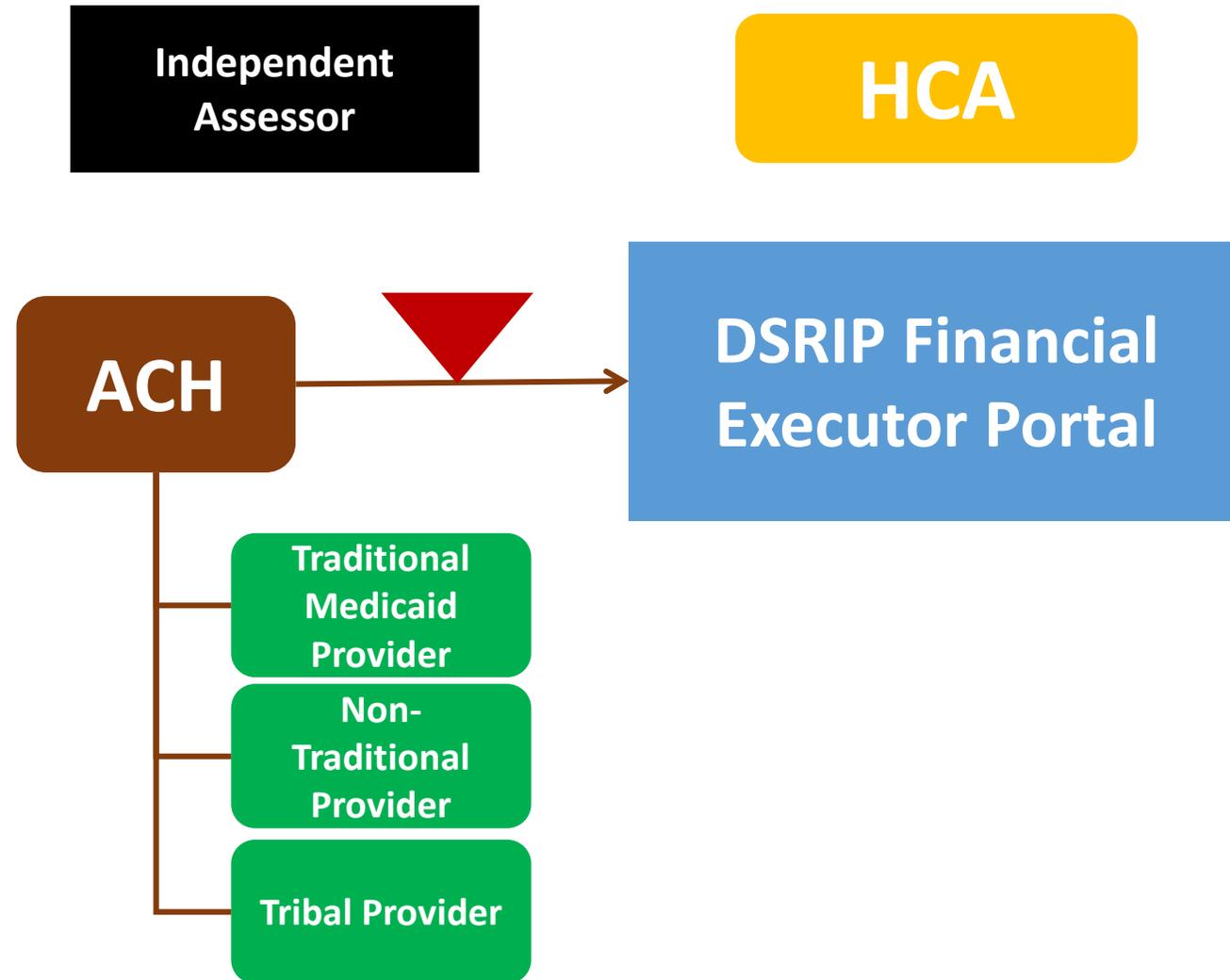
# DSRIP FE Payment Portal

HCA will then transfer DSRIP funding into the FE Accounts.



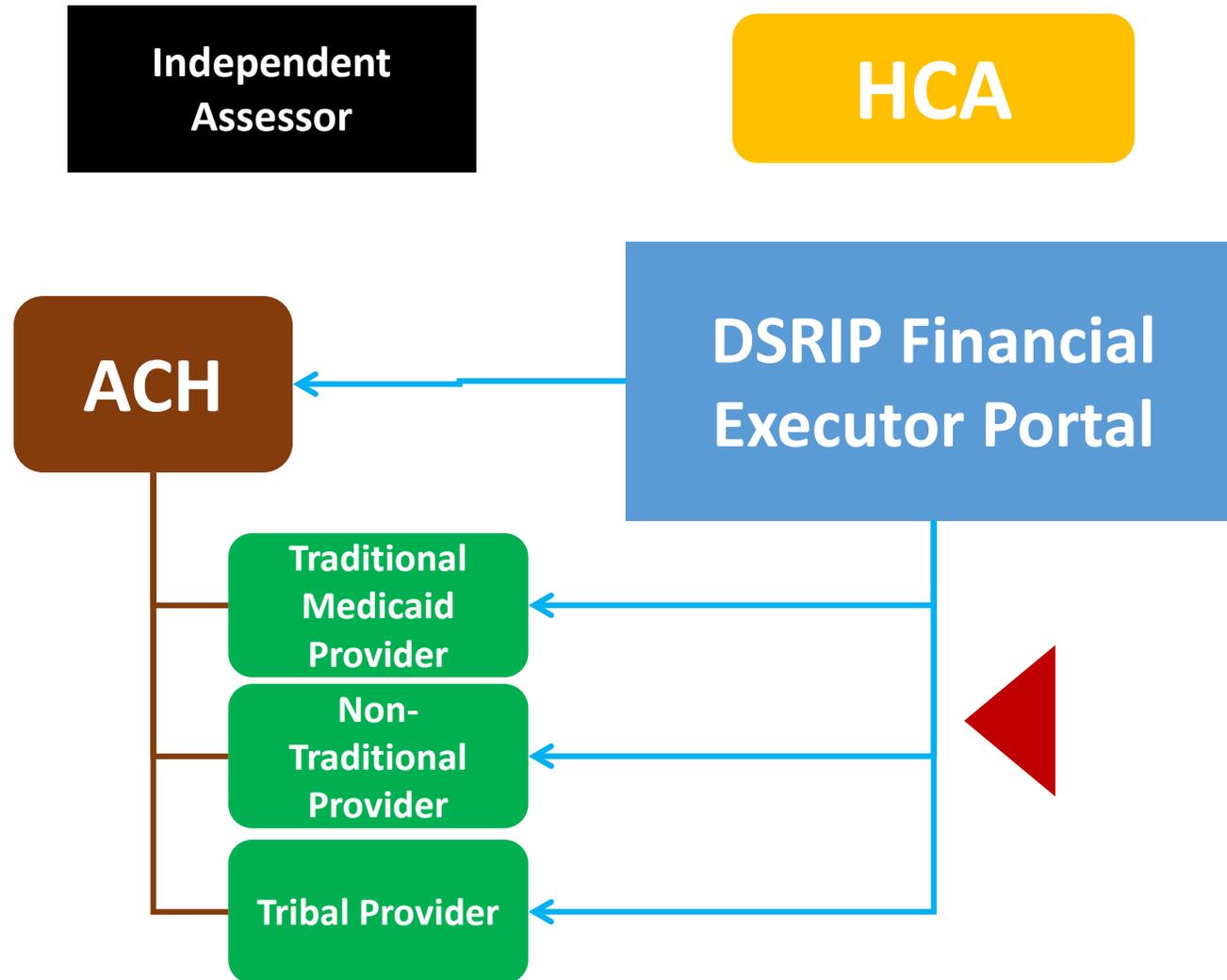
# DSRIP FE Payment Portal

The ACH's will enter the portal and determine how they would like to distribute payments.



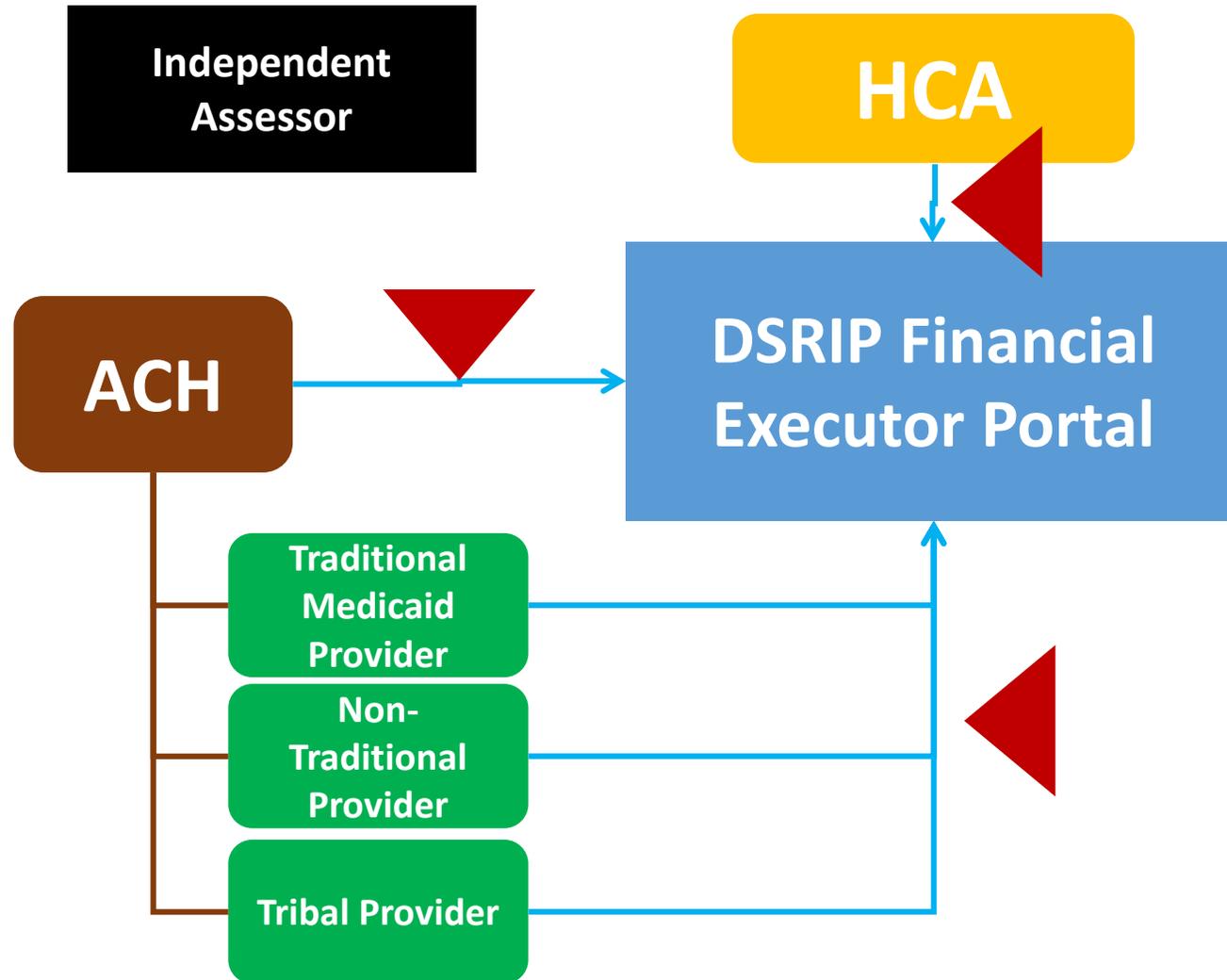
# DSRIP FE Payment Portal

Multiple approvals are needed. Once approved, payments will be distributed

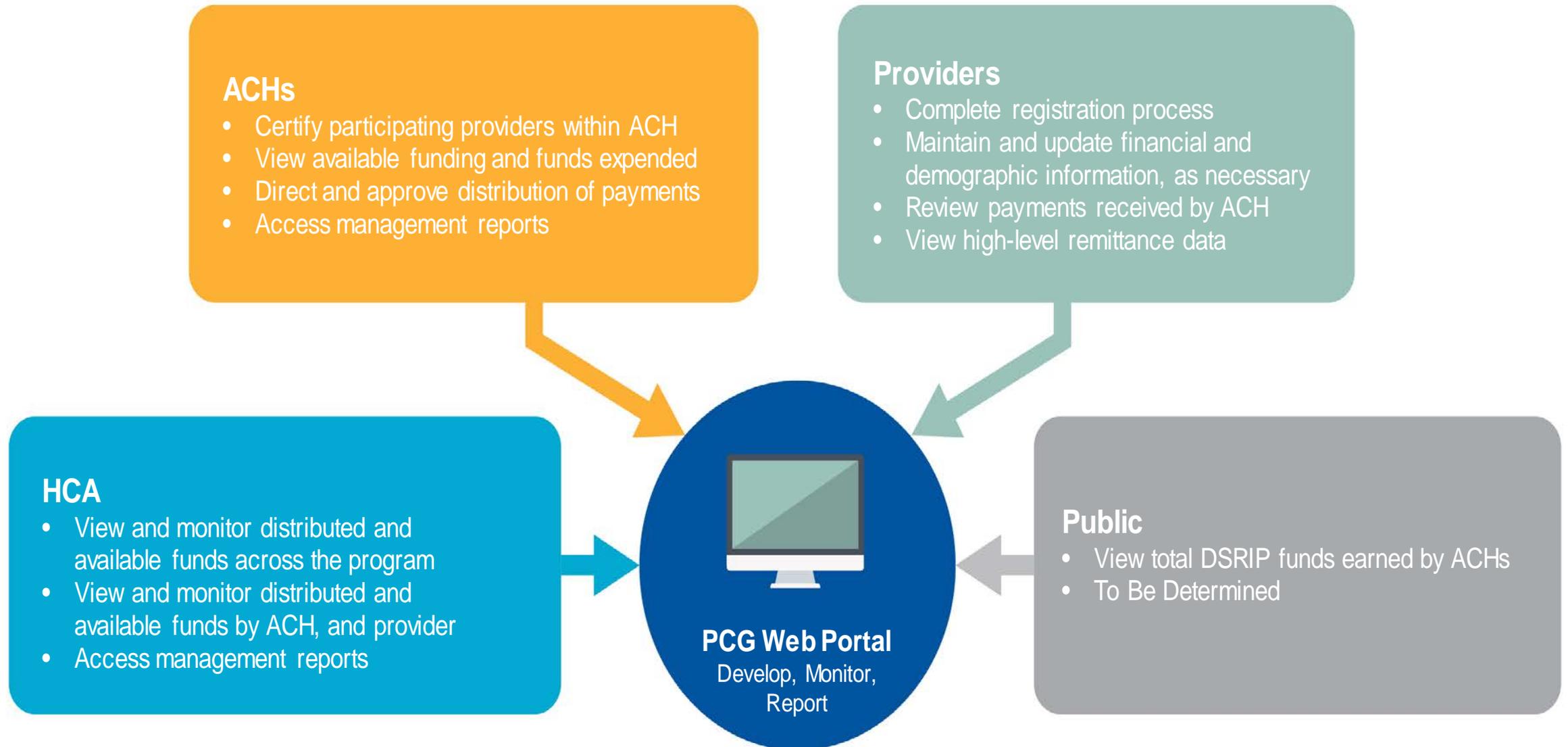


# DSRIP FE Payment Portal

The FE will provide reporting on payments and DSRIP balances for each ACH.



# Multiple stakeholders will have access to FE reporting



# Registering on the DSRIP FE portal

How to register

Administrator rights

Approvals and attestations

# What will the FE do?

The first step in this entire process is for ACH individual user accounts to be created in the FE system. This must take place prior to the partnering provider registration and payment distribution processes can begin.

## ACH User Roles

### ACH Admin & Approver

- Create other ACH users
- Add new providers
- Edit ACH banking information
- Approve providers during registration process
- Create/edit payment files
- Approve and submit payment files

### ACH Editor

- Add new providers
- View masked ACH bank information
- Create/edit payment files
- No approval privileges

### ACH View Only

- Log-in and view FE portal
- No editing or approval privileges

# Step 1

## Set Password

- ACH's will receive a New ACH User Account Access Email
- Once an ACH selects "set password" from their email the user will be brought to this screen
- The user must then enter in the password following the guidelines and select save

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

### Set 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 number
- \* At least one lower case letter

New Password

Confirm new password

[Save](#)

PCG Health

Washington Financial Executor  
Contact details will come here  
Address Lines  
Telephone Number Fax Number Email Address

# Step 2 Login

- You will then be brought to the login screen where you will enter in their username (email) and password (which was just set up)

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

## STATE OF WASHINGTON

Delivery System Reform Incentive Payment  
Medicaid Transformation Demonstration  
Financial Executor Payment Portal

Login Register Provider

Username  
pcgdemoach@yopmail.com

Password  
.....

**LOGIN**

[Forgot Password?](#)

PCG Health

Washington Financial Executor  
Contact details will come here  
Address Lines  
Telephone Number Fax Number Email Address

## Step 3

# Agreeing to Terms and Conditions

- Once logged in, a terms and conditions agreement will pop up.
- This terms and conditions is an agreement that the ACHs are going to agree to the terms of the portal
- This will only need to be completed once
- Note: you must scroll all the way until the end, having read the entire agreement, to be able to select “I Accept”
  - This user has not yet scrolled, so the “I Accept” option is grayed out

Medicaid Transformation Demonstration | Financial Executive Payment Portal

About Us

### Terms and Conditions

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

#### TERMS OF SERVICE AGREEMENT

THIS TERMS OF SERVICE AGREEMENT (“Agreement”) is entered into by and between Public Consulting Group, Inc. (“PCG”), a Massachusetts corporation and any person and the Accountable Community of Health (“ACH”) or other entity that such person represents (together, “User”) that reports data to State of Washington and the Washington Health Care Authority (“HCA”) pursuant to the HCA’s Medicaid Transportation Project. Each of PCG and User are referred to as a “Party” and are collectively referred to as the “Parties.”

BY CLICKING THE ACCEPTANCE BUTTON, ACCESSING, OR USING ANY PART OF THE SERVICE, USER EXPRESSLY AGREES TO AND CONSENTS TO BE BOUND BY ALL OF THE TERMS OF THIS AGREEMENT. IF USER DOES NOT AGREE TO ALL OF THE TERMS OF THIS AGREEMENT, THE BUTTON INDICATING NON-ACCEPTANCE MUST BE SELECTED, PCG WILL PROMPTLY INACTIVATE USER’S ACCOUNT, AND USER SHALL NOT ACCESS OR USE ANY PART OF THIS SERVICE.

**1. Service Terms and Limitations.**

A. Description. PCG’s web portal service (“Service”) is proprietary to PCG and is protected by intellectual property laws and treaties. User’s access to the Service is licensed and not sold. Subject to the terms and limitations set forth in this Agreement, PCG agrees to provide User with a personal, non-transferrable, and non-exclusive account to enable User to access and use the Service during the term of this Agreement.

B. Limitations. User shall not:

- i. Sell, market, rent, sub-license, or license any aspect of the Service or PCG’s intellectual property or otherwise use the Service for any purpose other than as specifically provided in this Agreement;
- ii. Decipher, decompile, disassemble, reverse assemble, modify, translate, reverse engineer, or otherwise attempt to derive source code, algorithms

I Decline I Accept

# Step 4

## ACH Information

- Next, the ACH will be brought to this screen where the user must enter.
  - a) ACH information
    - a) If a field has an asterisk, it is a required field
  - b) Participating Projects
    - a) Must select at least one participating project
  - c) Bank Information
    - So ACH can pay itself for services provided
- Note: ACH Information, ACH Name, EIN, entity type, and email will not be editable because this is the information the ACH provided to HCA to create the account

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

Log out

ACH Information ACH W9

### ACH Information

ACH Name

ACH EIN

Entity Type

Primary Contact First Name\*

Email\*

Phone

Street Address 1\*

City\*

State\*

Primary Contact Last Name\*

Title

Ext

Street Address 2

Zipcode\*

### 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

### Bank Information

No Bank Accounts found

## Step 5

# Add Bank Account

- To create a bank account the user will select “**Add Bank Account**” at the bottom of the screen
- This Add Account screen will appear where the user can enter in the bank account information
- Once all of the information is inputted the user will select “update”

The screenshot displays the 'Medicaid Transformation Demonstration | Financial Executor Payment Portal' interface. The main page shows 'ACH Information' for 'ACH W9' with fields for ACH Name (PCG DEMOACH), ACH EIN (111000000), Entity Type (ACH), Primary Contact First Name (PCG), Primary Contact Last Name (DEMOACH), Email (pcgdemoach@yopmail.com), Phone, Street Address 1 (1 financial street), City, and State. A modal dialog box titled 'Add Account' is open, containing fields for Bank Name (Wells Fargo), Account Type (Checking), Bank Account # (123456789), Bank Routing # (987654321), Pay Street 1 (2 financial street), Pay Street 2, City (seattle), State (WA), and Zip (98112). The dialog has 'Update' and 'Cancel' buttons. A green box highlights the 'Add Bank Account' button at the bottom of the main page, and another green box highlights the 'Update' button in the dialog. A green arrow points from the 'Add Bank Account' button to the dialog, and another green arrow points from the 'Update' button back to the main page.

## Step 6

# Completed ACH Information

- Now that all of the information is input, the user can move onto the next area
  - Note: The user must select the bank account they would like to use, and actually click inside the circle so the black dot appears, otherwise the system will not detect an account

Log out

ACH Information ACH W9

**ACH Information**

ACH Name: PCG DEMOACH

ACH EIN: 111000000

Entity Type: ACH

Primary Contact First Name\*: PCG

Primary Contact Last Name\*: DEMOACH

Email\*: pcgdemoach@yopmail.com

Title:

Phone:

Ext:

Street Address 1\*: 1 financial street

Street Address 2:

City\*: seattle

State\*: WA

Zipcode\*: 98112

**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

**Bank Information**

Wells Fargo \*\*\*\*\*6789

Add Bank Account

Save Next

# Step 7 W9 Form

- The next step of the registration process is the W9 form
- Questions 1 and 7 Part I are not editable because it was information provided by the ACH to HCA to create the account
- Once the W9 is filled out, select accept to complete registration

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

Log out

ACH Information | ACH W9

### Request for Taxpayer 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

Coventry ACH

2. Business Name / disregard entity name, if different from above

Coventry

3. Check appropriate 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 company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals)

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)  
(Applies to accounts maintained outside the US)

5. Address (number, street, and apt or suite no)

1 Olympia Street

6. City, state, and ZIP code

City  State  ZIP

Requester's name and address (optional)

7. List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Employer Identification Number (EIN)  OR Social Security Number (SSN)

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on the form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a US citizen or other US person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2. does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I, undersigned agree to the above certification.

Type Name of US person  Date

Washington Financial Executor  
Contact data to will come here  
Address: Line  
Telephone Number Fax Number Email Address

# Step 8

## Registration Complete

- Once the registration is complete, the ACH will be brought to the dashboard screen of the portal
- The ACH now has access to add users and providers
  - You can view the information you provided during registration in my account tab

The screenshot shows the user interface of the Medicaid Transformation Demonstration | Financial Executor Payment Portal. At the top, there is a navigation bar with the title "Medicaid Transformation Demonstration | Financial Executor Payment Portal" and an "About Us" link. Below this is a secondary navigation bar with links for "Dashboard", "Provider Management", "Reports", "My Account", "Admin", and "Log out". The main content area displays a welcome message "Welcome NEW DEMOACH" and a "Password Expiration" notification stating "Your password expires in 90 days". To the right, there is a "0 Days Since last logged in" indicator. Below these notifications, it says "This is the ACH Dashboard". At the bottom of the page, there is a dark footer bar with the "PCG Health" logo on the left and contact information for "Washington Financial Executor" on the right, including a note that "Contact details will come here" and fields for "Address Lines", "Telephone Number", "Fax Number", and "Email Address".

# User Management

How to add an ACH User

# User Management

By using the admin tab there is an option to select user management where an ACH has the ability to add other ACH accounts within their ACH

Medicaid Transformation Demonstration | Financial Executor Payment Portal

Dashboard Provider Management Reports My Account Admin Log out

User Management

User Type: ACH

+ Add User

Drag a column header and drop it here to group by that column

	First Name	Last Name	Email	User Type	User Role	Active	Phone
	NEW	DEMOACH	pcgdemoach@yopmail.com	ACH	ACH Admin/Approver Admin	<input checked="" type="checkbox"/>	
	Test	User	testuser@yopmail.com	ACH	ACH ACH Editor	<input checked="" type="checkbox"/>	

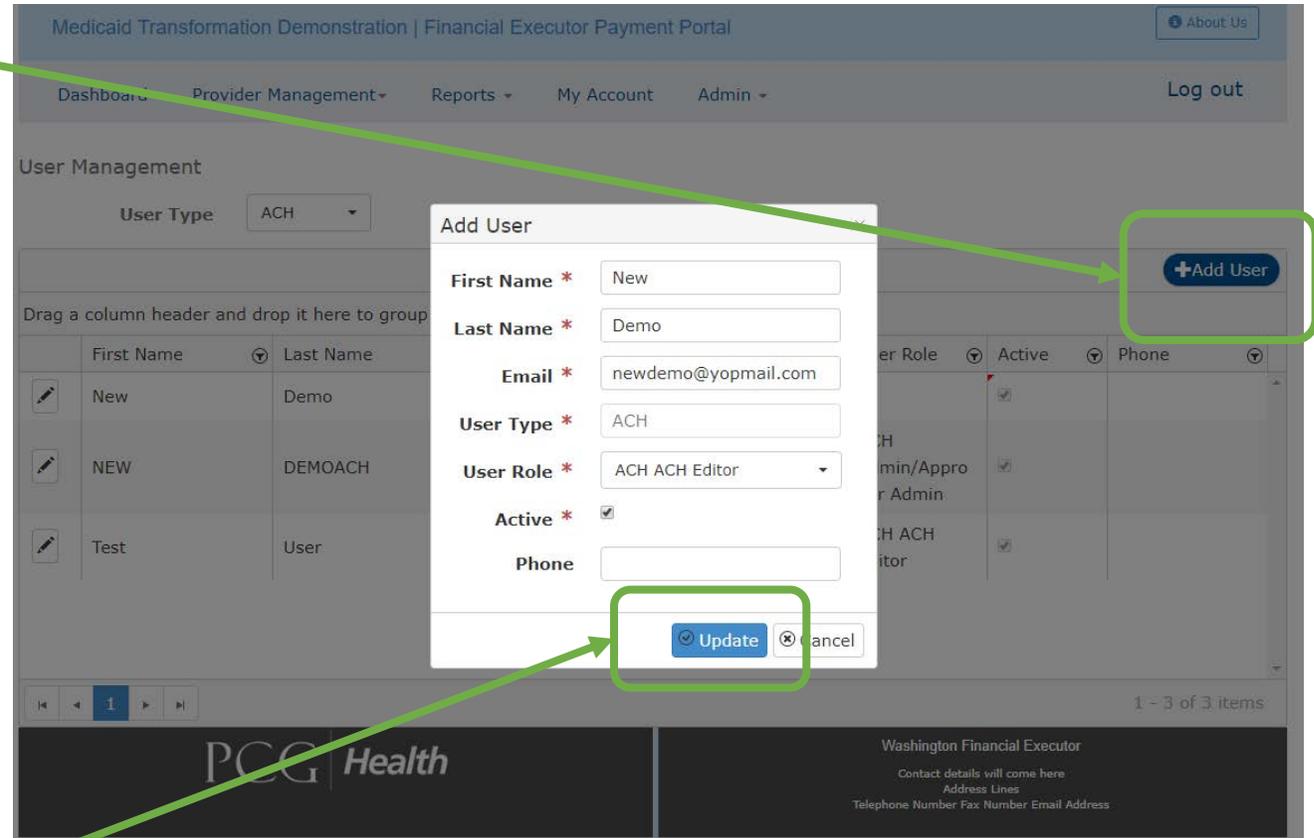
1 - 2 of 2 items

PCG Health

Washington Financial Executor  
Contact details will come here  
Address Lines  
Telephone Number Fax Number Email Address

# User Management

- The ACH Admin/Approver has the ability to add other ACH user types
  - An add user box will appear where they can enter in the new information
  - The ACH must enter in the information where an asterisk appears
  - Under user types an ACH has the ability to choose
    - i. ACH Editor
    - ii. ACH View Only
    - iii. ACH Admin/Approver can only be added by HCA
- The ACH must select “update” to add the user



# User Management

- The newly added ACH will now appear on the User Management tab

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

Dashboard Provider Management Reports My Account Admin [Log out](#)

### User Management

User Type: ACH

[+Add User](#)

Drag a column header and drop it here to group by that column

	First Name	Last Name	Email	User Type	User Role	Active	Phone
	NEW	DEMOACH	pcgdemoach@yopmail.com	ACH	ACH Admin/Approver Admin	<input checked="" type="checkbox"/>	
	Test	User	testuser@yopmail.com	ACH	ACH ACH Editor	<input checked="" type="checkbox"/>	
	New	Demo	newdemo@yopmail.com	ACH	ACH ACH Editor	<input checked="" type="checkbox"/>	

1 - 3 of 3 items

PCG Health

Washington Financial Executor  
Contact details will come here  
Address Lines  
Telephone Number Fax Number Email Address



[www.publicconsultinggroup.com](http://www.publicconsultinggroup.com)