

DSRIP payments through financial executor portal

Definitions of use category and entity type

Delivery System Reform Incentive Payment (DSRIP) incentive funds earned by Accountable Communities of Health (ACHs) are held in accounts in the financial executor (FE) portal. The portal is managed by the [financial executor](#). Through the portal, ACHs can draw down funds to distribute to themselves and partnering providers. This is in accordance with [Medicaid Transformation's special terms and conditions](#) (STCs). Payments distributed through the portal are categorized according to the following:

Use categories

In the portal, ACHs must identify payments to themselves and partnering providers using standardized use categories. The use categories and associated definitions were developed by the state, with input from ACHs. While these use categories are used by all ACHs to identify the use of funds, each ACH may use them differently.

Use category	Definition
Administration	Payments for the administrative operating expenses of the ACH (e.g., financial, legal, administrative salaries, facilities and equipment, taxes).
Project management	Payments for transformation project-related design and project management support.
Provider engagement, participation, and implementation	Payments to partners for engagement and participation (signed partner agreements, and meaningful leadership and participation on workgroups and operational committees); implementation costs for early infrastructure and process changes that actively move the partner and team toward integration and community-based care.
Provider performance and quality incentives	Payments to partners for reporting on project milestones; performance-based, metric-driven payments; transitioning to new payment models.
Health systems and community capacity building	Payments for population health management systems (electronic health records, health information exchange/health information technology, data); strategic improvement/quality improvement activities; workforce development; value-based payment support; revenue cycle management and supply chain management support; Pathways HUB operations; training and education on community and provider engagement; consumer empowerment.
Shared domain 1 incentives	Payments for specific domain 1 support from designated providers across all nine regions. These payments reflect a statewide partnership across ACHs and public hospitals to advance health system capacity building efforts.
Community health fund	Payments held to address long-term health improvement strategies in alignment with Medicaid Transformation goals. These payments focus on primary prevention and social determinants of health. This category is not intended for payments made to non-traditional providers as part of the two provider-specific use categories.
Reserve/ contingency fund	Payments reserved for unanticipated costs and support for administration if unforeseen expenses arise or overall earned incentives are adjusted.

Integration incentives	Incentives earned by mid-adopter regions and used to support the integration of behavioral health.
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Entity type

When ACHs register partnering providers in the portal, they must indicate the type (from the available categories) that best fit the entity. Partnering providers are defined as any providers and/or organizations that have committed to participate in the ACH's projects.

Type	Definition
Accountable Community of Health (ACH)	An Accountable Community of Health is a group of people and organizations from a variety of sectors in a given region with a common interest in improving health. With support from the state, they are voluntarily organizing to make community based decisions on health needs and priorities, and how best to address those priorities without duplicating services. ACHs develop, implement, and monitor transformation projects under DSRIP. There are nine ACHs in Washington State.
Traditional Medicaid provider	Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers).
Non-traditional Medicaid provider	Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable health care services to Medicaid members (e.g., behavioral health organizations, community-based organizations, fire districts).
Tribal provider (Tribe)	Tribal provider (Tribe) indicates clinics that Tribes, through the Indian Self-Determination and Education Assistance Act (Public Law 93-638) are overseeing, also known as 638 clinics. Because of the relationship to the federal government, these facilities have different tax and insurance requirements, which HCA has reflected in the financial executor portal click agreement.
Tribal provider - Urban Indian Health Program Provider (UIHP)	Tribal provider - Urban Indian Health Program Provider (UIHP) are specific facilities designated by Indian Health Service (IHS), which receive IHS funding to serve Urban Indians. There are two in the state of Washington: Seattle Indian Health Board and The NATIVE Project. Because of the relationship to the federal government, these facilities have different tax and insurance requirements, which HCA has reflected in the financial executor portal click agreement.
Tribal provider - Indian Health Service (IHS)	Tribal provider - Indian Health Service (IHS) is for the facilities overseen and run by IHS. There are three Tribes that have IHS facilities: Yakama Nation, Spokane Tribe of Indians, and the Confederated Tribes of the Colville Reservation. Because of the relationship to the federal government, these facilities have different tax and insurance requirements, which HCA has reflected in the financial executor portal click agreement.
Shared Domain 1 provider	Public hospitals across all nine ACH regions that partner with ACHs to advance domain 1 health system capacity building objectives.