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TPL Portal User Manual for Providers and Partners

Version 3.1 – Carrier Code Management, TPL Search, and Third-Party Referral (TPR) Components

1/6/2025

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1. Document History

Date	Version	Editor Name	Description
06/15/24	1.0	GW/HMS	Initial Draft of Carrier Code Management
			component
06/25/24	1.1	GW/HMS	Final Draft of Carrier Code Management
			Component
07/23/24	1.2	GW/HMS	Updated TPL Portal Login Screen and TPL Portal
			Home Screen Screenshots
08/20/24	2.0	GW/HMS	Added TPL Search Component
09/10/24	2.1	GW/HMS	Updated TPL Search Component
09/16/24	2.2	GW/HMS	Updated TPL Search screenshots
11/06/24	2.3	GW/HMS	Updated TPL Search Component section and
			TPL Portal Home Page screenshots
11/25/24	3.0	GW/HMS	Added Third-Party Referral (TPR) Component
01/06/25	3.1	GW/HMS	Updated TPR Home Page section

2. Introduction

This Third-Party Liability (TPL) Portal User Manual for Providers and Partners document will be shared with MCEs (Managed Care Entities {Partners}) and Providers who require the ability to access the Louisiana Department of Health (LDH) TPL Portal.

2.1 Overview

The **Carrier Code Management** component in the TPL Portal will allow MCEs (Partners) and Providers the ability to access the current Louisiana Department of Health (LDH) active Carrier Code listing as well as submit a request to have a new Carrier added to the listing.

The **TPL Search** component will allow MCEs (Partners) and Providers the ability to search for TPL associated with a Louisiana Department of Health (LDH) Medicaid Recipient.

The **Third-Party Referral (TPR)** component will allow MCEs (Partners) and Providers the ability submit a New Lead request, submit a Reverification request, and track their submitted requests.

2.2 Requesting Credentials

The TPL Portal has been integrated with the lamedicaid.com Provider Portal so, the system will allow users to utilize their existing LA Medicaid Provider Portal credentials to log into the TPL Portal. Therefore, users who already have a Provider ID, NPI, Log In ID, and Password for accessing the lamedicaid.com Provider Portal can skip this Requesting Credentials section and proceed to the "Logging into the TPL Portal" section.

Link to the lamedicaid.com Provider Portal: <u>https://www.lamedicaid.com/account/login.aspx</u>.

Users who do not already have an active account to access to the lamedicaid.com Provider Portal can request credentials via lamedicaid.com Provider Enrollment: https://www.lamedicaid.com/provweb1/Provider_Enrollment/newenrollments.htm.

If you experience any issue with your credentials or logging into the TPL Portal, please contact the Gainwell Helpdesk by calling 844-715-4357.

2.3 Logging into the TPL Portal

<u>Step 1:</u> State Personnel, Providers, and Partners can access the TPL Portal at the following URL: <u>https://tplportal.hms.com/?ClientCd=LA</u>.

Step 2: By clicking the "State Providers/Partners" icon, the user is given the option to "Proceed to Login" via the button or review the User Manual via the link provided.



<u>Step 3:</u> Click the "Proceed to Login" button which will direct the user to the Provider Portal at lamedicaid.com.

<u>Step 4</u>: After reviewing the HIPAA Attestation, click the "I Attest" button. You will then be redirected to lamedicaid.com Provider Portal Provider Login.



<u>Step 5</u>: Enter the Provider ID, NPI, Captcha Image values, and click on the "Next" button.

	ARAMENT OF HEALTH								
LOUISIANA MEDICAID									
g ainwell	You are here : Louisiana Medicaid > Provider Login Provider Login РАНАТ								
Notice This is a class action notice for A.A. et al. v. Abraham et al Investid	Please use your 7-Digit Medicaid Provider ID and your 10-digit National Provider Identifier (NPI). If you are an Atypical provider then a NPI is not required. Reset account information or change administrator, click here? Provider ID								
	For security purposes, please enter the characters from the CAPTCHA image								
	NOTICE TO USERS This is Louisiana's Medicaid information and is the property of Gainwell Technologies and Louisiana Department of Health. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.								
	Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Louisiana Department of Health, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system , the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Louisiana Department of Health. Unauthorized or improper use of this website may result in administrative disciplinary action and civil and criminal penalties. By								
	Continuing to access this website you mucate your awareness of and consent to these terms and conditions of use. Los orr IMMEDIATELY if you do not agree to the conditions stated in this warning.								

<u>Step 6</u>: Enter your Login ID and Password then click on the "Next" button to be redirected to the TPL Portal dashboard as shown in the below screenshot.

	IANA RTMENT OF HEALTH	K BACK TO LDH
	LOUISIANA	MEDICAID
	You are here : Louisiana Mec	licaid > Provider Login
grinwell Help	User Login Please enter your Login ID and Password. Login ID Password Need help? - Foreot Your Login ID?	PRINT
	Forgot Your Password? Forgot Login ID and Password? PREVIOUS NEXT	

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TPL Portal Home Page

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Carrier Code Management	Q TPL Search	Third Party Referral (TPR)

2.4 Logging out of the TPL Portal

While logged into the portal the option to log out is available to users by clicking on the users initials found on the top right corner of each page. Select "Sign Out" to log out.

≡ g ⊐ inw	Vell Home Page		
🛆 Home	Active Carrier Codes		AP
Add Carrier	Active Careford Las Forma	A PCF vestion of the Carrier Code File is also published to lamedicaid com weekly on Sunday's <u>https://www.lamedicaid.com/wwwetki/Forma/Carrier Code/Carrier Code.ord</u>	U Sign out
		Questions about active carrier codes should be sent to <u>lacarriercode@gainwelltechnologies.com</u>	

The user will then see a message stating that they are now signed out and should close their browser.



3. Carrier Code Management Component

The **Carrier Code Management** component in the TPL Portal allows MCEs (Partners) and Providers the ability to access the current LDH active Carrier Code listing as well as submit a request to have a new Carrier added to the listing.

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Carrier Code Management	Q TPL Search	Third Party Referral (TPR)	

3.1 Carrier Code Management Home Page

Clicking on "Carrier Code Management" will redirect the user to the Carrier Code Management Home Page. Here the user can click on the link to view the PDF version of the Carrier Code File at lamedicaid.com or they can download the same file in various formats.

All requests for modifications to an existing Carrier should be sent via email to <u>lacarriercode@gainwelltechnologies.com</u>.

≡ g ⊐ ınwell (Home Page		
∆Home	Active Carrier Codes		
Add Carrier	A PDF version of the Ca	arrier Code File is also published to lamedicaid.com weekly on Sunday's https://www.lamedicaid.com/orovweb	o1/Forms/Carrier_Code/Carrier_Code.pdf
	Active Carrier CodeLtxt Format.	Active Carrier Codes.vks.vs.format.	Active Carrier Codes.pdf Format.

<u>Menu Option</u>: If the user would like to request to Add a Carrier, they can click "Add Carrier" from the menu on the left side of the screen.

3.2 Add Carrier

Note: All email communication with individuals who request a new Carrier be added will be done via the Gainwell LA Carrier Code Management group email address: <u>lacarriercode@gainwelltechnologies.com</u>

When requesting the addition of a new Carrier Code, it is critical to first ensure the Carrier is not already in the Carrier Code File. Search for the Carrier by Name and/or Address. The Gainwell LA Carrier Code Team will also verify that request(s) will not create a duplicate record. If they find a possible duplicate, the request to add the new carrier will be denied.

Home	Add New Carrier	
Add Carrier	Medicare Advantage *	Carrier Name *
	Address) =	*
	City*	State *
	Zip *	Phone *

Field-level detail on the Add Carrier page

Medicare Advantage: This required field drop down options are "Yes"' or "No."

Carrier Name: This required field is free form, max 50 characters, and allows alphanumeric characters.

Address1: This required field is free form, max 40 characters, and allows alphanumeric characters.

Address2: This optional field is free form, max 40 characters, and allows alphanumeric characters.

<u>City</u>: This required field is free form, max 30 characters, only alphabetic characters are allowed.

<u>State</u>: This required field drop down options will include all valid State Abbreviations.

<u>Zip</u>: This field requires 9 numeric characters. If the user is unaware of the +4 numbers, 0000 is acceptable.

Phone: This field requires 10 numeric characters.

<u>Clear:</u> This button allows the user to discard any changes.

<u>Submit</u>: This button completes the request. A pop up informs the user that the request has been submitted, and to allow five (5) business days for an update.

Once a request is submitted, an email containing the details of the request is sent to the Gainwell LA Carrier Code Team to complete required research to determine if the Carrier can be added.

If the new Carrier is added, the user will receive an email from <u>lacarriercode@gainwelltechnologies.com</u> with the new Carrier Code. Example below.

To: <u>user@gainwelltechnologies.com</u> Subject: New Carrier Add Request has been approved									
Your Request	Your Request has been approved, Carrier Code is H50860								
NAME	NAME ADDRESS1 ADDRESS2 CITY STATE ZIP PHONE SUBMITTED DATE SUBMITTED							SUBMITTED BY	
SUNFLOWER	123 BLOOM RD		BAKER	LA	70726-0000	225-987-4862	Wed May 01 15:21:16 UTC 2024	A@LA.GOV	

If the new Carrier is not added, the user will receive an email from

<u>lacarriercode@gainwelltechnologies.com</u> explaining the reason for denial, including the code if the Carrier already exists. Example below.

	To: <u>user@gainwelltechnologies.com</u> Subject: New Carrier Add Request has been denied								
	Your Request has been denied, Carrier Code H50860 already exists for this Carrier.								
	NAME ADDRESS1 ADDRESS2 CITY STATE ZIP PHONE SUBMITTED DATE SUBMITTED BY								SUBMITTED BY
SUNFLOWER 123 BLOOM RD BAKER LA 70726-0000 225-987-4862 Wed May 01 15:21:16 UTC 2024 A@LA.GO									A@LA.GOV

Any questions regarding your Carrier Code Requests should be sent to the following email address: <u>lacarriercode@gainwelltechnologies.com</u>.

4. TPL Search Component

The **TPL Search** component allows MCEs (Partners) and Providers the ability to search for TPL associated with an LDH Medicaid Recipient. This component can be found on the home page of the TPL Portal once a user is logged in.

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Carrier Code Management	Q TPL Search	Third Party Referral (TPR)

4.1 TPL Search Page

After selecting the "TPL Search" button in the TPL Portal, all users will be taken to the TPL Search Page. This page allows users to search for Beneficiary Third-Party Liability (BTPL) records. Users can then view TPL Policy Records that were returned.

4.2 BTPL Search

Searching the BTPL Database can be accomplished by entering a Recipient ID or Card Control Number (Medicaid Identification Card Control Number). The results will return all TPL Policies for that Member where Medicaid and TPL Policy is active, or Termination/End date is within last 3 years.

Search by Recipient ID: This field requires 13 numeric digits and must be a valid LDH Medicaid ID.

g7Inwell (TPL Portal Home Page)	•
BTPLSearch	
Recipient ID Card Control Number	
Recipient ID *	
Start Search Clear	
No Record Searched Yet!	
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g7Inwell TPL Portal Home Page	
BTPL Search	
O Recipient ID 💿 Card Control Number	
Card Control Number* Start Searching	arch Clear
	No Record Searched Yet!
	© 2024 Gainwell. All rights reserved.

Search by Card Control Number: This field requires 16 numeric digits and must start with 777.

After a valid Recipient ID or Card Control Number has been entered, click the "Search" button to view the related Member's TPL Policies. If desired, clicking the "Clear" button will delete the any values entered in the Recipient ID or Card Control Number input fields.

Records displayed on the BTPL Search Page are ordered by: Carrier Code, Group Number, Policy Number, Start Date, and End Date.

BTPL Search													
Recipient ID ()	Card Control Num	ber											
Recipient ID *					Search	Clear							
Search	Q	Total Record	s:2								Expand A	I Collapse All	🖅 🕹
Filter by :	Filter by :				Coverage Type c			Carrier Code	Carrier Code				
Selected Filters :													Clear All
Recipient ID & Card Contro	ol Number	Insured			Policy Holder			Carrier		Policy			
Recipient ID		First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	~
Recipient ID		First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	~
1 - 2 of 2 < >													
						© 2024 Gair	well. All rights reserved.						

Jouronnin										Expund 70	i i oonapoorni	
Coverage St	atus			Coverage Type			Carrier Code					
Filter by :			-			-						
elected Filters :												Clear
ecipient ID & Card Control Number	Insured			Policy Holder			Carrier		Policy			
icipient ID	First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	^
ard Control Number	SSN	Relationship	Gender	SSN	Street	City	Street	City	Verify Date	Begin Date	End Date	
overage Status CTIVE				State	Zip		State Phone#	Zip	Employer Name			
cipient ID	First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	^
rd Control Number	SSN	Relationship	Gender	SSN	Street	City	Street	City	Verify Date	Begin Date	End Date	
iverage Status CTIVE				State	Zip		State Phone#	Zip	Employer Name			

Expand All: Clicking on "Expand All" will allow users to see all policy details for the results returned.

<u>Collapse All</u>: Clicking on "Collapse All" will hide most policy details allowing the user to view policy summaries.

Filter By: The user can filter the results based on Coverage Status, Coverage Type and Carrier Code.

Search	Q Total Records : 2			Expand All Collapse All 🗐	لي ا∫
Filter by :	Coverage Status	Coverage Type	Carrier Code		
Selected Filters :				ci	lear All

Coverage Status: Options available are in a dropdown list and include All, Active, and Inactive.

<u>Coverage Type</u>: Options available are in a dropdown list and the list of valid values are available @ <u>Medicaid</u> | <u>Department of Health</u> | <u>State of Louisiana</u>].

Carrier Code: The user can enter a valid LDH Carrier Code to narrow down search results to a specific ID.

Further filtering tools are available by entering any values from the results grid into the Search input field filter.

PART B	Total Records : 1								Expand All	Collapse All	= J
Coverage Status		-	Coverage Type		.	Carrier Code					
Selected Filters :											Clear All
Recipient ID & Card Control Number	Insured		Policy Holder			Carrier		Policy			
Recipient ID & Card Control Number Recipient ID	Insured First Name Last Name	DOB	Policy Holder First Name	Last Name	DOB	Carrier Carrier Code	Name	Policy Group#	Policy#	Coverage Type PART B	~

Sort Order: Clicking on the "Sort" button, located next to "Collapse All" link allows the user to sort ascending or descending based on the policy begin date.

Cov Filter by :	erage Status			•	Coverage Type			Carrier Code				Sort Order Newest to Oldest to	Top Top
ecipient ID & Card Control Nu	ımber	Insured			Policy Holder			Carrier		Policy			
kcipient ID		First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type E	*
cipient ID		First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	~

Download: Clicking on the "Download" button allows the user to download the current results policy details in Microsoft Excel format.

Coverage Status					Coverage Type			Carrier Code					Export o
Filter by :				-				<					E Exce
elected Filters :													Clea
ecipient ID & Card Co	ontrol Number	Insured			Policy Holder			Carrier		Policy			
ecipient ID		First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	*
ecipient ID		First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	~

If in a search, no TPL records were found, page will display the message "No records found for the provided Recipient ID."

gainwell TPL Portal Home Page	0
BTPLSearch	
Recipient ID Card Control Number	
Recipient ID *	
[No records found for	the provided Recipient ID
© 2024 Gainwe	II. All rights reserved.

5. Third-Party Referral (TPR)

The **Third-Party Referral (TPR)** component provides MCEs (Partners) and Providers with the ability to submit a New Lead request for a TPL Policy, Reverification request for an existing TPL Policy, and track their submitted requests for a New Lead and/or Reverifications.

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Carrier Code Management	Q TPL Search	Third Party Referral (TPR)

5.1 Home Screen

After selecting the "Third-Party Referral (TPR)" in the TPL Portal, all users will be redirected to the Third-Party Referral (TPR)" Home Page.

<u>Menu Option</u>: If the user would like to Submit a New Lead or Reverification Requests or Track submitted lead requests, they can click on the below listed options from the menu on the left side of the Home Page.

- New Lead
 - Users should only submit a New Lead Request for a valid LDH Medicaid Recipient whose TPL Policy* is not found via TPR Reverification
 - Please be advised that Medicare Part A and B should not be submitted through the TPR New Lead Request UI Pages.
- Reverification
 - Users should only submit a Reverification Request when the TPL Policy* is found via TPR Reverification and there is a change needed
- Lead Tracker
 - Users can check on the status of all New Lead and Reverification requests they submitted with-in a year

*Note: TPL Policy is specific to a unique combination of Medicaid Recipient ID, Scope of Coverage, Carrier Code and TPL Policy Start Date. Requests submitted through this Portal are considered nonescalation requests and will have a five-business day turn-around time.



Please be advised that the TPR component is not to be used for submitting an Escalation Request. An Escalation Request is associated with immediate need for access to care or pharmacy awaiting. Escalations Requests have a four-business hour turn-around time. TPR also is not to be used for updating scope of coverage 01 (Major Medical) to 27 (Major Medical without maternity benefits) or adding a 27 (Major Medical without maternity benefits) policy.

- For either of these items, as needed, complete a "Louisiana Department of Health Medicaid Recipient Insurance Information Update" form found at <u>https://www.lamedicaid.com/provweb1/ProviderTraining/Packets/2008ProviderTrainingMaterials/Recipient_Insurance_Update.pdf</u>.
- For escalations, submit the completed form to: <u>latprescalations@gainwelltechnologies.com</u> or by calling 877-204-1324.
- For updating the scope of coverage 01 (Major Medical) to 27 (Major Medical without maternity benefits) or adding a 27 (Major Medical without maternity benefits) policy, submit completed form to littps://littoria.public.com

5.2 Reverification

Clicking on the Reverification Menu Option will redirect the users to the Reverification Panel. Users should only submit a Reverification Request thru this panel when the TPL Policy is found and the TPL Policy needs to be updated. Searching for an existing TPL Policy can be accomplished by entering a Recipient ID or Card Control Number (Medicaid Identification Card Control Number). The results will return all TPL Policies (other than Medicare Part A & B records) for that Member where Medicaid Eligibility and TPL Policy is active, or Policy Termination/Medicaid Member Eligibility End date is within last 3 years.

≡ g ⊐ inw	EII TPL Portal Home Page	TPR - Louisiana	-	•
🛆 Home	Reverification			
Q Lead Tracker	Recipient ID Card Control Number			
+ New Lead	Recipient ID *			
Reverification	Enter Recipient ID Search Clear			
	\square			
	No Record Searched Yet!			
	© 2024 Gainwell. All rights reserved.			

		-	
≡ g ⊐ inw	EII TPL Portal Home Page	TPR - Louisiana	• H
🛆 Home	Reverification		
Q Lead Tracker	Recipient ID Card Control Number		
+ New Lead	Recipient ID *		
Reverification	Enter Recipient ID Search Clear		
	No Record Searched Yet!		
	© 2024 Gainwell, All rights reserved.		

Search by Recipient ID: This field will require 13 numeric digits, and it must be a valid LDH Recipient ID.

If no records were found with the given "Recipient ID," the page will display the message "No records found for the provided Recipient ID."

Reverification	
Recipient ID Card Control Number Recipient ID	Search Clear
	No records found for the provided Recipient ID.

≡ g ⊐ inw	/ell (TPL Portal Home Page)	TPR - Louisiana 👻 🛛 🖪
🖒 Home	Reverification	
 Q Lead Tracker + New Lead Reverification 	Cerd Control Number Cerd Control Number Enter Card Control Number Ent	
	No Record Searched Yet!	
	© 2024 Gainwell. All rights reserved.	

Search by Card Control Number: This field will require 16 numeric digits and must start with 777.

If no records were found with the given "Card Control Number ID," the page will display "No records found for the provided Card Control Number."

Reverification
O Recipient ID 💿 Card Control Number
Card Centrol Number*
No records found for the provided Card Control Number.

After a valid Recipient ID or Card Control Number has been entered, the user should complete the search by clicking the "Search" button. Search results will display the Member's TPL Policies. Records displayed on the Reverification Screen are Ordered by: "Carrier Code," "Group Number," "Policy Number," "Start Date," and "End Date."

verification ^{>} Se	earch Result	s										
Recipient ID	Card Control Nu	imber		Search	Clear							
Search	Q	Total Records	:1							Expand All Co	ollapse All 📰	ىلى ا
Filter by :	overage Status		-	Coverage Type		-	Carrier Code					
Selected Filters											cr	lear All
Recipient ID & Card Contro	ol Number	Insured		Policy Holder			Carrier		Policy			
Recipient ID		First Name Last	Name DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	~
Submission Date		Submitted By		Form Id			Comment		Reverify	Status		
1-1of1 < >												

<u>Clear</u>: The "Clear" button resets all values and selections made by the user, and if applicable, search results will also be cleared.

Expand All: Clicking on the "Expand All" link allows the user to view the policy details for all policies displayed.

Reverification ^{>} Search Res	sults							
Recipient ID Card Control Recipient ID *	ol Number	Search Clear						
Search	Q Total Records : 1					E	xpand All Co	ellapse All 🖃 بل.
Filter by :	15 	Coverage Type	-	Carrier Code				
Selected Filters								Clear All
Recipient ID & Card Control Number	Insured	Policy Holder		Carrier		Policy		
Recipient ID Card Control Number	First Name Last Name DOB	First Name Last Name	DOB	Carrier Code Street	Name City	Group# Verify Date	Policy# Begin Date	Coverage Type
Coverage Status		State Zip		State Phone#	Zip	Employer Name		
Submission Date	Submitted By	Form Id		Comment		Reverify St	atus	
1-1of1 < >								

<u>Collapse All</u>: Clicking on the "Collapse All" button will hide most of the details allowing the user to see the summary view.

Filter By: Users can filter the results based on "Carrier Code," "Coverage Status" and "Coverage Type."

Carrier Code: Entering the 6-digit Client Carrier code will filter results to that one Carrier.

Coverage Status: Options available are in a dropdown list and include All, Active, and Inactive.

<u>Coverage Type</u>: Options available are in a dropdown list and the list of valid values are available @ <u>Medicaid | Department of Health | State of Louisiana |</u>.

Re	everification >	Search Results				
	Recipient ID	Card Control Number				
			Search	Clear		
	Search	Q Total Records :	1			Expand All Collapse All 📻 🕹
	Filter by :	Coverage Status	Coverage Ty	rpe	Carrier Code	
	Selected Filters					Clear All

Further filtering tools are available by entering any values from the results grid into the Search input field filter.

everification ^{>} Search Res	ults							
Recipient ID Card Control Recipient ID*	l Number	Search Clear						
	Q Total Records : 2					E	xpand All Co	illapse All 🖃 🕁
Filter by :	*	Coverage Type	-	Carrier Code				
Selected Filters								Clear All
Recipient ID & Card Control Number	Insured	Policy Holder		Carrier		Policy		
Recipient ID	First Name Last Name DOB	First Name Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type ONLY
Submission Date	Submitted By	Form Id		Comment		© Reveri	fy	
Recipient ID	First Name Last Name DOB	First Name Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type ONLY
Submission Date	Submitted By	Form Id		Comment		S Reveri	fy	

<u>Sort Order</u>: Clicking on the "Sort" button, located next to "Collapse All" link allows the user to sort ascending or descending based on the policy begin date.

Filter by :	Total Records : 2	~ Co	overage Type	•	Carrier Code			Expand All C	Ollapse All = Sort Order Newest to Top Oldest to Top	لی ا Jear A
Recipient ID & Card Control Number	Insured	Poli	icy Holder		Carrier		Policy			
Recipient ID	First Name Last Name	DOB First	t Name Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	~
Submission Date	Submitted By		Form Id		Comment		@ Reveri	fy		
Recipient ID	First Name Last Name	DOB First	t Name Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type	~
Submission Date	Submitted By		Form Id		Comment		@ Rever	fy		
1 = 2 of 2 < >										

Download: Clicking on the "Download" button allows the user to download the current results policy details in Microsoft Excel format.

	Q Total Records : 2					Ex	pand All Collap	se All 🖃	تاك ا
Filter by :	\$	Coverage Type	-	Carrier Code				Expor	r tas xcel
Selected Filters								LCI	ear All
Recipient ID & Card Control Number	Insured	Policy Holder		Carrier		Policy			
Recipient ID	First Name Last Name DOB	First Name Last Name	DOB	Carrier Code	Name	Group#	Policy# C	Coverage Type	~
Submission Date	Submitted By	Form Id		Comment		© Reverify			
Recipient ID	First Name Last Name DOB	First Name Last Name	DOB	Carrier Code	Name	Group#	Policy# 0	Coverage Type	~
Submission Date	Submitted By	Form Id		Comment		© Reverify			
1 - 2 of 2 < >									

<u>Reverify</u>: Clicking the "Reverify" button will allow the users to enter the reason and submit a record for reverification.

	Q Total Records : 2							Expand All	Collapse All 🖃
Coverage State	ŝ	Coverage Typ	90	•	Carrier Code				
Selected Filters									с
ecipient ID & Card Control Number	Insured	Policy Holder			Carrier		Policy		
ecipient ID	First Name Last Name	DOB First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type ONLY
ubmission Date	Submitted By	Form Id			Comment		@ Rev	orify	
ecipient ID	First Name Last Name	DOB First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type ONLY
ubmission Date	Submitted By	Form Id			Comment		@ Rev	erify	

Once the user clicks the "Reverify" button, a pop-up will appear prompting them to select an appropriate comment for reverification in the "Choose Comment" dropdown list.

verification > Search R	esults				
Recipient ID Card Con Recipient ID *	trol Number	Search Cle	ar		
Search Coverage Sta	Q Total Records : 2	Comment Choose Comment*	rier Code		Expand All I Collapse All I (루) I , 날,
Selected Filters			Submit		Clear All
Recipient ID & Card Control Number	Insured		rier	Policy	
Recipient ID	First Name Last Name	DOB First Name Last Nar	me DOB Carrier Code	Name Group#	Policy# Coverage Type
Submission Date	Submitted By	Form Id	Comment	@ Rever	ify

Available options for the "Choose Comment" dropdown list:

- Policy End Date is incorrect
- Policy does not belong to this Recipient
- Policy Number is incorrect
- Policy Begin Date is incorrect
- Policy Begin and End Dates are incorrect
- Coverage Type is incorrect
- Carrier Code is incorrect **Note:** The Reverification Request will only take care of updating the record with the existing Carrier Code. The user will also need to submit a New Lead Request for adding the policy with the correct Carrier Code.
- Other

If the "Comment" pop-up doesn't have the appropriate option available in the dropdown list, there is an "Other" option that allows the user to enter their own comments. After a selection is made in the dropdown list or a manual comment is added the use can complete the process by clicking "Submit."

Recipient ID Card Control	d Number					
tecinient ID *						
		Search Clear				
		Comment	×			
		Choose Comment*				
Search	C Total Records : 2	Other	-		Expand All C	ollapse All 🕴 🖃 👘
Filter by :		Reverify Comment*	rrier Code			
Selected Filters		Enter your comment nere				Clear
tecipient ID & Card Control Number	Insured		rior	Policy		
tecipient ID	First Name Last Name	2	Submit é	Name Group	# Policy#	Coverage Type
	Furthermalities of Fire	Terms 14				

The reverification comment is <u>only a comment for reference</u>, it does not have any impact on the way the Request is processed by the HMS in the backend, or the Responses that are received & uploaded to BTPL.

After clicking "Submit," the "Submission Date," "Submitted By," "Form ID," "Comment," and "Reverify Status" will be auto populated by the system.

Coverage State	15		•	Coverage Type		•	Carrier Code				
elected Filters											c
cipient ID & Card Control Number	Insured			Policy Holder			Carrier		Policy		
cipient ID	First Name	Last Name	DOB	First Name	Last Name	DOB	Carrier Code	Name	Group#	Policy#	Coverage Type
rd Control Number	SSN	Relationship	Gender	SSN	Street	City	Street	City	Verify Date	Begin Date	End Date
werage Status				State	Zip		State Phone#	Zip	Employer Name		

In addition, an email notification with the "Form ID" is sent to the Requester to the email ID associated to the credentials that they used to login to the TPL Portal.

U.	user@gainwelltechnolog	ies.com			٢	← Reply	Keply All	→ Forward Mon 11/18/2024 10:22 AM
Retention Pol	user@gainwelltechnologies.com To To To W verification request(s) have been submitted. You will be receiving an email once res nt Request Date Form ID 2024-11-18 10:22:21 B			Expires 11/18/2027				
3elow ver	fication request(s) ha	ve been submitte	ed. You will be receiving an e	email once results are rea	dv			
					,			
Count	Request Date	Form ID						
1 20	24-11-18 10:22:21		В					

Once the reverification is completed, an email notification is sent to the Requester to the email ID associated to the credentials that they used to login to the TPL Portal.

		(2) ← Reply ≪ Reply All → Forward (1) …
	Expires 11/18/2027	Mon 11/18/2024 12:11 PM
(s) are now ready. Pl	ease login to LATPR PORT	AL to view full response detail.
.,	0	
Form ID		
:	:(s) are now ready. Plu Form ID	Expires 11/18/2027 2(s) are now ready. Please login to LATPR PORT Form ID

5.3 New Lead

Clicking on the New Lead Option will redirect the users to the New Lead Panel. Users may submit a New Lead Request for a valid LDH Medicaid Recipient whose TPL Policy is not found via TPR Reverification. Please be advised that Medicare Part A and B records should not be submitted through the TPR New Lead Request UI Panels.

<u>General Information Tab:</u> The General Information Tab allows the user to enter User Tracking ID & choose the Parish associated to the Member on the policy. Verifier, Form ID, Received Date, Source Type and Request Type, Verification Lead fields are auto filled by the system and cannot be edited.

Parish: User can select the parish from the list of drop-down values.

<u>User Tracking ID#</u>: This field accepts up to 20 alphanumeric characters and allows the use of the following symbols .,-'/\#.

≡ g ⊐ inw	ell TPL Portal Home Page	\supset			TPR - Louisiana -
🛆 Home	New Lead				
Q Lead Tracker					* Indicates field is required
+ New Lead	General Information	Verifier	Form ID	Received Date	
Reverification	Periniant Information	User	301KCHAP6656828377	2024-11-14 20:52:37	
-		Source Type *	Request Type *	Verification Lead *	
	Policy Holder Information	WEB	ADD -	General TPL Update	Ψ
	Policy Information	Parish *	User Tracking ID#		
	Employer Information	-Select-			
	Submit Type				
					Next
			© 2024 Gainwell. All rights reserved.		

Recipient Information Tab: The Recipient Information section allows the user to add one or more Recipients to the Policy. After entering a valid LDH Recipient ID, click the "Search" button, a pop-up will be displayed showing matching records for the Recipient ID.

New Lead				
				Indicates field is required
General Information	Search/Enter Recipient Info Recipient Info 1			
Recipient Information	Recipient ID *	Relationship To Policy Holder *	SSN	
Policy Holder Information	Q.	-Select-		
Policy Information	Date of Birth *	Last Name *	First Name *	
Employer Information	Gender	Ardrage 1	Addrass 2	
Submit Type				
	City	State	zip	
		*		
	+ Add Recipient Info			
				Back Next

Recipient ID: This field allows 13-digit numeric characters only.

The user can then select the appropriate record from the list and all corresponding fields on the Recipient information tab will be populated accordingly.

vell	TPL Porta	I Home Page)										- Louisiana
	Search b	y Recipient I	D									:	×
1													licates
											Reset	Search	
	SSN	Recipient ID	DOB	Last Name	First Name	Gender	Address 1	Address 2	City	State	Zip	Select	
				-								Se	lect
	tems per page:	5 👻									1 - 1 of 1		⇒1
													c k)

The User will then select the appropriate option from the "Relationship To Policy Holder" dropdown list. Options available are Self, Spouse, Child, and Unknown.

New Lead			
			* Indicates field is required
General Information	Search/Enter Recipient Info Recipient Info 1		
Recipient Information	Recipient ID *	Relationship To Policy Holder *	SSN
Policy Holder Information	٩	SELF -	
I I I I I I I I I I I I I I I I I I I	Date of Birth *	-Select-	First Name *
Policy Information		SELF 🗸	
Employer Information	Gender	SPOUSE	Address 2
Submit Type	· · ·		
	City	CHILD	Zip
		UNKNOWN	
	+ Add Recipient Info		
			Back Next

Users can add more information on one or more Recipients by clicking the "+ Add Recipient Info" button. The user can only add one "Self" and one "Spouse" Recipient, while multiple "Child" or "Unknown" Recipient relationships are permitted. Each Recipient record will have a unique Recipient ID.

Search/Enter Recipient Info		
Recipient Info 1		
Recipient ID *	Relationship To Policy Holder *	SSN
٩		
Date of Birth *	Last Name *	First Name *
Gender	Address 1	Address 2
City	State	Zip
	-Select-	
+ Add Recipient Info		
		Back Next

Policy Holder Information Tab: Click on the "Same As Recipient (Will only apply when Recipient Relationship = SELF)" link to retrieve the recipient under Self as a Policy holder. If not, users are required to manually enter all the details associated with the Policy holder.

SSN: This field allows 9-digit numeric characters only.

Last Name: This field allows 20 alphanumeric characters only.

First Name: This field allows 20 alphanumeric characters only.

<u>Address 1:</u> This field accepts up to 40 alphanumeric characters and allows the use of the following symbols .,-'/\#

<u>Address 2:</u> This field accepts up to 40 alphanumeric characters and allows the use of the following symbols .,-'/\#

<u>City:</u> This field accepts up to 40 alphanumeric characters.

<u>Zip:</u> This field accepts up to 10 digit numeric characters and allows the use of the symbol dash(-).

Ne	ew Lead				
		Search/Enter Policy Holder Info			* Indicates field is required
	General Information	Same As Recipient (Will only apply when Recipient Relationship	= SELF)		
	Recipient Information	SSN	Date of Birth		Last Name *
	Policy Holder Information				
		First Name *	Gender		Address 1
	Policy Information		1000000	-	
	Employer Information	Address 2	City		State
	Submit Type		ALC: NO. CONT.		· · · · · · · · · · · · · · · · · · ·
		Zip			
		(inclusion)			
					Back Next

Policy Information Tab: Users can search for a valid LDH Carrier ID by clicking the "Search Carrier Info" button.

If the policy is related to a Carrier that is not listed in the LDH Active Carrier listing, then users need to submit a new carrier add request thru Carrier Management component of the TPL Portal. Only after that Carrier has been added to the LDH Active Carrier listing, corresponding policy for that Carrier can be submitted thru the New Lead Panel.

			* Indicates field is required
General Information	Search/Enter Carrier Info		
	Carrier Code *	Office Code	Carrier Name *
Recipient Information			
O Policy Holder Information	Carrier Code Format *	Address 1	Address 2
Policy Information	Client *		
Employer Information	City	State	zip
Submit Type		-Select- *	
0	Phone		
			Search Carrier Info
		Group # Coverage type *	
	Enter Policy Info		
	Policy # *	Group #	Coverage Type *
			-Select- v
	Policy Span		
	Effective Date *	Term Date	HIPP Effective Date
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
	HIPP Term Date		
	MM/DD/YYYY		
	Notes		
	Comments		
		1	
			Back Next

In the "Search by Carrier Info" pop-up, user can search by entering the Carrier Code, selecting an option from the "Carrier Code Format" dropdown list, or searching by "Office Code" or "Carrier Name.". The "Reset" button will clear all values entered in the fields.

New Le	ad										
	Search by Car	rier Info								×	
	Carrier Code			Office Code			Carri	er Name			
ϕ											
0	Carrier Code Format										
	Client			×							
00								Rosot			
	Carrier Code	Carrier Office Code	Client Carrier Code	Name	Address1	Address2	City	State	Zip	Select	
										Select	
	100									Select	
				the second second						Select	
										Select	
										Select	
	Items per page: 5	*							1-5 of 8	48 10 10 3 31	
	reme par page:								1.200		

Once the user selects a Carrier, the values in the "Carrier Info" section will be filled in, and all fields will be made inactive/un-editable except for the "Carrier Code" and "Carrier Name" fields.

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() Home	New Lead								
Q. Lead Tracker								t Indicates fir	del la seguire d
+ New Lead	General Informati	ion	Search/Enter Carrier Info					indicated in	
Reverification	Recipient Informa	ation	Carrier Code *		Office Code		Carrier Name *		
	O Policy Holder Info	ormation	Carrier Code Format *		Address 1		Address 2		
	Policy Information	tion		*					
	Employer Informe	stion	City		State		zip		
	Submit Type				N	-	08057-0000		
			Phone					Frank Car	las lata
								audren eun	
			Enter Policy Info						
			Policy # *		Group #		Coverage Type *		
							-Select-		
			Policy Span						
			Effective Date *		Term Date		HIPP Effective Date		
			MM/DD/YYYY	Ē	MM/DD/YYYY	-	MM/DD/YYYY		Ē
			HIPP Term Date						
			MM/DD/YYYY	Ē					
			Notes						
			Comments						
						·			
								Back	Next

In the "Policy Info" section, the user can provide the following details: "Policy Number," "Group Number," "Coverage Type," and the respective dates in the "Policy Span" section, including "Effective Date," "Term Date," "HIPP Effective Date" and "HIPP Term Date," and "Comments" in "Notes" section.

Carrier Code: This field accepts up to 10 alphanumeric characters.

Carrier Name: This field accepts up to 40 alphanumeric characters.

Policy#: This field accepts up to 20 alphanumeric characters.

<u>Group#</u>: This field accepts up to 20 alphanumeric characters.

Note:

- 1. "Effective Date" and "Coverage Type" fields are mandatory and must be completed.
- 2. The "Effective Date" must not be later than the "Term Date," and the same rule applies to the "HIPP Effective Date" and "HIPP Term Date."

Enter Policy Info				
Policy # *	Group #		Coverage Type *	
			-Select-	•
Policy Span				
Effective Date *	Term Date		HIPP Effective Date	
MM/DD/YYYY	MM/DD/YYYY	Ē	MM/DD/YYYY	
HIPP Term Date				
MM/DD/YYYY				
Notes				
Comments				
		4		
				Back Noxt

Employer Information Tab: The "Employer Information" section includes the following fields: "Name," "Address 1," "Address 2," "City," "State," "Zip," "Contact First Name," and "Contact Last Name". While this section is optional, if any fields other than "Name" is entered, the "Name" field becomes mandatory and must be completed to avoid an error.

Name: This field accepts up to 40 alphanumeric characters.

Address1: This field accepts up to 40 alphanumeric characters.

Address2: This field accepts up to 40 alphanumeric characters.

<u>City:</u> This field accepts up to 40 alphanumeric characters.

<u>Zip:</u> This field accepts up to 10 alphanumeric characters.

<u>Contact First Name:</u> This field accepts up to 20 alphanumeric characters.

Contact Last Name: This field accepts up to 20 alphanumeric characters.

New L	.ead				
					* Indicates field is required
	General Information	Search/Enter Employer Info (Optional)			
• T		Name	Address 1	Address 2	
Ç	Recipient Information	٩	Construction of the Constr		
¢) Policy Holder Information	This field is required City	State	Zip	
	Policy Information		· · · · · · · · · · · · · · · · · · ·		
	Employer Information	Contact First Name	Contact Last Name		
Ć	Submit Type Fill Mandatory Fields				
					Back Next

User can search for an employer name by clicking the "magnifying" icon in the Name field. A popup will display the search results, allowing users to select the desired record from the list. If employer is not found, the users can manually enter all details associated with the Employer in this section

Search Emp	loyer by Name					×
Name						
						Reset Search
Name	Address1	Address2	City	State	Zip	Select
100		-				Select
Items per page: 5	•					1-1of1 < < > >

Submit Type Tab: The "Submit Type" dropdown list is mandatory and offers two options: "Save as Draft" and "Complete."

<u>Save as Draft</u>: Selecting this option from the dropdown will allows users to save the entered information without validation.

<u>Complete</u>: Selecting this option from the dropdown will allow the users to submit the Lead but will prompt an error message if any required fields are missing.

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🛆 Home	New Lead		
Q Lead Tracker			Indicates field is required
+ New Lead	General Information	Submit Type	
Reverification	Recipient Information	Submit Type -Select-	
	Policy Holder Information	This field is required	
	Policy Information		
	Employer Information		
	Submit Type		
		Back	Reset All Submit

5.4 Lead Tracker

Clicking on the Lead Tracker Option will redirect the users to the Lead Tracker Panel. The Lead Tracker panel allows users to view the status of all New Lead and/or Reverification requests that the users have submitted within a year. Users can track their submitted leads using Form ID, Submitted Date, Recipient ID, Recipient SSN, or Lead Status.

Form ID: This is an autogenerated ID field created at the time a user submits a new lead or reverification requests. This field is 20 digits in length and is alphanumeric.

Recipient ID: This field allows 13-digit numeric characters only.

<u>Recipient SSN</u>: This field allows 9-digit numeric characters only.

<u>Lead Status</u>: This field is a dropdown list with the following options for the lead status Save as Draft, In Progress, Completed.

<u>Submitted Date From</u>: This field is editable, yet by default displays a date 30 days prior to the current date and is numeric.

<u>Submitted Date To:</u> This field is editable, yet by default displays shows the current date and is numeric.

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🛆 Home	Lead Tracker					
Q Lead Tracker	Search					
+ New Lead	Form ID	Submitted Date From	Submitted Date To	Lead Status		
Reverification		10/13/2024	11/13/2024	-Select-	Ŧ	
	Recipient ID	Recipient SSN				
			Search Clear			
		(-				
			\square			
		No Record S	earched Yet!			
		© 2024 Gainwell.	All rights reserved.			

Search using Form ID

The user may enter a Form ID into the search field. After entering the Form ID, click the "Search" button to retrieve the corresponding record. As each Form ID is unique, the search will return a single record that matches the entered ID. The search will use all search attributes so users may need to change the default 'Submitted Dates' range as applicable.

Lead Tracker									
Search									
Form ID	Submitted Date From		Submitted Date To	•		Lead Status			
301KCHAP2086529980	10/13/2024	Ē	11/13/2024			-Select-			*
Recipient ID	Recipient SSN								
			Search	Clear					
							Expand All (Collapse All	,↓,
Form	Insured	Policy Holder		Carrier		Policy		Action	
Form ID Date & Time Received	First Name Last Name	First Name	Last Name	Carrier Code	Name	Group#	Policy#	: ~	
Items per page: 10 👻							1	-1 of 1 <	

Search using Recipient ID

Enter a Recipient ID (13-digit numeric value) in the "Recipient ID" field and click the "Search" button. The search will display all records that matches the selection criteria. The search will use all search attributes so users may need to change the default 'Submitted Dates' range as applicable.

orm ID		Submitted Date	From		Submitted Dat	te To		Lead Status			
		10/13/2024		Ē	11/13/2024		Ċ				
- delete to		Destates 601									
ecipient ID		Recipient SSN			Sagrah	Close					
					search	Clear					
									Expand All	Collapse	All
									Expand All	Collapse	All
Form		Insured		Policy Holder		Carrier		Policy	Expand All	Collapse A	All
form Torm ID	Date & Time Received	Insured First Name	Last Name	Policy Holder First Name	Last Name	Carrier Carrier Code	Name	Policy Group#	Expand All Policy#	Collapse	All
Form Form ID	Date & Time Received	Insured First Name	Last Name	Policy Holder First Name	Last Name	Carrier Carrier Code	Name	Policy Group#	Expand All Policy#	Collapse	All
Form ID	Date & Time Received	Insured First Name	Last Name	Policy Holder First Name	Last Name	Carrier Carrier Code	Name	Policy Group#	Expand All Policy#	Collapse / Action : ~	All
Form ID	Date & Time Received Date & Time Received	Insured First Name First Name	Last Name Last Name	Policy Holder First Name First Name	Last Name Last Name	Carrier Carrier Code	Name Name	Policy Group# Group#	Expand All Policy# Policy#	Collapse Action	All
Form ID Form ID	Date & Time Received Date & Time Received Date & Time Received	Insured First Name First Name	Last Name Last Name	Policy Holder First Name First Name	Last Name Last Name	Carrier Carrier Code Carrier Code Carrier Code	Name Name Name	Policy Group# Group#	Expand All Policy# Policy# Policy#	Collapse Action	All

Search using Recipient SSN

Enter a Recipient SSN (9-digit numeric value) in the "Recipient SSN" field and click the "Search" button. The search will display all records that matches the selection criteria. The search will use all search attributes so users may need to change the default 'Submitted Dates' range as applicable.

Search										
orm ID		Submitted Date	From		Submitted Dat	еТо		Lead Status		
		10/13/2024		Ē	11/13/2024		Ē			
ecipient ID		Recipient SSN			Search	Clear				
form		Insured		Policy Holder		Carrier		Policy	Expand Al	II Collapse All Action
Form Form ID	Date & Time Received	Insured First Name	Last Name	Policy Holder First Name	Last Name	Carrier Carrier Code	Name	Policy Group#	Expand Al Policy#	II Collapse All Action : ~

Search using Submitted Dates

Enter the Submitted To and From Dates or use default date range shown when navigating to the Lead Tracker screen. Users can click on calendar icon to pick or modify the dates in both the "Submitted Date From" and "Submitted Date To" fields.

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🛆 Home	Lead Tracker			
Q Lead Tracker	Search			
+ New Lead	Form ID	Submitted Date From	Submitted Date To	Lead Status
Reverification		10/13/2024	11/13/2024	·
	Recipient ID	NOV 2024 - C > 10 Mo Tu Wa Tu F 50 NOV 1 2 1 1 2 1 1 2 3 4 5 0 7 8 9 10 1 2 3 4 5 0 7 8 9 10 12 3 4 5 0 7 8 9 3 4 5 0 7 8 9 3 4 5 0 7 2 2 3 4 5 0 3 4	Searched Yet!	

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	Lead Tracker										
Tracker	Search										
rad	Form ID		Submitted Date Fro	m		Submitted Date T	9		Lead Status		
cation			10/13/2024			11/13/2024			-Select-		
	Recipient ID		Recipient SSN								
						Search	Clear				
											mentally Colleges at
											ipand All 1 Collapse A
	Form		Insured		Policy Holder		Carrier		Policy		Action
	Form ID	Date & Time Received 10-16-2024 12:49	First Nome	Lost Nome	First Name	Lost Nome	Carrier Code	Nome	Group#	Policy#	: ~
	Form ID	Date & Time Received	First Nome	Lost Nome	First Name	Lost Nome	Carrier Code	Nome	Group#	Policy#	•
	and the second s	10-16-2024 18:24			_		_		_		· •
	Form ID	Date & Time Received 10-16-2024 18:44	First Nome	Last Name	First Name	Last Nome	Carrier Code	Name	Group#	Policy#	: ×
	Form ID	Date & Time Received	First Name	Last Name	First Name	Last Name	Carrier Code	Name	Group#	Policy#	
	5	10-17-2024 10:23									• •
	Form ID	Date & Time Received 10-17-2024 10:36	First Norme	Last Name	First Name	Last Nome	Carrier Code	Nome	Group#	Policy#	÷ ~
	Form ID	Date & Time Received	First Nome	Last Name	First Name	Last Name	Carrier Code	Name	Group#	Policy#	: ~
		10-21-2024 09:04	_	_	_			_			• •
	Form ID	10-21-2024 09:04	First Nome	Lost Nome	Pirst Nome	Lost Nome	Corner Code	Nome	Group#	Policy#	: ~
	Form ID	Date & Time Received	First Nome	Last Name	First Name	Last Nome	Carrier Code	Name	Group#	Policy#	: v
	5	10-23-2024 13:48	Cost Marrie	i est bienes	Cost Manua	Last Manage	Carries Cards	News	Converte .	On Tarrett	
	Pointio	10-24-2024 10:29	P I S ROTH	Cast Partie	PIPS PAIR	CONTRACTOR	CurrerCode	Nume	Groupw	POILVYM	: ×
	Form ID	Date & Time Received	First Name	Last Name	First Name	Last Name	Carrier Code	Name	Group#	Policy#	1 ×
	0	10-24-2024 14:12									
	Items per page: 10 v										1 - 10 of 13
					@ 2024 Gain	vell. All rights reserved.					

Click the "Search" button and the search will display all records that matches the selection criteria.

Search using Lead Status

Select the "Lead Status" drop-down and select the appropriate option and click the "Search" button. The search will display all records that matches the selection criteria. The search will use all search attributes so users may need to change the default 'Submitted Dates' range as applicable.

The Lead Status Drop down allows users to select the lead category. Options are:

- Save as Draft will retrieve New Leads that the user has saved as a draft.
- In Progress will retrieve submitted New Leads and/or Reverification requests that are in Staged or Loaded status
- **Complete** will retrieve submitted New Leads that are in Duplicate or Verified status and Reverification requests that are in Verified Status.
 - a. A New lead in Duplicate status indicates that the verification process for this new lead request has not been done as another lead already exist in the system with the same information.

<u>Clear</u>: The "Clear" button resets all values and selections made by the user, and if applicable, search results will also be cleared.

form ID		Submitted Date	From		Submitted Date	To		Lead Statue		
301KCHAP208652998	0	10/13/2024		Ē	11/13/2024		÷	-Select-		
	-									
ecipient ID		Recipient SSN			Fograh	Class				
					search	Clear				
									Expand All	Collapse Al
									Expand All	Collapse Al
Form	_	Insured	_	Policy Holder	_	Carrier		Policy	Expand All	Collapse Al
Form ID	Date & Time Received	Insured First Name	Last Name	Policy Holder First Name	Last Name	Carrier Carrier Code	Name	Policy Group#	Expand All Policy#	Collapse Al
Form Form ID 301KCHAP2086529980	Date & Time Received	Insured First Name	Last Name	Policy Holder First Name	Last Name	Carrier Carrier Code	Name	Policy Group#	Expand All Policy#	Collapse Al
Form ID SOTIKCHAP2086529980 Status I Type	Date & Time Received	Insured First Name	Last Name	Policy Holder First Name	Last Name	Carrier Carrier Code	Name	Policy Group#	Expand All Policy#	Collapse Al
Form ID 301KCHAP2086529980 Status Type STAGED REVERIFY	Date & Time Received Source Type	Insured First Name DOB	Last Name SSN	Policy Holder First Name DOB	Last Name SSN	Carrier Carrier Code Street	Name City	Policy Group# Begin Date	Expand All Policy# End Date	Collapse Al
Form Form ID 301KCHAP2086529980 Status Type StaceD_REVERIFY Comment	Date & Time Received Source Type	Insured First Name DOB Relationship	Last Name SSN Recipient ID	Policy Holder First Name DOB	Last Name SSN	Carrier Carrier Code Street	Name City Zip	Policy Group# Begin Date	Expand All Policy# End Date	Collapse Al
Form ID 301KCHAP2086529980 Status Type STACED REVERIPY Comment	Date & Time Received Source Type	Insured First Name DOB Relationship	Last Name SSN Recipient ID	Policy Holder First Name DOB	Last Name SSN	Carrier Carrier Code Street State	Name City Zip	Policy Group# Begin Date	Expand All Policy# End Date	Collapse A
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Expand All: Clicking on 'Expand All' will allow the user to view all details of the Lead Tracker results.

Collapse All: Clicking on "Collapse All" will hide most details allowing the user to view the summary page.

Download: Clicking on the 'Download' button will give user the option to download the Lead Tracker details in Microsoft Excel format.

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Q Lead Tracker	Search							
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	Form ID Date & Time Received	First Name Last Name	First Name	Last Name	Carrier Code Name	Group#	Policy#	Excel
	Items per page: 10 👻						١	-1of1 < >

If no records match the values entered or selected by the user, the page will display the message "No Record Found! Search again..."

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🖒 Home	Lead Tracker					
 Lead Tracker + New Lead Reverification 	© Search Form 10 Recipient 10	Submitted Date From 10/13/2024 Recipient SSN	Submitted Date To 11/13/2024	Lead Status		-
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Lead Status as **SAVE AS DRAFT:** To view or edit Leads saved as a draft, users can select "Save as Draft" option from the "Lead Status" dropdown list.

Lead Tracker							
Search Form ID	Submitted Date From		Submitted Date To		Lead Status		
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Form ID Date & Time Received	First Name Last Name	First Name	Last Name	Carrier Code Name	Group#	Policy#	: ×
Items per page: 10 💌							1-1of1 < >

When viewing the search results that are in "Save as Draft" status and with the Type as "New Lead, users can "View" or "Edit" the New Lead by clicking on the "View" or "Edit" in the Action column.

orm		Insured		Policy Holder		Carrier		Policy		Action
orm ID itatus Type SAVE AS DRAFT NEW LEAD	Date & Time Received Source Type	First Name DOB	Last Name SSN	First Name DOB	Last Name SSN	Carrier Code Street	Name City	Group# Begin Date	Policy# End Date	i ^ View
Comment		Relationship	Recipient ID			State Phone#	Zip			Edit

If the user clicks on the "View" link, the Lead information will be displayed in read-only mode, and no edits will be allowed.

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🖒 Home	Edit Or View Lead				
Q Lead Tracker				* Indicates field is	required
+ New Lead	General Information	Verifier	Form ID	Received Date	
	Concrar mitorimation	User	301KCHAP8253127334	2024-10-24 10:29:25	Ē
Reverification	Recipient Information	Source Type *	Request Type *	Verification Lead *	
	Policy Holder Information	WEB 👻	ADD -	General TPL Update	-
	Policy Information	Parish *	User Tracking ID#		
	Employer Information	ACADIA			
	Submit Type				
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If the user clicks on the "Edit" link, the user will be able to add and/or modify the Lead details and either save it as a draft or submit it once any updates are complete.

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🛆 Home	Edit Or View Lead		
Q Lead Tracker			* Indicates field is required
+ New Lead	General Information	Submit Type	
Reverification	Recipient Information	Submit Type	
	Policy Holder Informat	ion -Select-	
	Policy Information	SAVE AS DRAFT	
	Employer Information	COMPLETE	
	Submit Type		
			Back Submit
			© 2024 Gainwell. All rights reserved.

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Lead Status as **In Progress:** To view the Leads with a status either "Staged" or "Loaded", select "In Progress" from the "Lead Status" dropdown list. "Staged" status indicates that the request has been move to the Verification Services queue, and "Loaded" indicates that the request has been sent to the Carrier.

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orm ID	Date & Time Received	First Name	Last Name	First Name	Last Name	Carrier Code	Name	Group#	Policy#	: .
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Comment										

When viewing the search results that are in "Staged" or "Loaded" status and with the Type as "New Lead", users can view the New Lead details by selecting the "View" link from the "Action" column. Please be advised that users will not be allowed to edit the details of the new lead that are under the "Staged" or "Loaded" status.

Lead Tracker Saarch Submitted Date From Submitted Date To Lead Status 10/19/2024 11/19/2024 11/19/2024 11/19/2024 11/19/2024 Recipient ID Recipient SSN Search Clear Expand All Collapse All L Form ID Date & Time Received First Name Last Name Form ID Date & Time Received First Name Last Name Carrier Policy # Form ID Date & Time Received First Name Last Name Carrier Code Name Group# Policy# Image: All policy# Form ID Date & Time Received First Name Last Name Carrier Code Name Group# Policy# Image: All	/ell TPL Portal Home Page							TPR - Louisian	na 👻 🛛 🖁
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Phone#	Submitted By				Phone#				

When viewing the search results that are in "Staged" or "Loaded" status and with the Type as "Reverify", the user can select "Request & Response" from the "Action" column.

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Search										
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Form		Insured		Policy Holder		Carrier		Policy		Action
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Status Type	Source Type	DOB	SSN	DOB	SSN	Street	City	Begin Date	End Date	
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Status Type STAGED NEW LEAD Comment	Source Type	DOB Relationship	SSN Recipient ID	DOB	SSN	Street	City Zip	Begin Date	End Date	
Status Type STAGED NEW LEAD Comment Submitted By	Source Type	DOB Relationship	SSN Recipient ID	DOB	SSN	Street	City Zip	Begin Date	End Date	
Status Type STAGED NEW LEAD Comment Submitted By	Source Type	DOB Relationship	SSN Recipient ID	DOB	SSN	Street State Phone#	City Zip	Begin Date	End Date	
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Request & Response pop-up screen shows the user the details of the record that they submitted the Reverification Request for, and that the Reverification is in progress.

Form ID	Date & Time Received	First Name	Last Name	First Name	Last Name	Carrier Code	Name	Group#	Policy#	: ^
Status Type	Source Type	DOB	SSN	DOB	SSN	Street	City	Begin Date	End Date	
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Status Type	Source Type	DOB	SSN	DOB	SSN	Street	City	Begin Date	End Date	
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Submitted By						Phone#				

Lead Status as **COMPLETE**: If the Lead is in the "Verified" status and the Type is "New Lead," users can view the New Lead details by selecting the "View" link from the "Action" column.

orm		Insured		Policy Holder		Carrier		Policy		Action
orm ID	Date & Time Received	First Name	Last Name	First Name	Last Name	Carrier Code	Name	Group#	Policy#	I ^
itatus Type	Source Type	DOB	SSN	DOB	SSN	Street	City	Begin Date	End Date	View
comment		Relationship	Recipient ID			State	Zip			
						Phone#				

When viewing the search results that are in "Verified" status and with the Type as "Reverify", the user can select "Request & Response" from the "Action" column.

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Request & Response pop-up screen shows the user the details of the record before and after the Reverification Request was completed.

