

**STATE OF MISSOURI**

**OFFICE OF ADMINISTRATION**  
**INFORMATION TECHNOLOGY SERVICES**  
**DIVISION**



**MISSOURI DEPARTMENT OF COMMERCE**  
**AND INSURANCE**

*Third Party Administrator (TPA) Web Portal*

**USER'S GUIDE**

19 December 2019

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|                         |             |                   |                                      |

## INTRODUCTION TO THE THIRD PARTY ADMINISTRATOR (TPA) WEB PORTAL

### TPA Web Portal User Sign In

#### Portal Sign In Screen

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The screenshot shows the DCI (Missouri Department of Commerce & Insurance) Third Party Administrator sign-in interface. At the top left is the DCI logo and name. Below it is a navigation bar with links for Home, Create Account, Forgot Password, Contact, and Help. The main sign-in area is titled 'Sign in' and contains a form with fields for Username and Password, a 'Remember Me?' checkbox, and a 'Sign in' button. At the bottom, there is a 'Connect With Us' section with social media icons for Facebook, Twitter, YouTube, and LinkedIn. Below the social media icons are the names and titles of the Governor (Michael L. Parson) and Director (Chlora Lindley-Myers), along with a Missouri state logo and links for Privacy Policy and Accessibility.

#### MENU BAR

- ❖ SIGN IN – MOVE TO SIGN IN SCREEN
- ❖ CREATE ACCOUNT - CREATE AN ACCOUNT
- ❖ FORGOT PASSWORD – CONTACT TO SEND A PASSWORD RECOVERY TOKEN (USING USERNAME)
- ❖ CONTACT – TPA ADMINISTRATION (SEE CONTACT SECTION)
- ❖ HELP – DISPLAYS THE TPA USER'S GUIDE

#### User Sign In Screen

- ❖ SELECT NEW ACCOUNT REGISTRATION IF ONE HAS NOT BEEN ESTABLISHED
- ❖ ENTER USER NAME AND PASSWORD

TPA Web Portal User Registration

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Create account

Username:

Email:

Password:

Confirmation Password:

Third Party Administrator Name:

Company is a Pharmacy Benefits Manager:

Contact First Name:

Contact Last Name:

Contact Title:

Contact Phone Number:

Contact Information

Contact is foreign address:

Contact Address:

Contact Address 2:

Contact City:

Contact State:

Contact Zip Code:

Address information is the same:

Record Keeping Location

Record Keeping Location is foreign address:

Address:

Address 2:

City:

State:

Zip Code:

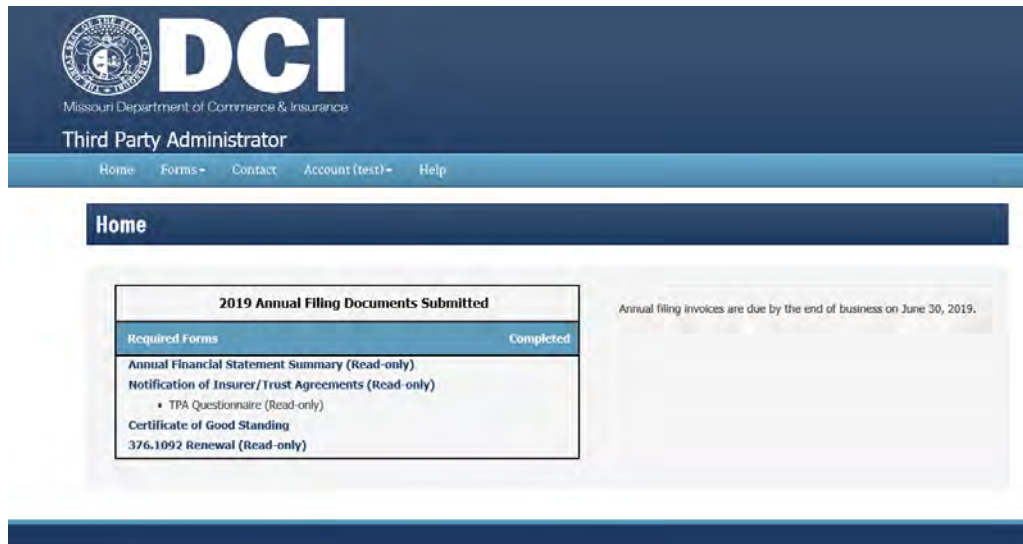
## WEB USER REGISTRATION

- ❖ USERNAME - ACCOUNT USERNAME (UNIQUE)
- ❖ EMAIL - ACCOUNT EMAIL ADDRESS
- ❖ PASSWORD - NEEDS TO COMPLY WITH PASSWORD RULES (1 UPPER CASE, 1 LOWER CASE, 1 NUMBER OR SPECIAL CHARACTER, AND 8 CHARACTERS IN LENGTH)
- ❖ CONFIRMATION PASSWORD - CONFIRMS THAT PASSWORD MATCHES
- ❖ COMPANY NAME - SELECTABLE COMPANY NAME (UNIQUE)
- ❖ COMPANY IS A PHARMACY BENEFITS MANAGER - DENOTES IF ACCOUNT COMPANY IS A PHAMACY BENEFITTS MANAGER
- ❖ CONTACT FIRST NAME - CONTACT PERSON'S FIRST NAME
- ❖ CONTACT LAST NAME - CONTACT PERSON'S LAST NAME
- ❖ CONTACT TITLE - CONTACT PERSON'S TITLE
- ❖ CONTACT PHONE - CONTACT PHONE NUMBER
- ❖ CONTACT PHONE EXT - CONTACT PHONE EXTENSION
- ❖ CONTACT IS FOREIGN ADDRESS - DENOTES IF CONTACT ADDRESS IS A FOREIGN ADDRESS
- ❖ CONTACT ADDRESS - CONTACT ADDRESS
- ❖ CONTACT ADDRESS 2 - CONTACT ADDRESS (SECOND LINE, IF NEEDED)
- ❖ CONTACT CITY - CONTACT CITY (PROVINCE/REGION IF FOREIGN)
- ❖ CONTACT STATE - CONTACT STATE (COUNTRY IF FOREIGN)
- ❖ CONTACT ZIP CODE - CONTACT ZIP (POSTAL CODE IF FOREIGN)
- ❖ ADDRESS INFORMATION IS THE SAME - DUPLICATES CONTACT INFORMATION TO RECORD KEEPING INFORMATION
- ❖ RECORD KEEPING LOCATION IS FOREIGN ADDRESS - DENOTES IF PHYSICAL RECORDS ARE MAINTAINED IN A FOREIGN LOCATION
- ❖ RECORD KEEPING LOCATION ADDRESS - RECORD KEEPING ADDRESS
- ❖ RECORD KEEPING LOCATION ADDRESS 2 - RECORD KEEPING ADDRESS (SECOND LINE, IF NEEDED)
- ❖ RECORD KEEPING LOCATION CITY - RECORD KEEPING CITY (PROVINCE/REGION IF FOREIGN)
- ❖ RECORD KEEPING LOCATION STATE - RECORD KEEPING STATE (COUNTRY IF FOREIGN)
- ❖ RECORD KEEPING LOCATION ZIP - RECORD KEEPING ZIP CODE (POSTAL CODE IF FOREIGN)

## TPA Web Portal User Dashboard

### User Dashboard Screen

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### MENU BAR

- ❖ HOME – TAKES YOU TO HOME DASHBOARD SCREEN
- ❖ FORMS - SELECT FORMS TO SUBMIT AND ACCESS THE DOCUMENT UPLOAD
- ❖ ACCOUNT – UPDATE ACCOUNT SETTINGS OR SIGN OUT
- ❖ HELP – DISPLAYS THE TPA USER'S GUIDE

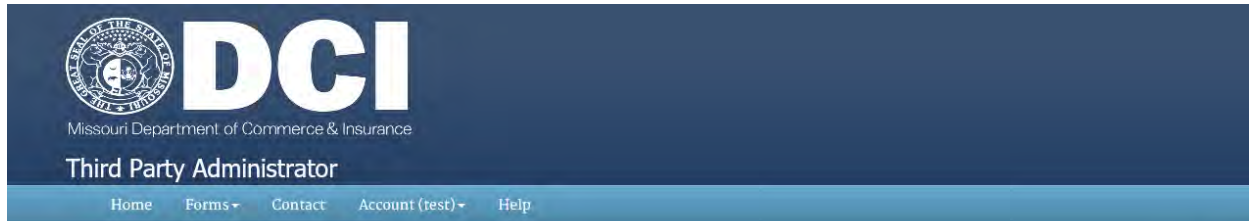
### SUBMITTED DOCUMENTS

- ❖ FORM NAMES ACT AS LINK TO FORMS
- ❖ CHECK MARKS WILL IDENTIFY FORMS THAT HAVE BEEN SUBMITTED

## TPA Web Portal Annual Statement Summary

### Annual Statement Summary Screen

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### Annual Financial Statement Summary (Read-only)

ANNUAL FINANCIAL STATEMENT SUMMARY MUST BE SUBMITTED BY MARCH 1st.

This annual financial summary is submitted as of:

#### Please Provide the Following Information

|  |    |                      |
|--|----|----------------------|
| Assets:  | \$ | <input type="text"/> |
| Liabilities:   | \$ | <input type="text"/> |
| Equity:  | \$ | <input type="text"/> |
| Accounts Receivable:<br>(Excluding<br>Intercompany<br>Receivables) | \$ | <input type="text"/> |
| Net Income:  | \$ | <input type="text"/> |

### Completion of Annual Financial Statement Summary

- ❖ ALL FIELDS MUST BE COMPLETED TO BE SUBMITTED
- ❖ EACH AMOUNT FIELD ALLOWS UP TO 15 DIGITS TO BE ENTERED
- ❖ FIELDS ARE LIMITED TO WHOLE DOLLAR AMOUNTS ONLY
- ❖ ALL NEGATIVE AMOUNTS ARE DISPLAYED IN RED AND WITH PARENTHESIS
- ❖ FORMATTING IS APPLIED AFTER AMOUNTS ARE ENTERED
- ❖ PHARMACY BENEFITS MESSAGE IS BASED UPON THE ACCOUNT REGISTRATION SCREEN



## TPA Web Portal Quarterly Statement Summary

### Quarterly Statement Summary Screen

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#### Quarterly Financial Statement Summary

This site has recently undergone significant changes. Consult the user guides in the dropdown above.

COMPANY IS A PHARMACY BENEFITS MANAGER.

1st Quarter  financial summary is submitted as of: 10/09/2015

**Please Provide the Following Information**

|  |                         |
|--|-------------------------|
| Assets:  | \$ <input type="text"/> |
| Liabilities:   | \$ <input type="text"/> |
| Equity:  | \$ <input type="text"/> |
| Accounts Receivable:<br>(Excluding<br>Intercompany<br>Receivables) | \$ <input type="text"/> |
| Net Income:  | \$ <input type="text"/> |

### Completion of Quarterly Financial Statement Summary

- ❖ ALL FIELDS MUST BE COMPLETED TO BE SUBMITTED
- ❖ EACH AMOUNT FIELD ALLOWS UP TO 15 DIGITS TO BE ENTERED
- ❖ FIELDS ARE LIMITED TO WHOLE DOLLAR AMOUNTS ONLY
- ❖ ALL NEGATIVE AMOUNTS ARE DISPLAYED IN RED AND WITH PARENTHESIS
- ❖ FORMATTING IS APPLIED AFTER AMOUNTS ARE ENTERED
- ❖ PHARMACY BENEFITS MESSAGE IS BASED UPON THE ACCOUNT REGISTRATION SCREEN

## TPA Web Portal Insurer/Trust Agreements

### Insurer/Trust Agreements Screen

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**DCI**  
Missouri Department of Commerce & Insurance  
Third Party Administrator

Home Forms - Contact Account (test)- Help

#### Notification of Insurer/Trust Agreements (Read-only)

**Instructions:**

1. THIS FORM MUST BE SUBMITTED WITH THE FINANCIAL STATEMENT TO THE DEPARTMENT OF COMMERCE AND INSURANCE ON OR BEFORE MARCH 1.
2. A \$250.00 FILING FEE MUST BE SUBMITTED WITH THIS NOTIFICATION.

INVOICE NUMBER OF FILING FEE PAYMENT

I do not have an insurer/trust agreement:

|  | NAME OF INSURER/TRUST | LOCATION |           |      | HOW IS INSURER OR TRUST INSURED | DETAILS |
|--|-----------------------|----------|-----------|------|---------------------------------|---------|
|  | Insurer Name          | Address  | Address 2 | City | Zip Code                        |         |

Add Row Delete Row(s)

SAVE SUBMIT

### Completion of the Insurer/Trust Agreements Form

- ❖ A VALID PAID INVOICE MUST BE ENTERED FOR FORM TO BE SUBMITTED
- ❖ ONCE ENTRIES HAVE BEEN MADE IN A ROW, ALL FIELDS HAVE TO BE COMPLETED
- ❖ TO DELETE A ROW
  1. SELECT THE CHECKBOX IN THE FAR LEFT COLUMN
  2. SELECT THE DELETE ROW BUTTON
- ❖ THE GREEN CHECK ICON WILL APPEAR UNDER THE DETAILS COLUMN, ONCE THE QUESTIONNAIRE PAGE(S) (FOR THE INSURER OR TRUST LISTED IN THE ROW) HAS BEEN COMPLETED AND SAVED.
- ❖ ALL FIELDS IN A ROW (EXCEPT FOR THE SECOND ADDRESS FIELD) MUST BE COMPLETED BEFORE THE FORM CAN BE SAVED
- ❖ FORM CAN ONLY BE SUBMITTED ONCE THE FOLLOWING ARE COMPLETE
  1. VALID PAID INVOICE NUMBER IS ENTERED
  2. ALL ROWS SHOW THE GREEN CHECK ICON, UNDER THE DETAILS COLUMN
  3. THE FORM HAS BEEN SAVED

## TPA Web Portal Questionnaire

### Questionnaire Screen

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Insurer/Trust Name: Test Trust

No Details:

|                          | ENTITY NAMES      | CITY        | STATE                               | TYPE OF ENTITY           | SERVICES PROVIDED   | RESIDENTS | ERISA                    |
|--------------------------|-------------------|-------------|-------------------------------------|--------------------------|---|-----------|--------------------------|
| <input type="checkbox"/> | Names of Entities | Entity City | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ADMINISTRATIVE SERVICES<br>CLAIMS ADMINISTRATION<br>CLAIMS PROCESSING | MO Resid  | <input type="checkbox"/> |

Add Row Delete Row(s)

SAVE RETURN

### ENTERING ENTITY DETAILS

- ❖ SELECTION OF “NO DETAILS” WILL SATISFY ALL RULES ON PAGE.
- ❖ ONLY ONE “TYPE OF ENTITY” CAN BE SELECTED.
- ❖ USING THE CTRL KEY ALLOWS THE SELECTION OF MULTIPLE “SERVICES PROVIDED”.
- ❖ TO DELETE A ROW
  1. SELECT THE CHECKBOX IN THE FAR LEFT COLUMN
  2. SELECT THE DELETE ROW BUTTON
- ❖ ALL FIELDS IN A ROW (EXCEPT FOR THE ERISA FIELD) MUST BE COMPLETED BEFORE THE FORM CAN BE SAVED
- ❖ ONCE ENTRIES HAVE BEEN MADE IN A ROW, ALL FIELDS HAVE TO BE COMPLETED

## TPA Web Portal TPA 376.1092 Renewal

### TPA 376.1092 Renewal Screen

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**DCI**  
Missouri Department of Commerce & Insurance  
Third Party Administrator

Home Forms - Contact Account (test) - Help

### 376.1092 Renewal (Read-only)

Under Section 376.1092.4 RSMo, the directory may refuse to issue a certificate of authority if the director determines that the administrator or any individual responsible for the conduct of affairs of the administrator has violated any of the following causes outlined in the statute. Please read the following very carefully and answer every question. If the answer to any of the below is "yes" please provide a full explanation and certified documents where applicable. Explanatory statements may be attached to the form.

All written statements submitted by the administrator must include an original signature. Please note that failure to disclose information relevant to this section may constitute cause for refusal to register the administrator or cause for discipline against the administrator's registration.

To your knowledge, has the administrator or any individual responsible for the conduct of affairs of the administrator:

| Questions   | Attach Further Explanation            |
|---|---------------------------------------|
| 1. Had an insurance or an administrator license denied or revoked for cause by any state?<br><input type="radio"/> YES <input type="radio"/> NO <b>If yes, provide an explanation:</b>  | <input type="button" value="Browse"/> |
| 2. Been subject to any form of criminal action by any federal or state court or agency resulting in some form of discipline or sanction?<br><input type="radio"/> YES <input type="radio"/> NO <b>If yes, provide an explanation:</b>       | <input type="button" value="Browse"/> |
| 3. Been subject to any form of civil action by any federal or state court or agency resulting in some form of discipline or sanction?<br><input type="radio"/> YES <input type="radio"/> NO <b>If yes, provide an explanation:</b>          | <input type="button" value="Browse"/> |
| 4. Been subject to any form of administrative action by any federal or state court or agency resulting in some form of discipline or sanction?<br><input type="radio"/> YES <input type="radio"/> NO <b>If yes, provide an explanation:</b> | <input type="button" value="Browse"/> |

By submission of the form the administrator understands and agrees to the following provisions:

In accordance with 376.1092.3 RSMo, the administrator understands it shall make available for inspection by the director copies of all contracts with insurers or other persons using the services of the administrator.

In accordance with 376.1092.5 RSMo, the administrator understands the certificate of authority is renewable annually. Furthermore, it is the administrator's responsibility to maintain their registration with the Department.

In accordance with 376.1092.6 RSMo, the administrator understands it shall immediately notify the director of any material change in its ownership, control, or other fact or circumstance affecting its qualification for a certificate of authority in this state.

### COMPLETION OF THE 376.1092 RENEWAL FORM

- ❖ EACH QUESTION MUST BE ANSWERED
- ❖ IF "YES" IS ANSWERED:
  - .1. THE "IF YES, PROVIDE AN EXPLANATION" COMMENT FIELD APPEARS FOR THAT QUESTION
  - .2. THE "BROWSE" BUTTON WILL UNLOCK, FOR NAVIGATION TO THE .PDF DOCUMENT THAT WILL SUPPORT THE "YES" ANSWER
    - .2.1. MULTIPLE FILES MAY BE SELECTED FOR SUPPORT OF THE "YES" ANSWER.

## TPA Web Portal Document Upload

### Document Upload Screen

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The screenshot shows the DCI (Missouri Department of Commerce & Insurance) Third Party Administrator web portal. The header includes the DCI logo and navigation links: Home, Forms, Contact, Account (test), and Help. The main content area is titled "Document Upload (Read-only)". It features a "Select the document you wish to upload" dropdown menu with options: Annual Financial Statement, Quarterly Financial Statement, Attested Signatures (if financial statements are unaudited), Certificate of Good Standing from MO Secretary of State's office, Notification/Trust Insurer, TPA Questionnaire, 376.1092, and Other. Below the dropdown is a note: "(files must be in .pdf format and no larger than 15Mb.)" and an "Upload" button. To the right, there is a section for "Updated or New Biographies" which states they must be physically mailed. Two mailing options are provided: Overnight (301 West High Street, Room 530, Jefferson City, MO 65102) and Standard Mail (PO Box 690, Jefferson City, MO 65102-0690).

### USING THE DOCUMENT UPLOAD SCREEN

- ❖ USE THE "BROWSE" FOR NAVIGATION TO THE .PDF DOCUMENT
- ❖ SELECT THE DOCUMENT TYPE, WHICH MOST CLOSELY DESCRIBES THE DOCUMENT BEING UPLOADED
- ❖ DOCUMENTS MUST BE IN THE .PDF FORMAT AND CANNOT EXCEED 15 MB
- ❖ DOCUMENTS THAT CONTAIN PERSONALLY IDENTIFIABLE INFORMATION (PII), SUCH AS BIOGRAPHIES, MUST BE PHYSICALLY MAILED

## Contact

### Contact TPA Administration

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#### Contact

Use Account Information

**First Name:**

**Last Name:**

**Email:**

**Phone Number:**

**Comments:**  
Any additional comments or questions? Let us know.

1000 characters remaining

#### USER CONTACT SELECTION

- ❖ ENTER CONTACT INFORMATION OR SELECT THE “USE ACCOUNT INFORMATION” BOX
- ❖ ADD COMMENTS (UP TO 1000 CHARACTERS) AND SELCT “SUBMIT”