

STATE OF MISSOURI
OFFICE OF ADMINISTRATION
INFORMATION TECHNOLOGY SERVICES
DIVISION



DEPARTMENT OF INSURANCE
FINANCIAL INSTITUTIONS AND
PROFESSIONAL REGISTRATION

Third Party Administrator (TPA) Web Portal

USER'S GUIDE

1 January 2016

TABLE OF CONTENTS

Introduction to the Third Party Administrator (TPA) Web Portal	4
TPA Web Portal User Sign In	4
Portal Sign In Screen	4
User Sign In Screen.....	4
TPA Web Portal User Registration	5
WEB USER REGISTRATION	6
TPA Web Portal User Dashboard.....	7
User Dashboard Screen	7
SUBMITTED DOCUMENTS	7
TPA Web Portal Annual Statement Summary.....	8
Annual Statement Summary Screen.....	8
Completion of Annual Financial Statement Summary	8
TPA Web Portal Quarterly Statement Summary	9
Quarterly Statement Summary Screen.....	9
Completion of Quarterly Financial Statement Summary.....	9
TPA Web Portal Insurer/Trust Agreements.....	10
Insurer/Trust Agreements Screen.....	10
Completion of the Insurer/Trust Agreements Form.....	10
TPA Web Portal Questionnaire	11
Questionnaire Screen	11
ENTERING ENTITY DETAILS	11
TPA Web Portal TPA 376.1092 Renewal.....	12
TPA 376.1092 Renewal Screen.....	12
COMPLETION OF THE 376.1092 RENEWAL FORM	12
TPA Web Portal Document Upload	13
Document Upload Screen.....	13
USING THE DOCUMENT UPLOAD SCREEN	13
Contact	14
Contact TPA Administration.....	14
USER CONTACT SELECTION	14

Revision History			
Date(*)	Ver.	Author	Status – Description
1/1/2016	1	Steven Tackett	Initial version.

Introduction to the Third Party Administrator (TPA) Web Portal

TPA Web Portal User Sign In

Portal Sign In Screen

[TOC](#)


The screenshot shows the DIFP (Department of Insurance, Financial Institutions & Professional Registration) Third Party Administrator sign-in interface. At the top, the DIFP logo and name are displayed. Below the logo is a navigation bar with links for 'Sign in', 'Create account', 'Forgot password', 'Contact', and 'User Guide'. The main sign-in area features a 'Sign in' header, followed by input fields for 'Email or Username' and 'Password'. A 'Remember Me?' checkbox and a 'Sign in' button are also present. At the bottom of the page, there is a 'Connect With Us' section with social media icons for Facebook, Twitter, YouTube, and LinkedIn, along with a home icon. The footer includes the names of Governor Jeremiah (Jay) Nixon and Director John M. Huff, the MO.GOV logo, and links for 'Privacy Policy', 'Accessibility', 'Contact Us', 'Website Feedback Form', and 'Site Map'.

User Sign In Screen

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

TPA Web Portal User Registration

[TOC](#)



Department of Insurance,
Financial Institutions &
Professional Registration


Third Party Administrator

[Sign in](#) [Create account](#) [Forgot password](#) [Contact](#) [User Guide](#)

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: Ext

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
- ❖ IS PHARMACY BENEFITS MANAGER - DENOTES IF ACCOUNT COMPANY IS A PHARMACY BENEFITS MANAGER
- ❖ QTR RPT - DENOTES IF ACCOUNT COMPANY IS CURRENTLY ON QUARTERLY REPORTING
- ❖ COMPANY NAME - SELECTABLE COMPANY NAME (UNIQUE)
- ❖ 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
- ❖ IS CONTACT FOREIGN - 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)
- ❖ IS RECORD KEEPING LOCATION FOREIGN - 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

[TOC](#)

DIFP Department of Insurance,
Financial Institutions &
Professional Registration

Third Party Administrator

Home Forms Contact Account

Home

2015 Annual Filing Documents Submitted	
Required Forms	Completed
Annual Financial Statement Summary (Readonly)	✔
Notification of Insurer/Trust Agreements (Readonly)	
• TPA Questionnaire (Readonly)	
Certificate of Good Standing	
Quarterly Financial Statement Summary (First Quarter)	
Quarterly Financial Statement Summary (Second Quarter)	
Quarterly Financial Statement Summary (Third Quarter)	
Quarterly Financial Statement Summary (Fourth Quarter)	
376.1092 Renewal (Readonly)	✔

The portal will be down for maintenance on July 20th
Annual filing invoices are due by the end of business on June 30, 2015.

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

[TOC](#)

DIFP Department of Insurance, Financial Institutions & Professional Registration
Third Party Administrator

MO.gov Governor Jeremiah (Jay) Nixon Find an Agency Online Services Search

Home Forms Account ()

Annual Financial Summary

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

COMPANY IS A PHARMACY BENEFITS.

This annual financial summary is submitted as of: 02/02/2001

Please Provide the Following Information

Assets:	\$ (23,453)
Liabilities:	\$ 1,515
Equity:	\$ 55
Accounts Receivable: (Excluding Intercompany Receivables)	\$ (999,999,999,999,999)
Net Income:	\$ 56

Submit

Message from webpage
Amount rounded to nearest whole dollar.
OK

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

[TOC](#)

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: (Excluding Intercompany 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

[TOC](#)

Instructions:

1. THIS FORM MUST BE SUBMITTED WITH THE FINANCIAL STATEMENT TO THE DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION 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
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	LICENSED COMPANY <input type="text"/>	Details

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

[TOC](#)

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 type="checkbox"/>	<input type="checkbox"/>	ADMINISTRATIVE SERVICES CLAIMS ADMINISTRATION CLAIMS PROCESSING	MO Resid	<input type="checkbox"/>

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

[TOC](#)

376.1092 Renewal

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? <input type="radio"/> YES <input type="radio"/> NO If yes, provide an explanation:	<input type="text"/> 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? <input type="radio"/> YES <input type="radio"/> NO If yes, provide an explanation:	<input type="text"/> 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? <input type="radio"/> YES <input type="radio"/> NO If yes, provide an explanation:	<input type="text"/> 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? <input type="radio"/> YES <input type="radio"/> NO If yes, provide an explanation:	<input type="text"/> 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.

SUBMIT

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

[TOC](#)

Document Upload

Select the document you wish to upload

Browse...

This document is of the following type:

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

Other

(Files must be in .pdf format and no larger than 15Mb.)

Updated or New Biographies **must** be physically mailed:

Overnight -
301 West High Street, Room 530
Jefferson City, MO 65102

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

[TOC](#)

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”