TPL THIRD PARTY REFERRAL (TPR) PORTAL

OVERVIEW

1. Third Party Referral (TPR) Process

   - Current State

   - Future State

2. Timeline & Access

3. E-Validate Portal Steps

   - Update/Term an existing policy

   - Add a new policy to be verified

TPR PROCESS CURRENT & FUTURE

Current: When new or updated policy information is identified, Providers can:

- Submit to HMS TPR team via:
  - Phone: (877) 204-1324 (Available M-F, 8am to 5pm)
  - Fax: (877) 204-1325
  - Email: latpr@gainwelltechnologies.com
- New or updated policy information is reflected in LMMIS within 5 business days
- When Providers email or fax our team, they complete and provide the attached form. This will remain in place for Providers who want to email or fax. Recipient_Insurance_Update.pdf (lamedicaid.com)
- Emergency or escalated requests are submitted directly to HMS via call/email/fax utilizing the above form (there is a spot for the them to indicate the urgency) as well as being submitted to the TPL Mailbox in instances where the Provider feels the submission needs attention from LDH.

Future: When new or updated policy information is identified, in addition to current state steps, Providers can:

- Login to E-Validate Portal to:
  - Search for existing policy and submit update
  - Submit new policy to be verified
  - Search on history submitted by registered user
  - Obtain results of previously submitted updates
- New or updated policy information is reflected in LMMIS within 5 business days
- When Providers email or fax our team, they complete and provide the attached form. This will remain in place for Providers who want to email or fax. Recipient_Insurance_Update.pdf (lamedicaid.com)
- Emergency or escalated requests are submitted directly to HMS via call/email/fax utilizing the above form (there is a spot for the them to indicate the urgency) as well as being submitted to the TPL Mailbox in instances where the Provider feels the submission needs attention from LDH.

PILOT PHASE TIMELINE & ACCESS

Timeline
➤ Estimated Pilot Start Date 8/1/23
➤ Pilot phase will be one quarter
➤ E-Validate link will be provided to pilot group

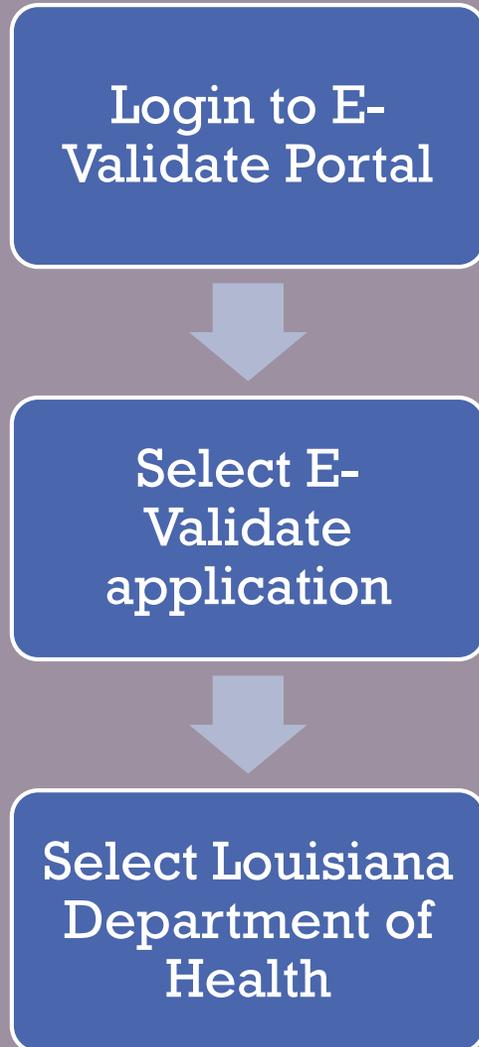| Access |
|---|
| **How to request access**
    ➤ Pilot group will be asked to send information to a credentialing email address
        ➤ Include your first name, last name, email, phone number & Provider NPI |
| **Access granted**
    ➤ Allow for 5 business days for username credentials and temporary password to be created
    ➤ Provider will receive an email with their credentials |

E-VALIDATE PROCESS
LOGGING IN

Login to E-Validate Portal

↓

Select E-Validate application

↓

Select Louisiana Department of Health

Welcome to the HMS eCenter

▸ Login Information

User Name:

Password:

Login

E-VALIDATE PROCESS
SEARCHING FOR A MEMBER

| Enter the Medicaid ID in the Member Number/MA # field and click OK | → | Search Results will display any verified policies for that member |

| Today is: | 06/20/2023 | You are: | Caroline Landrum | At: | RE-VERF-AR (330) | As: | HMS |

▶ Reverification Review Search Parameter

Member Number/MA #:

Click Ok to Search or Cancel to discard changes ->   **Ok**   **Cancel**

Enter Provider Info

| Provider MA# : | | Contact Name : | | Contact Phone : | |
| Provider Email : | | Provider Fax# : | | Prescription# : | |

E-VALIDATE PROCESS
REVERIFICATION

| Choose from the Reverify Comment the reason for the reverification request | → | Click Reverify | → | When verification is complete, email notification is sent to the registered user |

Carrier Code/ Carrier Name/ Policy Type	Group Number/ Policy Number/ BIN Number/ PCN Number	Verify Dt/ Policy St.Dt/ Policy End Dt	Recipient: Last Name/ First Name/ SSN/ DOB	PolicyHolder: Last Name/ First Name/ SSN/ DOB	Reverify Comment	Report Date/ Reverify Submission Date	Form Id	
80705	00167441	11/04/2009			Suspect the Policy is Termed	11/09/2009	REQUEST1234	
GREAT WEST	1004AAAAAAA	02/01/2007				04/05/2010		
PPO		ACTIVE						Reverify
			06/23/1986	06/23/1986				

E-VALIDATE PROCESS
NEW POLICIES

| If policy is not found when searching by Medicaid ID, a new policy can be submitted by clicking the linked prompt | → | Provider must enter all required data elements such as FN, LN, Medicaid ID and DOB as well as policyholder information, if applicable | → | Enter Insurance Carrier information and click Save | → | Policy is routed to HMS team for verification and results are emailed to the registered user |

▸ Reverification Review Search Parameter

Member Number/MA #:

`1234`

Click Ok to Search or Cancel to discard changes ->   Ok   Cancel

Enter Provider Info

| Provider MA# : | | Contact Name : | | Contact Phone : | |
| Provider Email : | | Provider Fax# : | | Prescription# : | |

▸ Reverifications Search Results

Your search returned no results. Please modify your search criteria and try again.

There is no Commercial Insurance segment for this person. Please click here to Enter policy information to be verified

Thank you

Contact
Email: latpr@gainwelltechnologies.com
Phone: (877) 204-1324
Fax: (877) 204-1325
Portal Access:tpraccessla@gainwelltechnologies.com