

# **Third Party Liability Web Portal Table of Contents**

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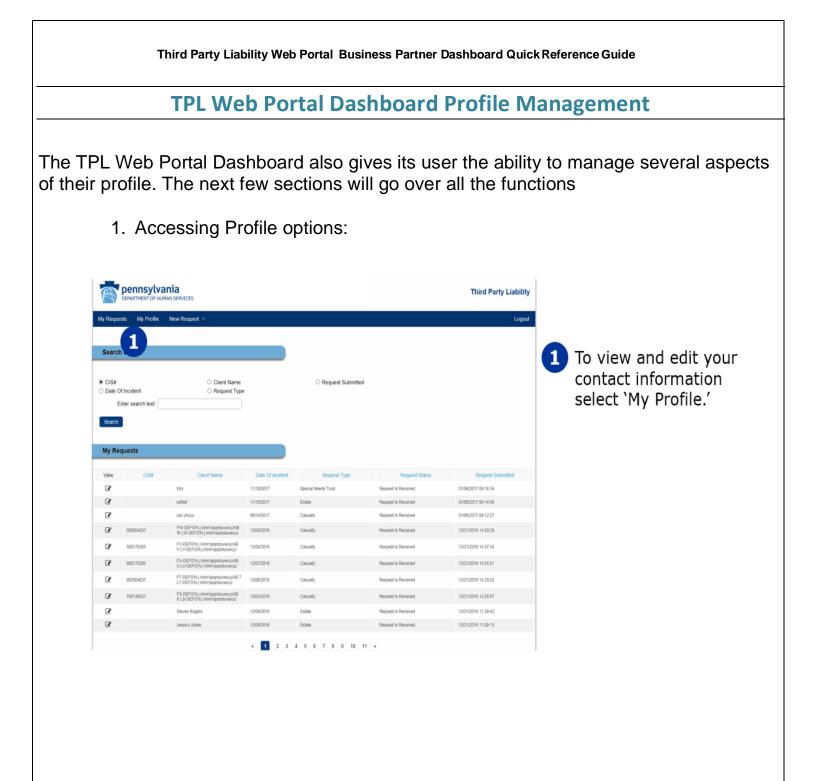
### Introduction to the TPL Web Portal Dashboard

After registering for an account (covered in the TPL Web Portal Registration User Guide) you will be provided a user ID. This user ID will be used to log into the TPL Web Portal Dashboard. The TPL Web Portal Dashboard (Dashboard for short) will be your single point of access to submit and review requests.

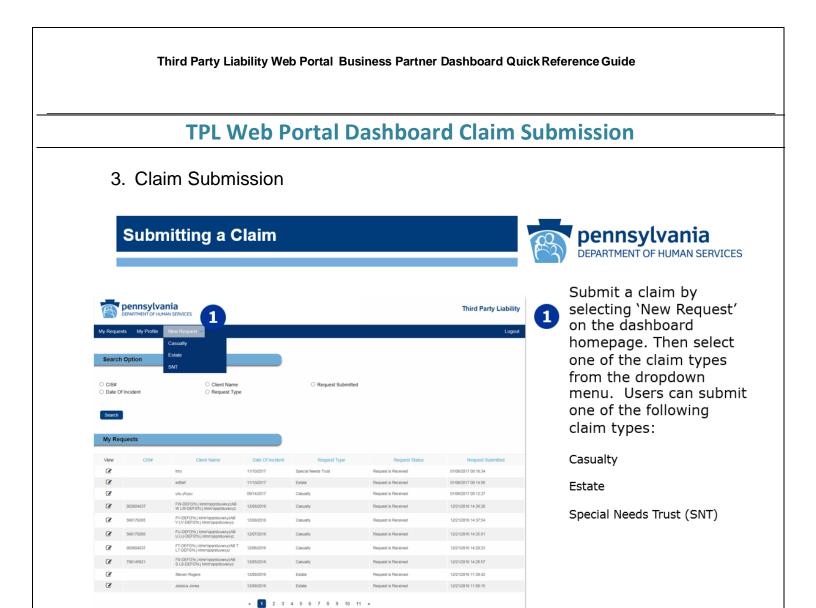
- **\*\*** You receive an email when correspondence is available on your dashboard.
- **\*\*** You can view the current status of a request on your dashboard.

Below is a screen shot of the "Start Page" you will be directed to once you sign into your new Dashboard.

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Third Party Liability Web Portal Business Partner Dashboard Quick Reference Guide					
TPL Web Portal Dashboard Profile Management					
2. Managing your Profile:					
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My Profile First Name.* TestSAT - Compliance Middle Initiat: Z	Address Line 1:* [test-addr1	can be edited if desired.			
Nidale Initial:         2           Last Name:         \$PIDOMHFOBQ           Phone:         4598527435           Fax:         0997654321           Email:         Test@rest.com	Address 2: apt 101 City:* [tbg State:* PA  Zip:* 17110 - 1234 Update/Sub	If any updates are made, select 'Update/Submit' to save changes.			
		save changes.			



4. Submitting a Claim

For Casualty See Appendix A

For Estate See Appendix B

For Special Needs Trust See Appendix C

\*\* Only one claim should be submitted for each DOI. If you need an update, status, or have additional information on case, you will need to upload documents to existing request.

#### Third Party Liability Web Portal Business Partner Dashboard Quick Reference Guide **TPL Web Portal Dashboard Viewing a Submitted Claim** 5. Viewing a Submitted Claim 🛒 pennsylvania Third Party Liability My Profile Search Option 1 When on the dashboard homepage the details of CIS# Date Of Incident O Request Submitted Client Name Request Type a claim can be displayed Enter search text: by selecting the icon in Search the 'View' column on the My Requests desired claim's line. Date Of In Request Requ Special Needs Trust 11/10/2017 Request is Received 01/06/2017 09:16:34 2 11/10/2017 Estate quest is Received 01/06/2017 09:14:56 8 09/14/2017 Casualty equest is Received 01/06/2017 09:12:27 Ø FW-DEFG'hi j kimn'opgr W LW-DEFG'hi j kimn'op 12/21/2016 14:39:28 12/08/2016 Casualty Request is Received Ø 560179265 PV-DEFG'hi j kimn'opgrstuvwi; V LV-DEFG'hi j kimn'opgrstuvw 12/21/2016 14:37:54 12/08/2016 Casualty est is Received 8 560179265 FU-DEFG'hi j kimn'oparstuvexyzAB U LU-DEFG'hi j kimn'oparstuvexyz 12/07/2016 Casualty uest is Received 12/21/2016 14:35:51 ß 002604037 FT-DEFG'hi j kimn'opgrstuvexyzAB T LT-DEFG'hi j kimn'opgrstuvexyz 12/06/2016 12/21/2016 14:29:23 Casualty uest is Received Ø 780145621 FS-DEFG'hi ji kimn'opqrstuvwxyzAB S LS-DEFG'hi ji kimn'opqrstuvwxyz 12/05/2016 Request is Received 12/21/2016 14:26:57 Casualty 8 Estate Request is Received 12/21/2016 11:39:42 12/09/2016 Ø 12/09/2016 Estate 12/21/2016 11:09:15 Request is Received 1 3 4 5 6 7 8 9 6. Updating Case info 4 5 6 7 8 9 10 11 \* 1 Claim Administration 2 Current Owner: TestSAT - Compliance Z sPiDoMHFOBQ Current Delegate: N 2 Once a claim is selected the claim ve Delegate Cancel details are View Claim Infor displayed below. Full Name: Intry Date of Birth; 01/10/2017 CIS/MA ID#: SSN: xxx-2222 Request Type: Special Needs Trust Date Submitted: 1/6/2017 9:16:34 AM File Upload Notes · A maximum of 5 files may be uploaded The maximum file size for uploads is 5MB per file. The following file types may be uploaded: doc, docx, ppt, pptx, pdf, bt, rtf, bmp, gif, jpg, png, and tiff. Claim Docu File Name File Type & Description Upload Progress or Cancel Upload Additional Files Page 7 of 22

#### Third Party Liability Web Portal Business Partner Dashboard Quick Reference Guide **TPL Web Portal Dashboard Updating Claim Ownership** 7. Updating Claim Ownership /2016 11:09:15 « **1** 2 3 4 5 6 7 8 9 10 11 » To change a claim's 1 owner the user must Claim Administrat select the desired Current Owner: TestSAT - Compliance Z sPiDoMH Current Delegate: None claim to view it's • 1 details. Then select Add Delegate 'Change Owner.' View Claim Inf Date of Birth: 01/10/2017 Full Name: Itrty CIS/MA ID#: SSN: xxx-xx-2222 Request Type: Special Needs Trust Date Submitted: 1/6/2017 9:16:34 AM File Upload Notes A maximum of 5 files may be uploaded. The maximum file size for uploads is 5MB per file. The following file types may be uploaded: doc, docx, ppt, pptx, pdf, bt, rtf, bmp, gif, jpg, png, and tiff. Upload Claim Documentation + Add files File Name File Type & Description Upload Progress or Cancel Upload Additional Files 3 4 5 6 7 8 9 10 11 > Next, select one of Claim Administration 2 the available owners Current Owne Current Delegate: None Please Select Owner TestSAT - Compliance Z sPiDoN from the drop-down Change Delegates list. 3 View Claim Informat Once the desired 3 Date of Birth: 01/10/2017 Full Name: trtry owner is chosen, CIS/MA ID#: SSN: xxx-xx-2222 Date Submitted: 1/6/2017 9:16:34 AM select 'Save Owner Request Type: Special Needs Trust Change' to confirm File Upload Notes the change in · A maximum of 5 files may be uploaded The maximum file size for uploads is 5MB per file The following file types may be uploaded: doc, do ownership. ed: doc, docx, ppt, pptx, pdf, txt, rtf, bmp, gif, jpg, png, and tiff. d Claim Docun + Add files File Name File Type & Description Upload Progress or Cancel Upload Additional Files Page 8 of 22

TPL Web Portal Dashboard Updating Claim Ownership						
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## **TPL Web Portal Dashboard Contact Info**

8. Third Party Liability Web Portal Helpdesk Info:

For technical or procedural information relating to the Third Party Liability Web Portal Dashboard or any other TPL Web Portal related issues, please contact:

TPLwebportalhelpdesk@pa.gov

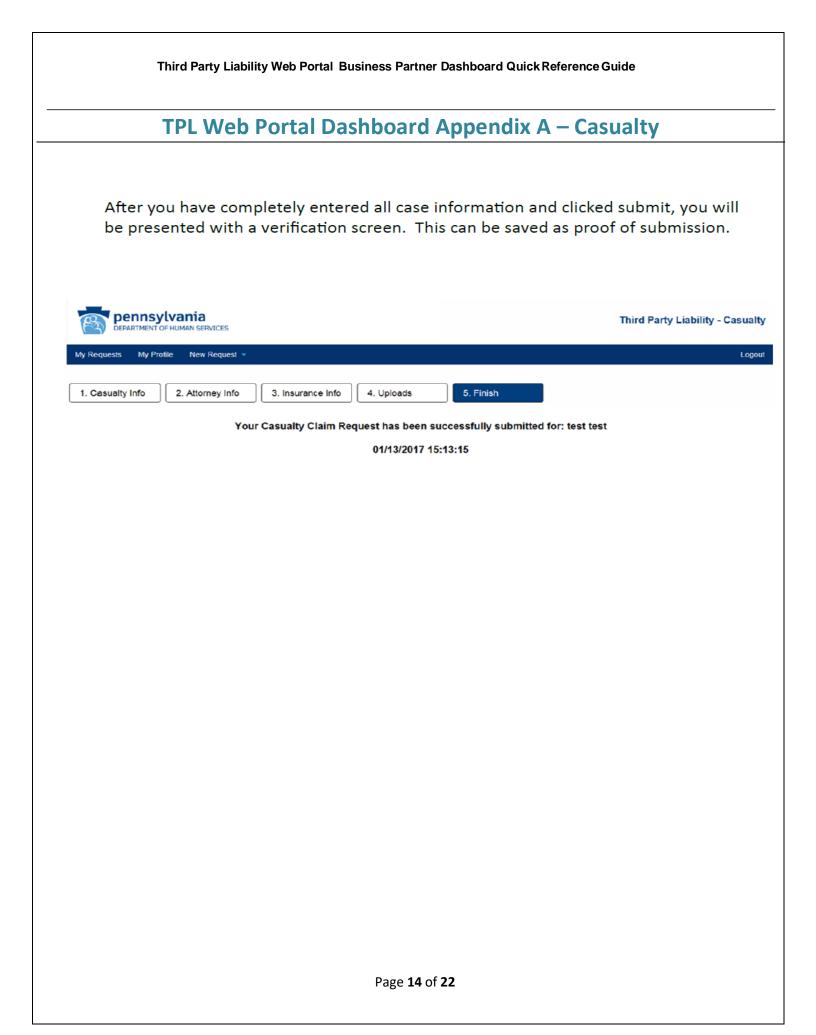
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The next screen will prompt you for attorney and defendant information of the storney representing the client.	
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Pennsylvania Third Party Liability - Casu DEPARTMENT OF HUMAN SERVICES	
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Fax:         0007604321         State.*         PA         Zp.*         17710         -         1234           Email:         testiljtest.com         Docket/Case #:	
Defendant Attorney Information	
Add Defendant Attorney	

Page **11** of **22** 

TPL Web Portal Dashboard Appendix A – Casualty				
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pennsylvania DEPARTMENT OF HUMAN SERVICES		Third Party Liability - Casualty		
My Requests My Profile New Request -		Logout		
1. Casualty Info 2. Attorney Info 3. Ins	urance info 4. Uploads 5. Finish			
Insurance Information				
First Party Insurance Third Party Insurance				
Un-Insured/Under-Insured Motorists(UIM)				
		Previous		
		Previous Next		
		Previous Next		
	ail information you will be ask			
next screen depicts the deta	ail information you will be ask			
next screen depicts the deta rance type is selected.	ail information you will be ask	ed to provide once an		
next screen depicts the deta	ail information you will be ask			
next screen depicts the deta rance type is selected.	ail information you will be ask	ed to provide once an		
next screen depicts the deta rance type is selected.		ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected.		ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected.		ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected. Wr Request My Profile New Request - 1. Casualty Info 2. Attorney Info 3. Insurance		ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected.		ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected. wrecessive My Request My Profile New Request - 1. Casualty Info 2. Attorney Info 3. Insurance Insurance Information Wrecessive Stat Party Insurance Third Party Insurance		ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected.		ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected.	P Info 4. Uploads 5. Finish	ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected.	Address Line 1.*	ed to provide once an Third Party Liability - Casualty Logod		
next screen depicts the deta rance type is selected.	Info 4. Uploads 5. Finish	ed to provide once an Third Party Liability - Casualty		
next screen depicts the deta rance type is selected.	e Info 4. Uploads 5. Finish	ed to provide once an Third Party Liability - Casualty Logod		
Adjuster Name: Prone:	e Info 4. Uploads 5. Finish	ed to provide once an Third Party Liability - Casualty Logod		

	Dashboard Appendix A – Casualty		
On this next screen you will be prompted to upload all applicable documentation or this case.			
	Third Party Liability - Casualty		
My Requests My Profile New Request 👻	Logout		
1. Casualty Info 2. Attorney Info 3. Insurance Info	4. Uploads 5. Finish		
File Upload Notes			
A maximum of 10 files may be uploaded.     The maximum file size for uploads is SMB per file.     The following file types may be uploaded: doc, docx, ppt, pptx, pdf, txt, rtf, bmp	ه, gif, jpg, png, and tiff.		
Upload Casualty Documentation			
+ Add files	_		
File Name	File Type & Description Upload Progress or Cancel		
	Previous Submit		
ou have submitted all application	able documentation you will be prompted		
ou have submitted all applicates any "related" cases.	able documentation you will be prompted		
	able documentation you will be prompted		

Casualty Info 2.4	Attorney Info 3.	Insurance Info	4. Uploads	5. Finish			
	Your Car Cas	ualty Claim Linking	<u>į</u>			ihsmann	
	Doy	ou have another clair	m to link to this claim	from the same hou	sehold?		
					Yes No		
						100	



Third Party Liability Web Portal Business Partner Dashboard Quick Reference Guide					
TPL Web Portal Dashboard Appendix B – Estate					
te case submission: Please note that all required fields have a red indicator next to them. Even if the field is not required, please fill all forms to the best of your knowledg					
pennsylvania       Third Party Liability - Estate Statement of Claim         DEPARTMENT OF HUMAN SERVICES       Third Party Liability - Estate Statement of Claim					
1. Decedent Info     2. Attorney Info     3. Executor Info     4. Asset Info     5. Uploads     6. Finish					
Notice of Intent					
Fully completing and submitting this form constitutes official notice to the department to request a statement of the department's claim (SOC) for Medical Assistance (MA) received by the decedent (see 62 P.S. 1412 et al). Please note that if the department determines that the gross value of the estate assets are subject to estate recovery, a department representation of the department's review will contact you. However, if the department's review					
determines that the estate assets are not subject to estate recovery, you will receive a letter indicating why the department is not pursu					
Full Name.*     Date of Birth.*     Date of Death.*       CISAMA ID# (f known):     SSN.*	-				
Decedent's Last Known Address					
Address Line 1:     City:       Address Line 2:     State: State: *					
Next					
Page <b>15</b> of <b>22</b>					

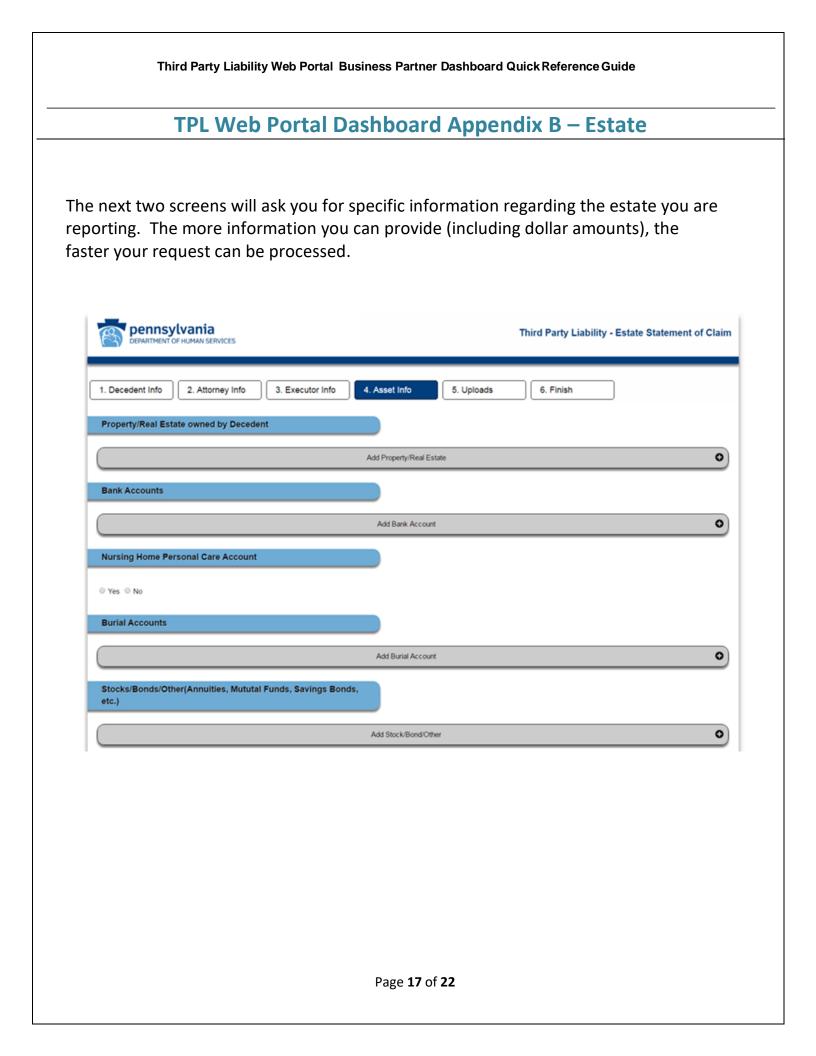
## **TPL Web Portal Dashboard Appendix B – Estate**

This next screen will prompt you for attorney information. This is the attorney representing the client.

DEPARTMENT OF HUMAN SERVICES			Third Party Liability - Estate Statement of Claim
1. Decedent Info 2. Attorney Info	3. Executor Info 4. Asset Info	5. Uploads	6. Finish
Attorney Information			
Name:		Address Line 1:	
Firm:		Address Line 2:	
Phone:		City:	
Fax:		State:	State v Zip: -
Email:		Attorney File #:	
			Previous Next

You will now be asked to provide information about the executor of the estate of the estate being reported. You can add up to 5 executors.

Decedent Info 2. Attorney Info	3. Executor Info 4. Asset In	fo 5. Uploads 6. Finish
ecutor Information		
	Remove t	his Executor
Name:* Relationship:* Phone:		Address Line 1: Address Line 2: City:
Email:		State: State v Zp:
	Add E	ixec utor
		Previous



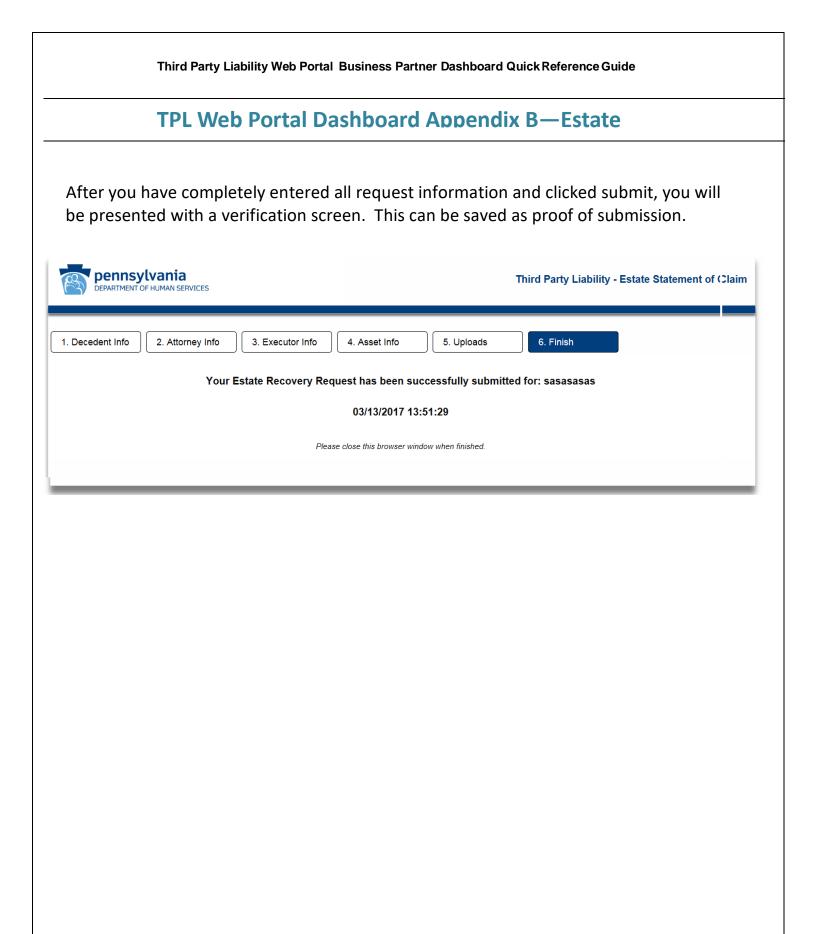
## **TPL Web Portal Dashboard Appendix B – Estate**

Below is a continuation of the previous screen. Please note that you must accept (check) the acknowledgement box to proceed.

Life Insurance Policies		
	Add Life Insurance Policy	
igation Proceeds		
	Add Litigation Proceeds	

Below is the final submission screen. On this screen you will be given the opportunity to provide applicable documentation. Like the previous screens, the more pertinent documentation you provide, the faster your request can be processed.

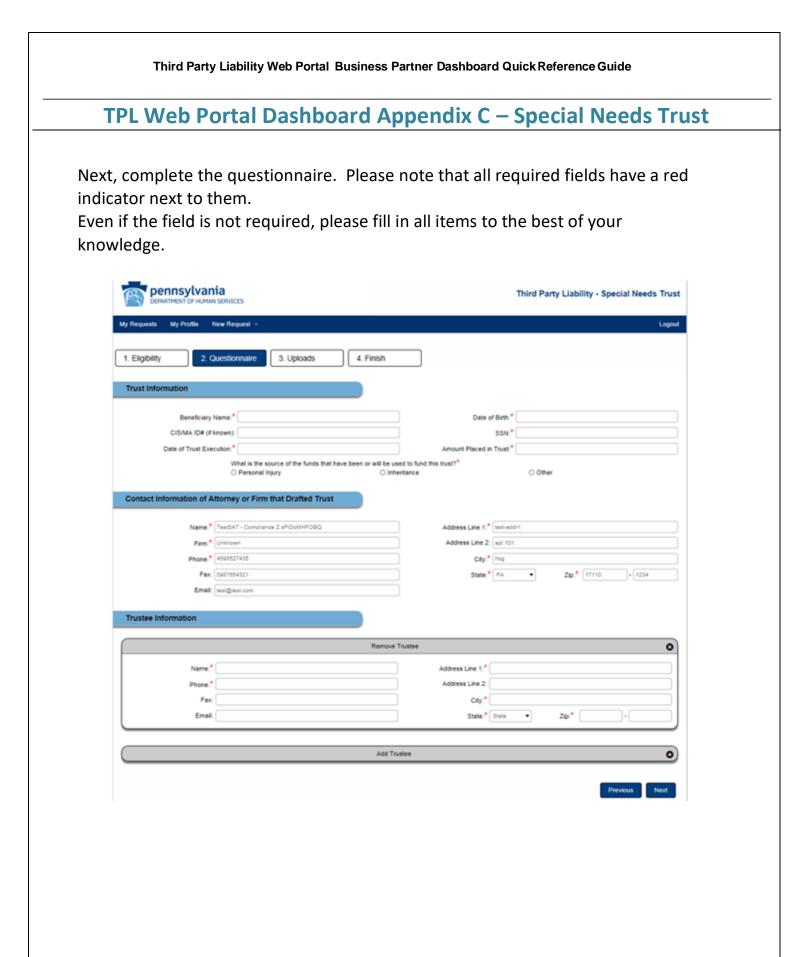
Pennsylvania DEPARTMENT OF HUMAN SERVICES		Third Party Liability - Estate Statement of Clain			
1. Decedent Info 2. Attorney Info 3. Executor Info	4. Asset Info 5. Uploads	6. Finish			
File Upload Notes					
<ul> <li>A maximum of 40 files may be uploaded.</li> <li>The maximum file size for uploads is 5MB per file.</li> <li>The following file types may be uploaded: doc, docx, ppt, pptx, pdf, txt, rtf, bmp, gif, jpg, png, and tiff.</li> </ul>					
Add files     Please Add all Documentation and files prior to clicking	g the submit button				
File Name	File Type & Description	Upload Progress or Cancel			
		Previous Submit			
	Page <b>18</b> of <b>22</b>				



TP	L Web Portal Dash	board Appendix	C – Special Needs Trus
NT subm	nission:		
Please note	e that all required fields	have a red indicator r	next to them.
	•		e best of your knowledge.
-	will be prompted to cho I Injury Attorney' from th		Select 'Trust Attorney' or
	My Requests My Profile New Request +		Logout
TestS	SAT - Compliance Z sPiDoMHFOBQ	A	
	se Select Owner Type Attorney onal injury Attorney		
		Ok	
	Trust Approval		
	Has this trust been approved by the department's Office o	f General Counsel? *	
			Next

Next, select the type of trust and indicate whether the trust has been approved by the Department's Office of General Counsel. Please note: Pooled trusts cannot be submitted via the TPL Web Portal. Please submit via fax, 717-772-6553 or mail to Third Party Liability, Special Needs Trust Depository, PO Box 8486, Harrisburg PA, 17105

DEPARTMENT OF HUMAN SERVICES	Third Party Liability - Special Needs Trust
My Requests My Profile New Request -	Logout
1. Eligibility 2. Questionnaire 3. Uploads 4. Finish	
Trust Type	
Which type of trust is being created? *	
Special Needs Trust (SNT)	
O Pooled Trust	
Trust Approval	
Has this trust been approved by the department's Office of General Counsel? *	
○ Yes ○ No	
	Next
Page <b>20</b> of <b>22</b>	



Third Party Liability Web Portal Business Partner Dashboard Quick Reference Guide				
TPL Web Portal Dashboard Appendix C – Special Needs Trust				
On this next screen you will be prompted this request.	to upload all applicable documentation for			
DEPARTMENT OF HUMAN SERVICES	Third Party Liability - Special Needs Trust			
My Requests My Profile New Request -	Logout			
1. Eligibility 2. Questionnaire 3. Uploads 4. Finish	1			
File Upload Notes				
<ul> <li>A maximum of 5 files may be uploaded.</li> <li>The maximum file size for uploads is 5MB per file.</li> <li>The following file types may be uploaded: doc, docx, ppt, pptx, pdf, txt, rtf, bmp, gif, jpg, pr</li> </ul>	ng, and tiff			
Upload Trust Documentation				
+ Add files				
File Name File Ty	ype & Description Upload Progress or Cancel			
After you have completely entered all request information and clicked submit, you will be presented with a verification screen. This can be saved as proof of submission.				
DEPARTMENT OF HUMAN SERVICES	Third Party Liability - Special Needs Trust			
	Logodi			
1. Eligibility     2. Questionnaire     3. Uploads     4. Finish				
Your Special Needs Trust Claim Request has been successfully submitted for: Steve 01/19/2017 15:01:45				
Pag	e 22 of 22			