pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF LONG TERM LIVING

PPL

New Participant Web Portal Referral Checklist

This reference document outlines key aspects of submitting a new participant referral through the BetterOnline™ Web Portal. The participant and common law employer (CLE) information listed below must be available when entering a new participant into Portal. Failure to populate the necessary participant and CLE information may delay the enrollment process.

Section 1: Participant Demographic Profile

- In the Participant Demographic Information Section, please complete (at a minimum) the key areas below. If you are able to complete the additional demographic fields please do so.
  - MA ID (Medicaid ID)
  - First Name
  - Last Name
  - Both Physical & Mailing Addresses
  - County
  - Social Security Number
  - Date of Birth
  - Phone Number
  - Enrollment Status
  - Current Plan
    - The Current Plan is the plan that the participant is associated to when referred to Public Partnerships LLC (PPL). Choose OLTL if the participant is associated to the Aging, Attendant Care, ACT 150, OBRA, or Independence Waivers. If the participant is associated to the CHC Waiver, please choose the correct Managed Care Organization (MCO) that the participant is associated to.
  - Diagnosis ICD-10 Code
    - Diagnosis codes regularly have a decimal place holder in them (example: A02.9, the problem with that is, the Portal field for diagnosis codes does not accept decimals for these codes. The solutions to this are just drop the decimal and list the numbers in a row – A029).
    - Diagnosis codes vary in length. There are instances where the diagnosis code is still incomplete after removing the decimal point and can be resolved by adding a zero(s) to the end of the last number.
  - Waiver Type.

IMPORTANT NOTE
▪ If a data point has a * (red asterisk) next to it, it means it is required in order to save the profile. In other words, if you do not complete this data field and you submit the profile, you will lose all of your entries and the profile will not save.
▪ If a data question has OPTIONAL next to it, it means that this field is not necessarily needed in order to pay a timesheet for this participant's direct care worker. However, many of these fields are important ways that we contact the participant, so if you have the information please enter it.
▪ If a data question has *nothing* next to it, it means that is required in order to make the participant good to serve. If this data is missing the participant will not be made good to serve.

- Once you have completed the required demographic information, please scroll down to the Common Law Employer section of the participant profile.

Section 2: Common Law Employer

- The Common Law Employer section is EXTREMELY important.
  - This section must be completed even if the participant is serving as their own employer.
  - This section is used by PPL to pre-populate the CLE packet. This means that if information is missing, it will not pre-populate on the packet and it will cause a delay in the enrollment process. In addition, PPL uses the Common Law Employer section for all communications.

- In the Common Law Employer section, the following data questions (at a minimum) must be completed.
  - CLE First Name
  - CLE Last Name
  - Address
  - City
  - State
  - Zip Code
  - Social Security Number
  - CLE Phone Number

- If the Participant is going to serve as the Employer; you may use the copy button to pull the physical address from the participant profile into the Common Law Employer profile.

Section 3: Designated Representative

- The Designated Representative section is for those individuals who are not serving as the legal employer but who plan to assist the participant in the management of their authorizations and direct care workers.
  - If the participant does not plan to use a Designated Representative this section may remain blank. A Designated Representative may be added at a later date, if needed.
  - If a participant does plan to use a Designated Representative, this section must be completed with name, address, phone and relationship.

Section 4: Emergency Contact

- The Emergency Contact information is required. The following data fields must be completed.
  - First Name
  - Last Name
  - Address
  - City
  - State
  - Zip Code
  - Phone number
  - Relationship to Participant
- Please note that PPL customer service will only provide information related to the participant's account to the participant, employer, designated representative, emergency contact, and assigned service coordinator.