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Setup
The Setup section contains setups for statuses, workflows, requirements, download codes and SmartView for Advisor privacy.

To access the Master Setup List, select the Policy/PCM Setup menu item and then select Setup from the expanded list. Note that only Pending Case & Policy Setup Administrator users can access this section of the Master Setup List.

Requirements
Requirements are tasks that need to be fulfilled for a case or policy. These can be automatically populated to a pending case when added. Additional requirements can also be added manually. Requirement guidelines are entered in the Carrier and Product modules. Underwriting, Delivery and Advisor requirements are related to the Pending Case module. POS (Policy Owner Service) requirements are related to the Policy module.

Requirement Search Dialog Box
To Search Requirements, select Requirements from the Master Setup List menu and then select Underwriting to open the Requirement Search dialog box. The Requirement Type changes depend on which Requirement Type is selected from the Master Setup List menu. The Sub-type displays choices depending on the Requirement Type.
• To display a Summary for underwriting requirements, click the **Search** button without entering any search criteria.

• To display a Summary based on specific criteria, enter a specific Agency Code, Sub-type, Description, etc.

**Underwriting Section**

Select the **Requirements** link and then select **Underwriting** to open the Requirement Search dialog box. Click the **Search** button to display a global list of underwriting requirements. Note that only users with a Pending Case license can access this section.

[Table of underwriting requirements]

Click the **Add** button to open the Underwriting Requirements Detail dialog box.

[Underwriting Requirements Detail dialog box]
• If the Priority is set to Alert and a pending case has that requirement, the Case Manager will be warned when changing the case to an active stage if that requirement has not yet been fulfilled. If the Priority is set to Stop and a pending case has that requirement, the Case Manager will not be capable of changing the case to an active stage if that requirement has not yet been fulfilled. If the Priority is left blank then the Case Manager will not receive a warning. See the Relationship Status section for more information on policy stages and statuses.

• The Agency Code is a code defined by the office. The defaults that are used by many agencies are provided with DataXchange. The Agency Code can be unique or the same as the description. The Agency Code can also be the code used by the carrier.

• NAILBA/Accord Code is a standard code provided by NAILBA or Accord. The types of NAILBA/Accord codes are Business Class, Case Mode, Plan Code, Required Of and Requirement.

• The Matching HO Requirements section links the requirement with Carrier specific codes (e.g., CNA Life calls a blood profile BLDPR).

• The External Interface Codes section links the requirement with other codes, including service provider specific codes.

**Delivery Requirement**

Click the **Requirements** link and then select **Delivery** to open the Requirement Search dialog box. Click the **Search** button to display a global list of delivery requirements.
Note that only users with a Pending Case license can access this section.

<table>
<thead>
<tr>
<th>Description</th>
<th>Agency Code</th>
<th>Requirement Sub Type</th>
<th>Linked HO Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>001 test</td>
<td>001</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>028 (MISCELLANEOUS)</td>
<td>028</td>
<td>Amendment</td>
<td></td>
</tr>
<tr>
<td>Money Needed</td>
<td>029</td>
<td>Amendment</td>
<td>029-Money</td>
</tr>
<tr>
<td>228 (Collateral Assignment Form)</td>
<td>228</td>
<td>Amendment</td>
<td>228-MISCELLANEOUS</td>
</tr>
<tr>
<td>Buy/Sel Agreement - copy</td>
<td>Buy/Sell Agreement Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claimant's Statement</td>
<td>Claimant's Statement Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Records Shown: 37  Total Records: 37

Click the **Add** button to open the Delivery Requirements Detail dialog box.

- If the Priority is set to **Alert** and a pending case has that requirement, the Case Manager will be warned when changing the case to an active stage if that requirement has not yet been fulfilled. If the Priority is set to **Stop** and a pending case has that requirement, the Case Manager will not be capable of changing the case to an active stage if that requirement has not yet been fulfilled. If the Priority is left blank then the Case Manager will not receive a warning. See the **Relationship Status** section for more information on policy stages and statuses.
• The Agency Code is a code defined by the office. The defaults that are used by many agencies are provided with DataXchange. The Agency Code can be unique or it can be the same as the description. The Agency Code can also be the code used by the carrier.

• NAILBA/Accord Code is a standard code provided by NAILBA or Accord. The types of NAILBA/Accord codes are Business Class, Case Mode, Plan Code, Required Of and Requirement.

• The Matching HO Requirements section links the requirement with Carrier-specific codes (e.g., CNA Life calls a blood profile BLDPR).

**Advisor Requirement**

Click the **Requirements** link and then select **Advisor** to open the Requirement Search dialog box.

![Requirement Search](image)

Click the **Search** button to display the Advisor Requirement Summary list. Note that only users with a Pending Case license can access this section.

![Advisor Requirement Summary](image)

The requirements that the Advisor has already fulfilled are entered in the Advisor Obtained Requirement Summary section located on the Request/Requirement tab in the Advisor module. SmartOffice will not populate the Advisor requirement to the pending case if the Advisor has already fulfilled the requirement.
Click the **Add** button to open the Advisor Requirement Detail dialog box.

If the Priority is set to **Alert** and a pending case has that requirement, the Case Manager will be warned when changing the case to an active stage if that requirement has not yet been fulfilled. If the Priority is set to **Stop** and a pending case has that requirement, the Case Manager will not be capable of changing the case to an active stage if that requirement has not yet been fulfilled. If the Priority is left blank then the Case Manager will not receive a warning. See the **Relationship Status** section for more information on policy stages and statuses.

The Agency Code is a code defined by the office. The defaults that are used by many agencies are provided with DataXchange. The Agency Code can be unique or it can be the same as the description. The Agency Code can also be the code used by the carrier.

The NAILBA/Accord Code is a standard code provided by NAILBA or Accord. The types of NAILBA/Accord codes are Business Class, Case Mode, Plan Code, Required Of and Requirement.

The Matching HO Requirements section links the requirement with Carrier specific codes (e.g., CNA Life calls a blood profile BLDPR).

### POS (Policy Owner Service) Requirement

Click the **Requirements** link and then select **POS** to display the Requirement Search dialog box.
Click the **Search** button to open the Policy Owner Service Requirements summary.

**Policy Owner Service Requirements**

<table>
<thead>
<tr>
<th>Description</th>
<th>Requirement Sub Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary Change Form</td>
<td>Change</td>
</tr>
<tr>
<td>Attending Physician's Statement</td>
<td>Change</td>
</tr>
</tbody>
</table>

**Records Shown: 2  Total Records: 2**

POS requirements are not automatically populated into the Policy module. They need to be added manually. Note that only users with a Policy license can access this section. Click the **Add** button to open the Policy Owner Service Detail dialog box.

**Policy Owner Service Detail**

**Follow-Up Requirements**

The Follow-Up Requirements section is also located in the Carrier module. The settings in the Master Setup List are the default and the settings in the Carrier module are the exceptions.

**Follow-Up Requirements**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Days</th>
<th>Requirement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underwriting Requirements</td>
<td>7</td>
<td>Paramedical Requirement</td>
</tr>
</tbody>
</table>
When adding underwriting information to a pending case in the PCM module, SmartOffice will use the information in the Follow-Up Requirements section to calculate the follow-up date for a requirement. To add an entry, click the **Add** button to open the Select Requirement Type dialog box.

Click the appropriate hyperlink to select the requirement type and open the Follow-Up list dialog box.

Specify the Follow-Up list information and then click the **OK** button.

### Status Setup

Stage-Status relationships, status exclusions and form letter workflows are configured in the Status Setup section. All statuses must have a corresponding stage.

### Relationship Status

To view the relationships between stages and statuses, click the **Status Setup** hyperlink and then select **Relationship Setup** from the expanded list to open the Policy Stage-Status Mapping Table.
The policy stages are: Informal Application, Proposed, Await Approval, Approved, Underwriting, Issued, Active and Inactive. The Active stage is linked to statuses that are used to process Inforce policies (see the SmartPolicies documentation). The InActive stage is linked to statuses that are used for expired or rejected policies. The Proposed stage is linked to statuses that are used to process a case in pre-underwriting, like a trial case. The Underwriting stage is linked to statuses that are used to process a pending case. The Issued Stage is linked to statuses that are used to process a case before it goes to an active stage, like Delivered. Await Approval and Approved are two additional Underwriting stages. The Informal Application stage is linked to statuses that are used to process a case before it goes to a proposed stage, such as Quote Received. The following statuses are only available for Informal Applications: Closed Declined, Closed Trial and Closed Formalized. The Status-Stage relationships can be modified and added from the Configuration Office.

**Status Exclusion**

Click the Status Setup hyperlink and then select Status Exclusion to open the Policy Status Exclusion list. Any statuses listed here will no longer be available for selection in the Policy and Pending Case modules on an office basis. A status cannot be excluded from the selection list if it is the current status on a case/policy.

<table>
<thead>
<tr>
<th>Policy Status Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Status</td>
</tr>
<tr>
<td>Other Advisor</td>
</tr>
</tbody>
</table>

**Letter Setup**

Click the Status Setup hyperlink and then select Letter Setup to display the Auto Send Letter Summary.

<table>
<thead>
<tr>
<th>Auto Send Letter Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
</tr>
<tr>
<td>Approved</td>
</tr>
<tr>
<td>Delivered</td>
</tr>
<tr>
<td>Approved</td>
</tr>
</tbody>
</table>

Click the Add button to create an auto send letter workflow. In the example below, when a pending case status is changed to Approved the user will be prompted to send an Agent – Approval letter.
Agency Manager Setup

Note that only Offices with an Agency Manager license can access this section. The Agency Manager Setup section contains the preferences for tracking Advisor Licenses, Contracts, Appointments and Error & Omissions Insurance.

Agency Setup

The Agency Setup consists of the Alarm Before Expiration (in Days), Advisor Checks, Advisor Check Prompting and Appointment State Selection sections.

### Alarm Before Expiration (in Days)

An alert is created when an Advisor’s license, contract, appointment, or E & O information will expire within the specified number of days.

<table>
<thead>
<tr>
<th>Licensing</th>
<th>Contracting</th>
</tr>
</thead>
<tbody>
<tr>
<td>E &amp; O</td>
<td>Appointments</td>
</tr>
</tbody>
</table>

### Advisor Checks

Designate whether Advisor checks are to be done when the user changes the Carrier, Product, or State for a pending case.

- Summary of case statuses for Advisor checks
- Perform Advisor Checks

### Advisor Check Prompting

When a new Carrier is added, the Advisor Check Prompting fields will automatically populate to the following.

- Verify License
- Verify E&O
- Verify Contract
- Verify Appointment

### Appointment State Selection

Select the States to display in the Appointment Detail section while adding or modifying appointments for Advisors.

- Show All States
- Show States With Licenses

### Alarm Before Expiration (in Days)

An alert will be generated and sent to the assigned Agency manager the specified amount of days before the license, contract, appointment, or errors & omissions insurance is going to expire.

<table>
<thead>
<tr>
<th>Licensing</th>
<th>Contracting</th>
</tr>
</thead>
<tbody>
<tr>
<td>E &amp; O</td>
<td>Appointments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensing</th>
<th>Contracting</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>E &amp; O</td>
<td>Appointments</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
Advisor Checks

If the Perform Advisor Checks option is tagged, the advisor License, Contract, E&O and Appointment information will be verified, as the Carrier’s preferences state, when the Carrier, Product, or State for a pending case is altered.

Summary of Case Statuses for Advisor Checks

Click this hyperlink to display the Case Status Summary. When a case status is changed to one of the listed statuses, SmartOffice will verify the Advisors’ Contracting, Licensing, Appointment and E&O (Error and Omissions) information (this will check per the carrier setup).

Advisor Check Prompting

The Pending Case module can verify whether the Primary Advisor’s E&O (Error and Omissions), Appointments, Contracts and Licenses are up-to-date. The user specifies which are verified in the Carrier module. Advisor Check Prompting determines which will be selected by default for all new carriers.

Appointment State Selection

When adding an appointment in the Advisor module, the user can specify whether they want all states to be available for selection or only the states for which the Advisor has a license.
Advisor Assignment

When a user has an Agency Manager role they are responsible for one or all of the processing of Appointments, Contracts, Licenses and E&O information for their assigned Advisors. These responsibilities are assigned as Advisor Requests. An Agency Manager can view all of their Advisor Requests in the Advisor module. An Advisor can have a separate Manager for each Request type.

To add the Advisor assignment, click the Add button and then select the Assignment type. Select the Advisor from the list of Advisors and then click the OK button. The Assignment will be added for the current Agency Manager. For more information on Advisor Requests, see the Advisor Module documentation.

Manager Redirect

An Agency Manager can temporarily give their Advisor Request obligations to another Agency Manager by selecting the Manager Redirect hyperlink. Then, all requests that were assigned to one Agency Manager will display on the newly selected Agency Manager list. When removed, all requests will return.

Default Agency Managers

If no Agency Manager is assigned to an Advisor, the Advisor’s requests are assigned to the default Agency Manager for the Manager type.

Click the Add button to assign a default Agency Manager.
PCM Workflows

PCM Workflows consist of the Initial PCM Workflow, Await Approval Workflow, Approval Received Workflow and Delivery Workflow sections. Note that only users with a Pending Case license can access this section.

Initial PCM Workflow

The initial PCM status should be ____.
This states the default status of new pending cases. Without this workflow defined, the default is Submitted.

When an Underwriting requirement is added to a case, the status should be ____.
This states the default status of underwriting requirements that are automatically populated to a pending case by SmartOffice.

Required of ____.
This states the default Required Of value for underwriting requirements that are automatically populated to a pending case by SmartOffice.

When an Underwriting requirement is manually added to a case, the status should be ____.
This states the default status of underwriting requirements that are manually added to a case by a Case Manager.

Required of ____.
This states the default Required Of value for underwriting requirements that are manually added to a case by a Case Manager.

When a Delivery requirement is added to a case, the status should be ____.
This states the default status of delivery requirements that are automatically populated by SmartOffice to a pending case.

Required of ____.
This states the default Required Of value for delivery requirements that are automatically populated by SmartOffice to a pending case.

When a Delivery requirement is manually added to a case the status should be ____.
This states the default status of delivery requirements that are manually added to a pending case by a Case Manager.

Required of ____.
This states the default Required Of value for delivery requirements that are manually added to a pending case by a Case Manager.

When CWA is initially received, the requirement status should be ____.
If the Cash Received field is given a value during the addition of a pending case, a Cash with Application requirement will automatically be added to the Underwriting Requirements summary. This option states the default status of that requirement.

Required of ____.
This states the default Required Of value for the CWA requirement.
The CWA Requirement Description should be ____.
This states the description of the CWA requirement.

Enter the amount into the description.
If this is selected then the cash amount will be included in the CWA description.

When Replacement check box is checked, the requirement should be ____.
If the Replacement option in the PCM Super Add is selected, the specified Replacement requirement will automatically be added to the Underwriting Requirements summary.

When the Replacement check box is checked, the requirement status should be ____.
This option states the default status of the Replacement requirement.

Required of ____.
This states the default Required Of value for the Replacement requirement.

Mark Underwriting requirement as completed when status is changed to ____.
When an underwriting requirement’s status is changed as specified then the current date will automatically populate the Completed date field.

Required of ____.
This adds the Required Of criteria to the above workflow. If Requirement Status is selected and Required Of is set to Null then the current date will automatically populate the Completed date without regard to what the Required Of field states for an Underwriting Requirement.

Mark Delivery requirement as completed when status is changed to ____.
When a delivery requirement’s status is changed as specified then the current date will automatically populate the Completed field.

Required of ____.
This adds the Required Of criteria to the above workflow. If Requirement Status is selected and Required Of is set to Null then the current date will automatically populate the Completed date without regard to what the Required Of field states for a Delivery Requirement.

Default Req. Manager for newly added requirements ____.
When a requirement is added to a case, the Requirement Manager will automatically be populated with the current logged-in user or the Case Manager of the pending case. This option states the default Requirement Manager of the requirement.

Prompt for letter when requirement changes.
If this is selected and the user opens a different tab after adding/modifying a requirement to a pending case, they will receive a prompt to send a letter for the requirement change. The prompt will display on the next spreadsheet.

Default Stage for PCM Search ____.
Set the default pending case search stage. If it is NULL (Blank) then the default stage will be Underwriting_All.

Default Stage for Policy Search ____.
Set the default policy search stage. If it is NULL (Blank) then the default stage will be Active.
Await Approval Workflow

This workflow is used to avoid a break in the follow-up process when all underwriting requirements are received and you are awaiting an approval.

Click the Add button to add an Await Approval entry.

Use this workflow to avoid a break in the follow-up process when all underwriting requirements are received and you are awaiting an approval. The exclusion spreadsheet lists the requirements that do not have to meet the specified requirement in order to execute the workflow.

Approval Received Workflow

When the case is approved, the workflow logs how the approval was performed.
Click the **Add** button to add an Approval Received entry.

When an approval is received, it is important to log how the case was approved. This workflow can help manage this task.

**Delivery Workflow**

When a policy is received from the carrier, the user will want to update all data regarding this policy in the Pending Case system. This workflow opens a panel that displays all critical items to be identified about the policy such as the change in premium amounts and delivery requirements.

Click the **Add** button to add a Delivery Workflow entry.
When a policy is received from the carrier you will want to update all the data regarding this policy in the PCM system. This workflow will open a panel that displays all critical items to be identified about the policy such as change in premium amounts and delivery requirements.

**PCM Preferred Add**

Using the Preferred Add Setup, the PCM Add workflow can be customized to select an application type, product options, insurance type and even a specific carrier that will be automatically attached to each new case added. These settings can be re-configured for a specific office from an Admin user.

**PCM Preferred Add Setup**

- **Application Type**
  - Formal Application
  - Informal Application

- **Product Options**
  - Variable Product
  - Second Insured

- **Miscellaneous**
  - Insurance Type: Annuity
  - Carrier: BWII Financial

**SmartView for Advisor Privacy**

The SmartView for Advisor Privacy section determines the default Advisor privacy settings for requirements and policy notes attached to a policy or pending case. Note that only users with the Advisor Contract/License Management role can access this section.

If the Policy Notes Visible to SmartView for Advisor User option is selected then the Policy Notes button is visible to SmartView for Advisors users. If the option is not selected, the policy notes are not visible to any SmartView for Advisor users.

If the Carrier Information Visible to SmartView for Advisor User option is selected, SmartView for Advisor users will be able to access the Carrier module. If the option is not selected, SmartView for Advisor users cannot access the Carrier module.
PCM Status Merge Code Definition

The PCM Status Merge Code Definition section has been added to the Master Setup List, where a PCM Admin user can define a default behavior for 5 specific table merge codes. The user will not have the option to change the merge code name but can set the merge codes to populate predefined columns, conditions and requirements in a letter.

To set up one of the 5 available merge codes, click on the hyperlink to display the Merge Code Detail information.

In the Miscellaneous section of the Merge Code dialog box, there are two drop-down menus to define the specific requirement table information to display. A requirement condition must first be chosen from the Condition drop-down menu. The four options include; All Requirements, Completed Requirements, Modified Today and Open Requirements. Next, select the type of requirement from the Type drop-down menu. The options available are, All Requirements, Underwriting, Policy Owner Service or Delivery.

The Requirement Columns section contains 8 column drop-down menus that enable you to select from one of the eleven following fields in each different column:

- Completed
- Description
- Doctor
- Entered
- Follow-Up
- Medical Facility
- Priority
- Remarks
- Service Provider
- Status
- Status Date

These fields will be displayed in a table format within a document when the merge code is chosen.