



Employer Portal Reference Guide

Protecting Your Health Plan

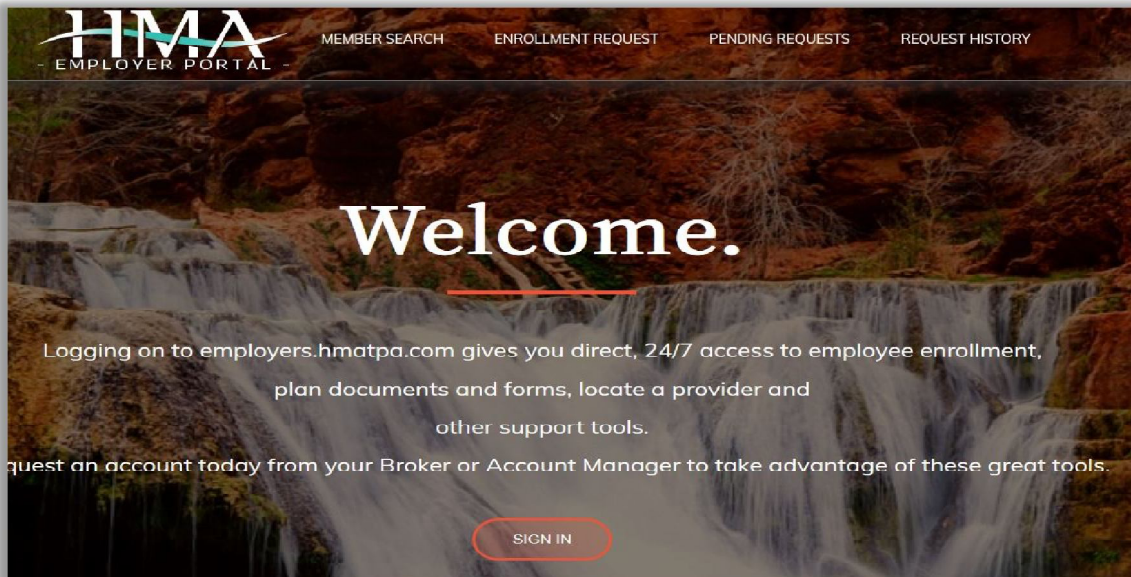


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Accessing the Portal

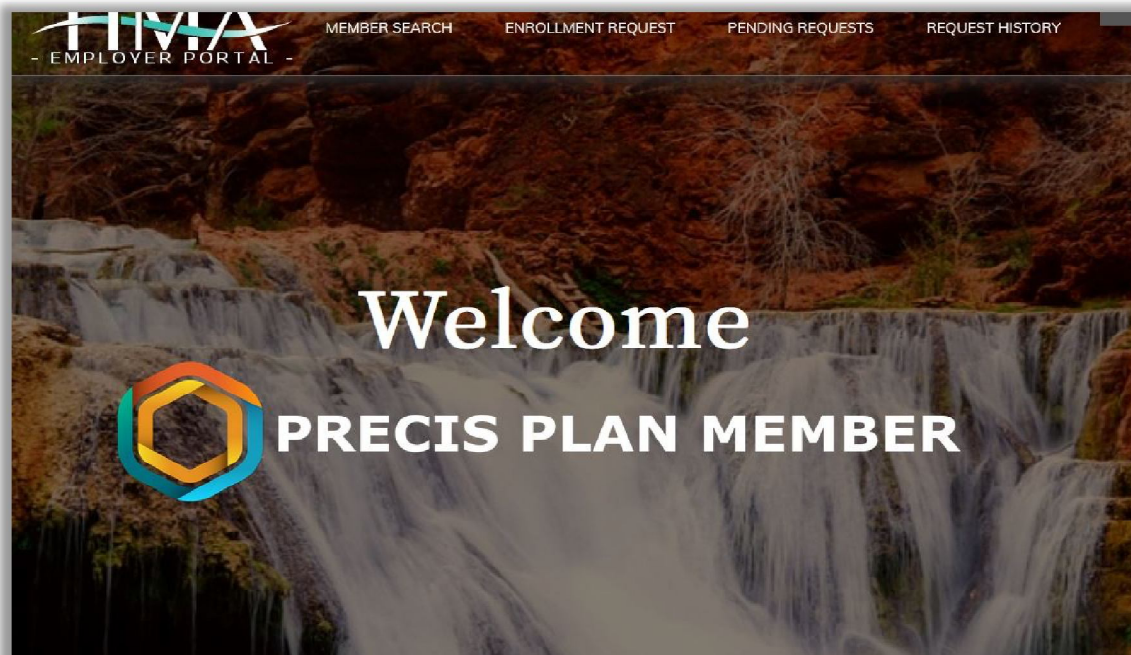
Access the HMA Employer Portal by typing <https://employers.hmatpa.com/> into your web browser's address bar and sign in by entering your screen name & password (see [Sign In 1](#)).



[Sign In 1](#)

Portal Welcome Page

The Welcome Page provides an overview of the portal's capabilities by way of navigation bars and shortcut icons (see [Welcome Page 1](#)).



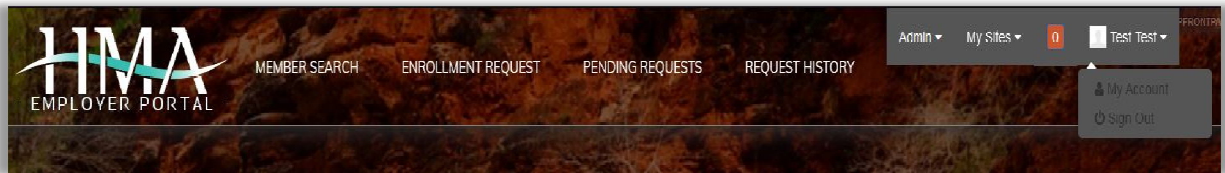
[Welcome Page 1](#)



Top of Page

By clicking on your name in the top right corner of the page, a drop-down will appear that enables you to make changes to your portal account settings, as well as safely sign out of the account (the site will also log you out as an automatic security measure after 30 minutes of inactivity).

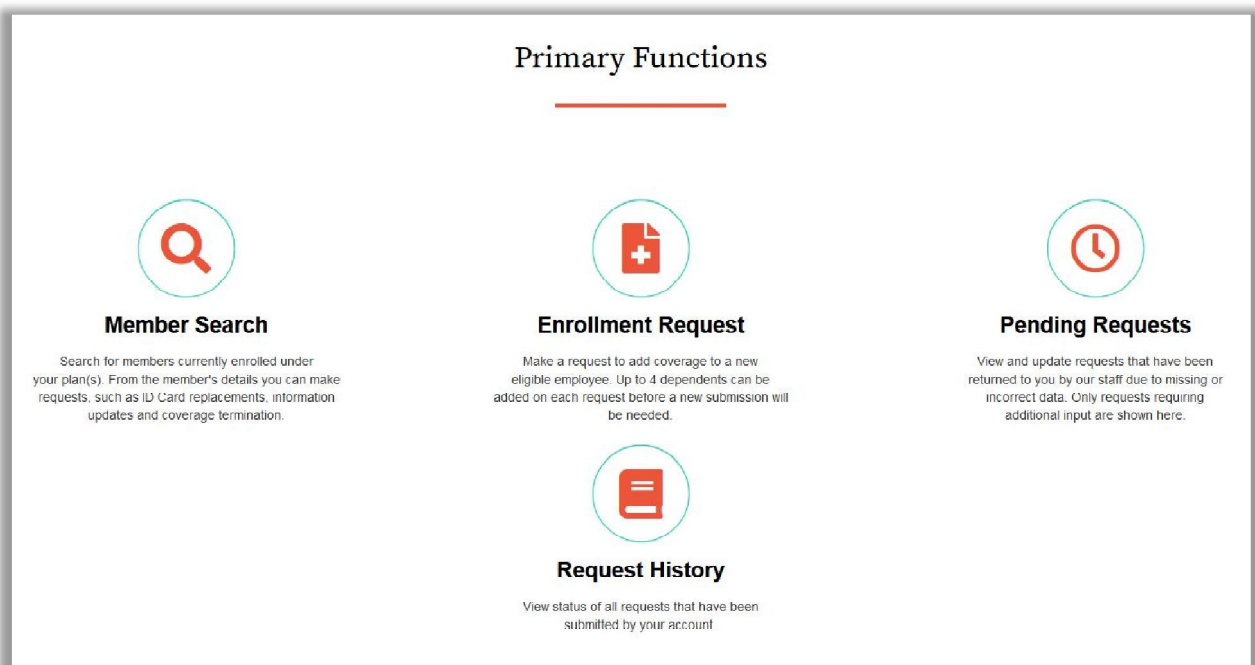
In addition to that, by clicking on one of the options from the top navigation bar, you are able to easily access the member search screen, submit requests for enrollment, as well as view pending requests and a history of previous submissions. Other options include viewing and/or downloading helpful documents & forms, navigating to the ACA Compliance page (if applicable for your account), and locating HMA's contact info (see [Top Navigation Bar 1](#)).



Top Navigation Bar 1

Shortcut Icons

The shortcut icons in the middle of the page provide you with access to the same functions as the navigation bar on the top of the page, whereas further down the page gives you access to search for network providers, go to the ACA Compliance page (if applicable for your account), and locate HMA's contact info, as well as other tools (see above section [Top of Page](#) and [Shortcut Icons](#) for a listing).



Shortcut Icons



Portal Capabilities

The following sections illustrate the Employer Portal's main capabilities: member search, submitting enrollment requests (new member enrollment, updating information, terminating enrollment, and requesting ID cards), reviewing pending requests and history of previous requests, and viewing and/or downloading helpful documents & forms.

Member Search

This section enables you to look up member information by entering at least one of the following: member name, last four of member's SSN, member ID number, or date of birth (see [Member Search 1](#)). If there are multiple employers associated with your account, you may also narrow the search by selecting an employer from the *Employer* drop-down.

The screenshot shows a 'Member Search' form with a title bar and a red border. Inside, there are six input fields arranged in two rows. The top row contains 'First Name:', 'Last Name:', and 'Employer:' (a dropdown menu with 'Select Employer' and a downward arrow). The bottom row contains 'SSN(Last 4):', 'Member ID:', and 'Date of Birth:'. Below these fields is a red 'SEARCH' button.

Member Search 1

The Member Search results screen on the next page includes a *View Details* button (see [Member Search 2](#)) and clicking on this option will route you to the next screen with further options for viewing the following member eligibility details, as well as shortcuts for accessing additional portal capabilities(see [Member Search 3](#)):

- Address, Employer ID, and Plan ID
- Rider codes, descriptions, and end dates (if applicable)
- Request ID Card – clicking on this option, will take you to a screen where you can submit requests for ID cards (see section [Request ID Card](#) for additional info)
- Update Information – clicking on this option will take you to a screen where you can submit a request to update member information (see section [Update Information](#) for additional info)
- Terminate Enrollment – clicking on this option will take you to a screen where you can submit a request for member's enrollment termination (see section [Terminate Enrollment](#) for additional info)
- View Dependents – clicking on this option will take you to a screen with a listing of the member's dependents (if applicable; see section [View Dependents](#) for additional info)
- Coverage History – clicking on this option will show a history of the member's coverage (start and end dates) for all riders (see section [Coverage History](#) for additional info)




Member Search

Name:	SMITH, JOHN		
Member ID:	9999999901	SSN(Last 4):	6789
Date of Birth:	1985-03-04		

Name:	SMITH, JANE		
Member ID:	9999999902	SSN(Last 4):	4321
Date of Birth:	1988-12-05		

Name:	SMITH, JOHN		
Member ID:	9999999903	SSN(Last 4):	0108

Member Search 2



Member Search

REQUEST ID CARD

UPDATE INFORMATION

TERMINATE ENROLLMENT

VIEW DEPENDENTS

COVERAGE HISTORY

Member Name: JOHN A SMITH SR		Member ID: 9999999901	
Employer ID: TEST		Member Type: CONTRACT	
Date of Birth: 1985-03-04		SSN Last 4: 6789	
Address: 1234 ANY STREETAPT 12		City: ANY TOWN	
State: AZ		Zipcode: 05321	
Phone Number: 4805551234		Location:	

Coverage: 710000			
Rider Code: D1	Description: Dental	Begin Date: 2017-12-01	End Date:
Rider Code: D2	Description: Dental	Begin Date: 2017-12-01	End Date:
Rider Code: L1	Description: Life	Begin Date: 2017-09-05	End Date:
Rider Code: M1	Description: Medical	Begin Date: 2017-12-01	End Date:
Rider Code: V1	Description: Vision	Begin Date: 2017-12-01	End Date:

Member Search 3



[Request ID Card](#)

This section enables you to submit requests to HMA for ID cards for the specified member (see [Member Search 4](#)).

Member Search / ID Card Request

Send a Request for an ID Card.
Please complete both fields and click "submit".

[BACK TO DETAILS](#)

Current Selected Member:
JOHN A SMITH

Cards Will be Mailed To:
1234 ANY STRETT APT 12
ANY TOWN AZ 85321

Number of ID Cards

Comments

[SUBMIT](#)

[Member Search 4](#)

[Update Information](#)

This section provides the option of sending a request to HMA to update the specified member's personal information, such as home and mailing address, phone number, and email address (see [Member Search 5](#), [Member Search 6](#), and [Error! Reference source not found.](#)).



Current Member Information

Member Name: JOHN A SMITH SR	
Employer ID: TEST	Member Type: CONTRACT
Date of Birth: 1985-03-04	SSN Last 4: 6789
Address: 1234 ANY STREETAPT 12	City: ANY TOWN
State: AZ	Zipcode: 85321
Phone Number: 4805551234	

Send a Request to Update Personal Information.

Please complete all applicable fields and click "submit".

☐ Update Mailing Address

☐ Update Home Address

Phone Number

Email Address

Comments

BACK TO DETAILS

SUBMIT

Member Search 5



Current Member Information

Member Name: JOHN A SMITH SR	
Employer ID: TEST	Member Type: CONTRACT
Date of Birth: 1985-03-04	SSN Last 4: 6789
Address: 1234 ANY STREETAPT 12	City: ANY TOWN
State: AZ	Zipcode: 85321
Phone Number: 4805551234	

Send a Request to Update Personal Information.

Please complete all applicable fields and click "submit".

☐ Update Mailing Address

☐ Update Home Address

Phone Number

Email Address

Comments

BACK TO DETAILS

SUBMIT

[Member Search 6](#)



Terminate Enrollment

This section enables you to submit requests to HMA to terminate the specified member's enrollment (see [Member Search 7](#)).

Selected Member Information

Member Name: JOHN A SMITH SR	
Employer ID: TEST	Member Type: CONTRACT
Date of Birth: 1985-03-04	SSN Last 4: 6789
Address: 1234 ANY STREETAPT 12	City: ANY TOWN
State: AZ	Zipcode: 85321
Phone Number: 4805551234	

Send a Request for Enrollment Termination.

Please complete both fields and click "submit".

Reason for Termination:

Select Reason

Comments:

Date of Termination:

mm / dd / yyyy

BACK TO DETAILS

SUBMIT

Member Search 7

View Dependents

In order to view similar eligibility details and shortcuts for accessing additional portal capabilities as you would in the Member Search results screen (see [Member Search 9](#) and section [Member Search](#) for additional info), you will need to select a dependent and click on [View Information](#) from the dependent list (see [Member Search 8](#)).

Member ID: 99999999903
Dependent Name: JOHN A SMITH

Member ID: 99999999904
Dependent Name: JANET B SMITH

Member ID: 99999999905
Dependent Name: JANICE C SMITH

BACK

Member Search 8



Member Search

[REQUEST ID CARD](#)[UPDATE INFORMATION](#)[TERMINATE ENROLLMENT](#)[VIEW CONTRACT HOLDER](#)[COVERAGE HISTORY](#)

Member Name: JANICE C SMITH

Member ID: 9999999905

Employer ID: TEST

Member Type: CHILD

Date of Birth: 2019-11-24

SSN Last 4: 0106

Address: 1234 ANY STREETAPT 12

City: ANY TOWN

State: AZ

Zipcode: 85321

Phone Number: 4805551234

Location:

Coverage: 710000

Rider Code: D1	Description: Dental	End Date:
Rider Code: D2	Description: Dental	End Date:
Rider Code: L2	Description: Life	End Date:
Rider Code: M1	Description: Medical	End Date:
Rider Code: V1	Description: Vision	End Date:

[Member Search 9](#)

Coverage History

This section shows a history of the member's coverage (start and end dates) for all riders (see [Member Search 10](#)).

[BACK TO DETAILS](#)

Rider Code: D1
Plan ID: 710000

Start Date: 2014-01-01
Cobra: null

End Date: 2017-01-31
Location:

Rider Code: D1
Plan ID: 710000

Start Date: 2017-02-01
Cobra: null

End Date: 2017-02-02
Location:

Rider Code: D1
Plan ID: 710000

Start Date: 2017-02-03
Cobra: null

End Date: 2017-04-20
Location:

Rider Code: D1
Plan ID: 710000

Start Date: 2017-04-21
Cobra: null

End Date: 2017-04-30
Location:

Rider Code: L1

Start Date: 2014-01-01

End Date: 2017-01-31

[Member Search 10](#)



Enrollment Request

This section enables you to submit enrollment requests directly to HMA via the Employer Portal by entering the personal information for member (see [Enrollment Request 1](#), [Enrollment Request 2](#), and [Enrollment Request 3](#)) and dependents (if applicable; see [Enrollment Request 4](#)**Error! Reference source not found.**), selecting the employer (if more than one associated with the portal account) and qualifying event, and confirming the effective date. The next step in submitting the request is choosing the member's coverage by selecting a plan and any optional riders (see [Enrollment Request 5](#)).

Once you click *Submit*, you will be able to review the information you have entered and upload files. The last step in the process is confirming the submission of your request by clicking *Confirm* - you will receive a confirmation number for your request and will be notified via email should any additional information be required (see section [Pending Requests](#) for additional info).

The screenshot shows the 'MEMBER DEMOGRAPHICS' tab selected in a three-tab interface. Below the tabs, the title 'Member Demographics.' is followed by the instruction 'Please complete all applicable fields and proceed to coverage selection.' The form contains nine fields arranged in a 3x3 grid:

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth: (Required) <input type="text" value="mm/dd/yyyy"/>	Gender: <input type="button" value="Select Gender"/>	SSN: (no dashes) <input type="text"/>
Employer ID: <input type="button" value="Select Employer"/>	Qualifying Event: <input type="button" value="Please Select..."/>	Location: <input type="text"/>

Enrollment Request 1

The screenshot shows a form with six fields arranged in two rows:

Member Type: <input type="button" value="Please Select..."/>	Member ID: <input type="text"/>	Effective Date: (Required) <input type="text" value="mm/dd/yyyy"/>
Phone Number: (no dashes) <input type="text"/>	Email Address: <input type="text"/>	

Enrollment Request 2



Mailing Address Line 1:

Mailing Address Line 2:

Mailing Address City:

Mailing Address State:

Mailing Address Zip:

Home Address Line 1:

Home Address Line 2:

Home Address City:

Home Address State:

Home Address Zip:

NEXT

Enrollment Request 3

☒ Add Dependents

First Dependent

First Name:

Middle Name:

Last Name:

Relationship:

Date of Birth:(Required)

SSN:

Gender:

Phone Number:

☐ Different Home Address

☐ Add Another Dependent

PREVIOUS

NEXT

Enrollment Request 4



Plan Medical Vision Dental

PREVIOUS SUBMIT

Enrollment Request 5

Pending Requests

This section houses any previously submitted requests that have been reviewed by HMA and where it has been determined that additional information and/or documentation is required in order to move forward with processing the request. You will be notified via email should a pending request require your attention and you will have the ability to respond to any requests for additional information and/or upload required documentation on the portal's *Pending Requests* page.

Pending Requests

Request ID: 186			
Member Name: test test test		Member ID: 12345678901	
Request Date: 2021-01-14		Status Date: 2021-01-14	
SSN: 123456789		Gender: U	
Mailing Address: test test test AZ 85044		Home Address: test test test AZ 85044	
Phone Number: 4805556677		Email Address: None Entered	
Selected Plan: 710000	Medical: Yes	Vision: Yes V1	Dental: Yes D1
Comments: null			

Reply:

Attach File:
Browse... No files selected.

SEND RESPONSE

Request History

This section shows a historical snapshot of any previously submitted requests for enrollment, ID cards, information update, or termination and provides information on the status of the request, the confirmation number, member details, and comments (see [Request History 1](#)).



ENROLLMENT REQUESTS

ID CARD REQUESTS

UPDATE REQUESTS

TERM REQUESTS

Enrollment Requests

Request ID: 186

Status: PENDING

Request Date: 2021-01-14

Status Date: 2021-01-14

Member Name: test test test

Date of Birth: 2021-01-06

Employer ID: NNEBP

Member ID: 12345678901

Effective Date: 2021-01-06

SSN: 123456789

Gender: U

Mailing Address: test test
test AZ 05044

Home Address: test test
test AZ 05044

Phone Number: 4805556677

Email Address:

Selected Plan: 710000

Medical: Yes Vision: Yes V1 Dental: Yes D1

Comments: null

[Request History 1](#)

Documents and Forms

This section enables users to view and/or download helpful documents and forms, such as copies of plan documents, SBCs, etc.).