



Member Portal Reference Guide

Protecting Your Health Plan

IT_RG_025_V_3_0

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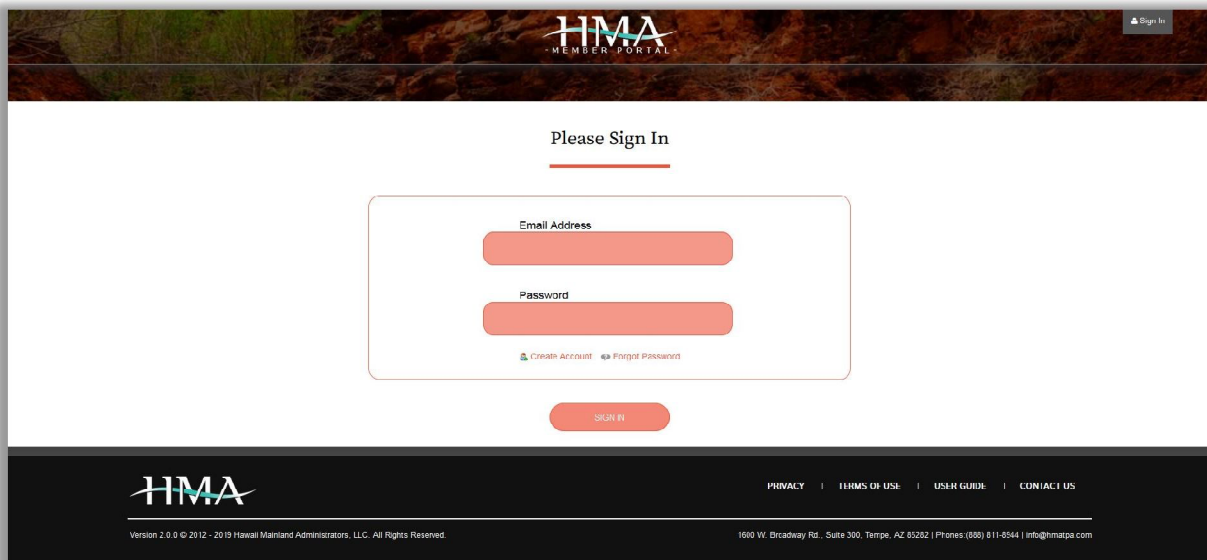
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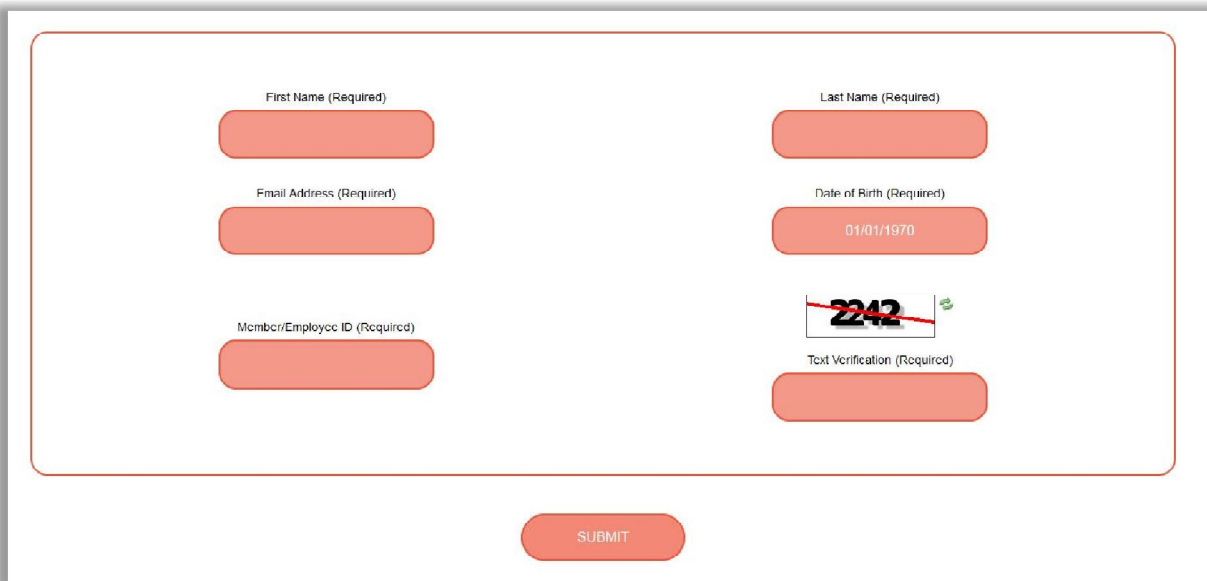
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Creating an Account

Access the HMA Member Portal by typing <https://members.hmatpa.com/> into your web browser's address bar. First time users will need to create an account by clicking on the *Sign In* Button, then clicking the *Create Account* option (see *Create Account 1*) and filling in all of the required fields on the next page (see *Create Account 2*). You will receive a temporary password via email.



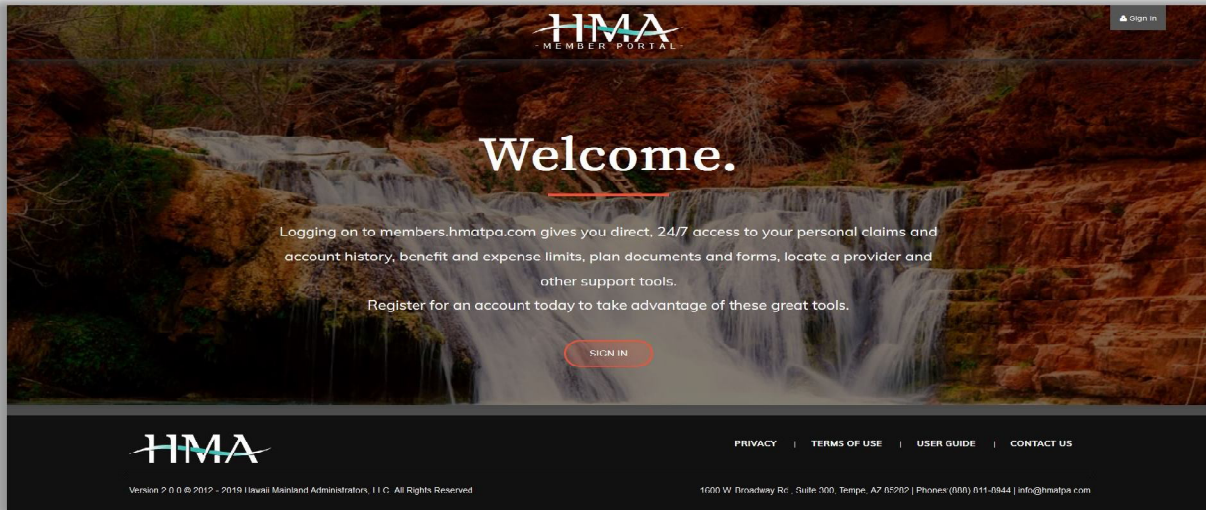
Create Account 1



Create Account 2

Accessing the Portal

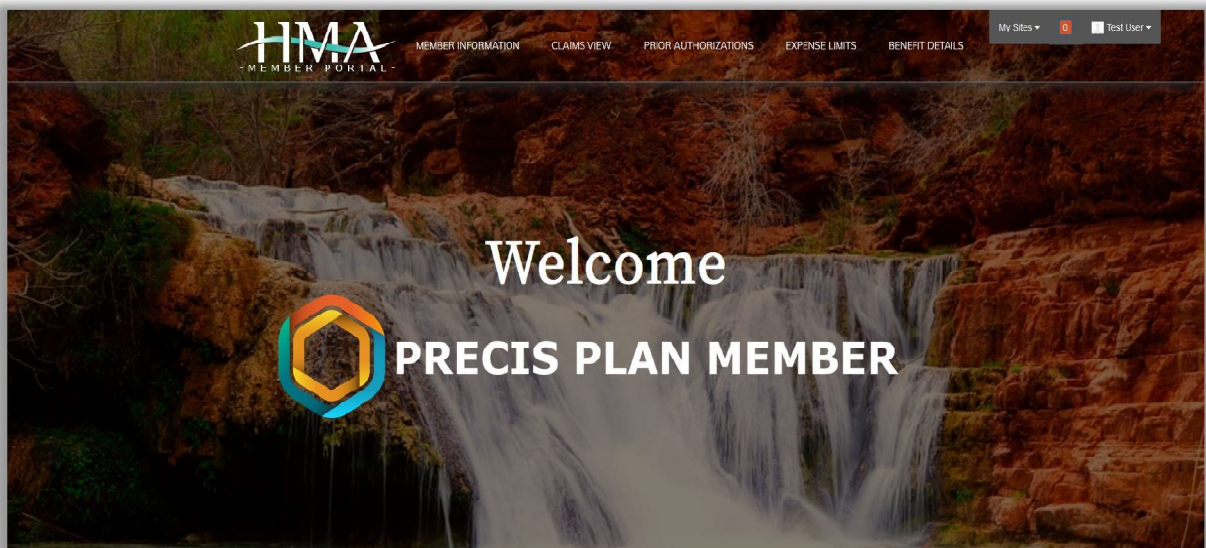
If you already have an account set up for the HMA Member Portal, you can access the portal by typing <https://members.hmatpa.com/> into your web browser's address bar and signing in by entering your email & password (see *Sign In 1*).



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*).

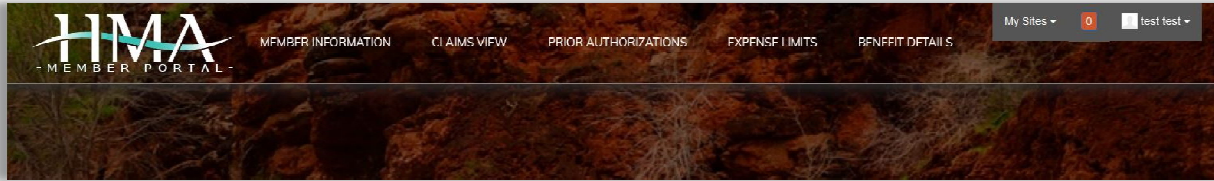


Welcome Page 1

Top of Page

By clicking on your name in the top right corner of the page, a drop-down will appear which 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). Scroll down for access to additional tools.

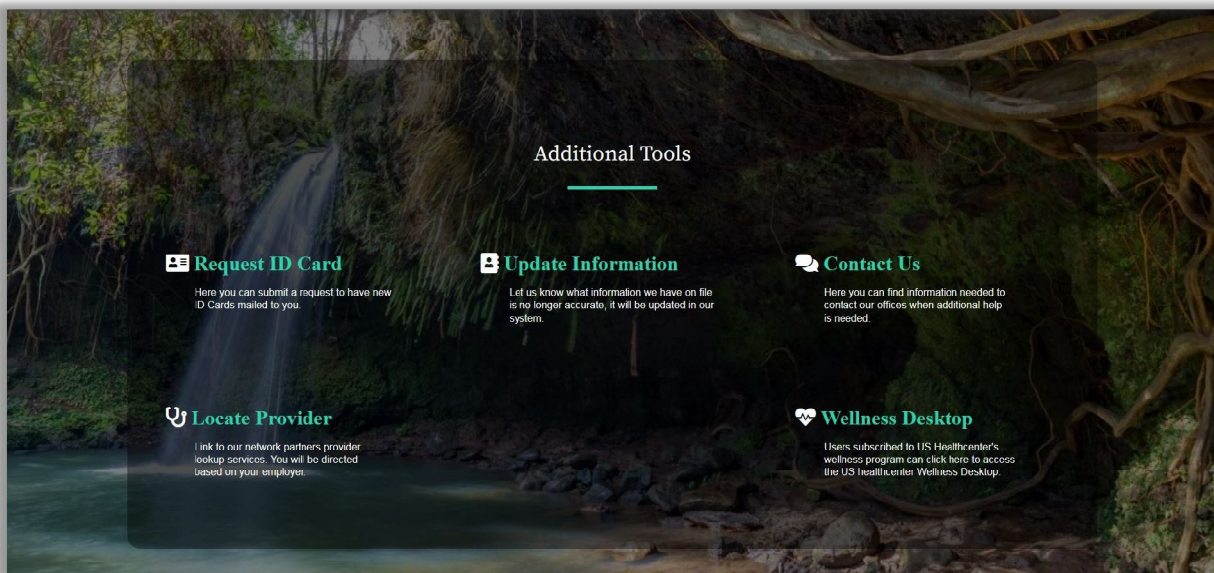
In addition to that, by clicking on one of the options from the top navigation bar, you are able to easily access your personal member information, view past claims or prior authorization status, confirm updated expense limits and benefit details, view and/or download helpful documents & forms, or locate HMA's contact info (see [Top Navigation Bar 1](#)).



Top Navigation Bar 1

Additional Tools

Scrolling down further to the bottom of the page enables you to search for network providers, access the Wellness Desktop with USHC (if applicable for your account), submit a request to HMA, and locate HMA's contact info (see [Additional Tools 1](#)).



Additional Tools 1



Portal Capabilities

The following sections illustrate the Member Portal’s main capabilities: accessing personal member information, viewing past claims and status of prior authorizations, confirming expense limits and benefit details, viewing and/or downloading helpful documents & forms, and submitting requests to HMA.

Member Information

This section provides basic member information: address, phone number, date of birth, last four of SSN, and employer ID (see [Member Information 1](#), as well as info on dependents (see disclaimer on portal site regarding availability of dependents’ info and [Member Information 2](#)).

Member Information and Coverage

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: 85321
Phone Number: 4005551234	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:

[VIEW DEPENDENT INFORMATION](#)

Member Information 1

Member Information and Coverage

Note: Information for dependent children under 18 years of age with the same mailing address as the employee is automatically made available to the employee on this member portal. A spouse or a dependent child who is 18 years of age or older will need to create their own login. In order to access information for your spouse or other dependents under your login they will need to submit the HIPAA Authorized Representative Form. This form is available under Forms and Documents on this member portal or by clicking [here](#).

Member ID: 9999999903
Dependent Name: JOHN A SMITH

Member ID: 9999999904
Dependent Name: JANET B SMITH

Member ID: 9999999905
Dependent Name: JANICE C SMITH

[BACK](#)

Member Information 2



Claims View

This section provides a historical view of claims received for member and dependents, including claim number, status, date of service, provider name, billed charges, plan liability, deductible, member liability, and out of pocket amounts. Specific features for *Claims View*:

- Updated daily
- Can be sorted by date or provider (alphabetical by provider’s first name; see *Claims View 1*)
- Clicking on the *View Details* option will provide a detailed overview of the specific claim (see *Claims View 2*)
- Clicking on the *View Dependent Claims* option brings up the list of dependents (see *Claims View 3*)
 - Click on *View Claims* for the specific dependent (if more than one listed) to view the claims (see *Claims View 4*)
- Quickly return to member claims view screen by clicking on the *View Member Claims* option (see *Claims View 4*)

Note: Information related to sensitive Protected Health Information (PHI) is not available online. Sensitive PHI is protected health information related to the identity, diagnosis, prognosis, or treatment of any beneficiary in connection with reproductive health, substance abuse, HIV, rape, sexually transmitted diseases, mental health, and abuse (such as sexual assault and domestic violence). To discuss this information please contact our Customer Service Department.

[SORT BY DATE](#) [SORT BY PROVIDER](#) [VIEW DEPENDENT CLAIMS](#)

Claim Number: 161104910041 Click for Details					
Provider Name: JARED MONTANO DDS		Date of Service: 2016-11-02			
Status: PAID		Status Description: Claim has completed processing and has been paid			
Charges: 99.00	Member Pays: 0.00	Plan Pays: 99.00	Deductible: 0.00	Out of Pocket: 0.00	

Claim Number: 161216910031 Click for Details					
Provider Name: JARED MONTANO DDS		Date of Service: 2016-12-14			
Status: PAID		Status Description: Claim has completed processing and has been paid			
Charges: 102.00	Member Pays: 0.00	Plan Pays: 102.00	Deductible: 0.00	Out of Pocket: 0.00	

Claim Number: 1/0524910503 Click for Details					
Provider Name: FORT DEFIANCE INDIAN HOSPITAL		Date of Service: 2016-10-25			
Status: DENIED		Status Description: Claim has not been paid for reasons included in remarks			
Charges: 1177.00	Member Pays: 0.00	Plan Pays: 0.00	Deductible: 0.00	Out of Pocket: 0.00	

Claims View 1

Claim Number: 16110491004101 Click to view EOB			
Provider ID: 828446		Provider Name: JARED MONTANO DDS	
Benefit Category: DENTAL - ORAL EXAMS			
Status: PAID		Status Date: 2017-02-09	
From Date: 2016-11-02		To Date: 2016-11-02	
Charges: 75.00	Allowed: 75.00	Ineligible: 0.00	Copay: 0.00
Deductible: 0.00	Coinsurance: 0.00	Plan Liability: 75.00	Coordination of Benefits: 0.00
Member Deductible: 0.00	Member Out of Pocket: 0.00	Family Deductible: 0.00	Family Out of Pocket: 0.00
Remarks: Processed As An Indemnity Benefit			

Claims View 2



Claims View

Note: Information for dependent children under 18 years of age with the same mailing address as the employee is automatically made available to the employee on this member portal. A spouse or a dependent child who is 18 years of age or older will need to create their own login. In order to access information for your spouse or other dependents under your login they will need to submit the HIPAA Authorized Representative Form. This form is available under Forms and Documents on this member portal or by clicking [here](#).

Member ID: 9999999903
Dependent Name: JOHN A SMITH

Member ID: 9999999904
Dependent Name: JANET B SMITH

Member ID: 9999999905
Dependent Name: JANICE C SMITH

[BACK](#)

Claims View 3

Note: Information related to sensitive Protected Health Information (PHI) is not available online. Sensitive PHI is protected health information related to the identity, diagnosis, prognosis, or treatment of any beneficiary in connection with reproductive health, substance abuse, HIV, rape, sexually transmitted diseases, mental health, and abuse (such as sexual assault and domestic violence). To discuss this information please contact our Customer Service Department.

[SORT BY DATE](#)
[SORT BY PROVIDER](#)
[DEPENDENTS LIST](#)
[VIEW MEMBER CLAIMS](#)

Claim Number: 161017011309 Provider Name: ERIN MAILLE MONTANO DDS Status: PAID Charges: 262.00	Date of Service: 2016-10-12 Status Description: Claim has completed processing and has been paid Plan Pays: 146.72 Member Pays: 115.28	Deductible: 0.00 Out of Pocket: 0.00 Click for Details
Claim Number: 170227011250 Provider Name: ERIN MAILLE MONTANO DDS Status: PAID Charges: 100.00	Date of Service: 2017-02-16 Status Description: Claim has completed processing and has been paid Plan Pays: 100.00 Member Pays: 0.00	Deductible: 0.00 Out of Pocket: 0.00 Click for Details
Click here to view additional claim details		
Claim Number: 170307012020 Provider Name: ERIN MAILLE MONTANO DDS	Date of Service: 2017-02-16 Status Description: Claim has completed processing and has been paid Plan Pays: 100.00 Member Pays: 0.00	Deductible: 0.00 Out of Pocket: 0.00 Click for Details

Claims View 4



Prior Authorizations

This section is updated daily and provides information regarding prior authorization requests that have been submitted by providers on behalf of the member and/or dependents, including the following details: referral ID, status, date range, referring and treating entity's name, and benefit category (see *Prior Authorizations 1*).

Prior Authorizations

Referral ID: 153216	Benefit Category: HOSPITAL - OUTPATIENT
Status: DENIHS	End Date: 2020-10-13
Begin Date: 2020-07-13	Treating Entity: REHOBOTH MCKINLEY HOSPITAL
Referring Entity: DUNCAN RANDOLPH WHITE	

Treating Entity information will be listed here

VIEW DEPENDENT INFORMATION

[Click here to view prior authorizations for dependents](#)

Prior Authorizations 1

Expense Limits

This section provides information regarding expense limits and accruals per rider for member and dependents for the current and previous service year (see *Expense Limits 1*).

Expense Limits

VIEW PREVIOUS YEAR

VIEW DEPENDENT INFORMATION

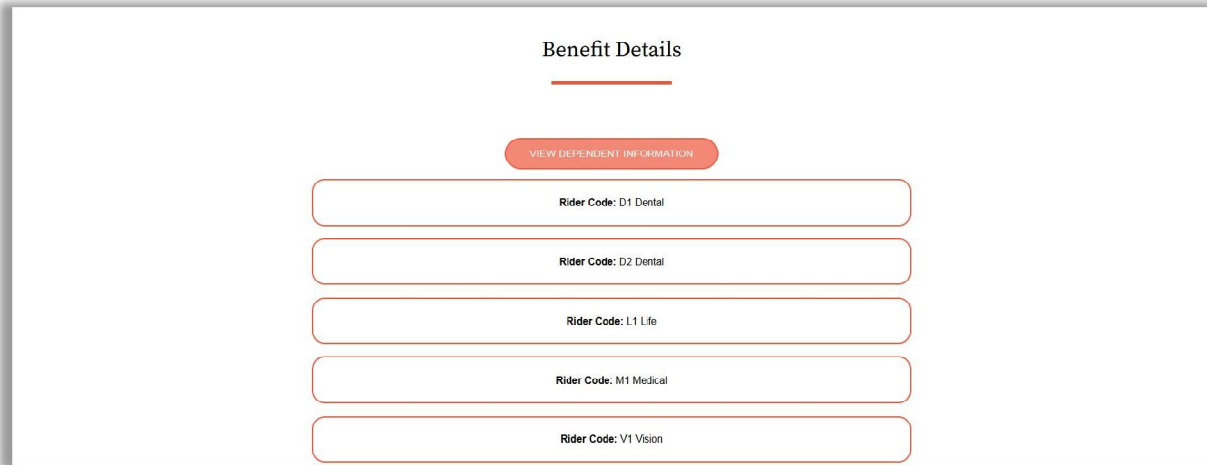
Rider Code: D1 - Dental	Service Year: 2021
Member has used 1500.00 of 1500.00 Annual Amount.	Member has used 0.00 of 0.00 Lifetime Amount.
<i>In Network</i>	
Member has used 100.00 of 100.00 Deductible.	Member has used 0.00 of 0.00 Out of Pocket.
Family has used 300.00 of 300.00 Family Deductible.	Family has used 0.00 of 0.00 Family Out of Pocket.
<i>Out of Network</i>	
Member has used 0.00 of 100.00 Deductible.	Member has used 0.00 of 0.00 Out of Pocket.
Family has used 0.00 of 300.00 Family Deductible.	Family has used 0.00 of 0.00 Family Out of Pocket.

Rider Code: U2 - Orthodontic	Service Year: 2021
Member has used 0.00 of 0.00 Annual Amount.	Member has used 0.00 of 2000.00 Lifetime Amount.

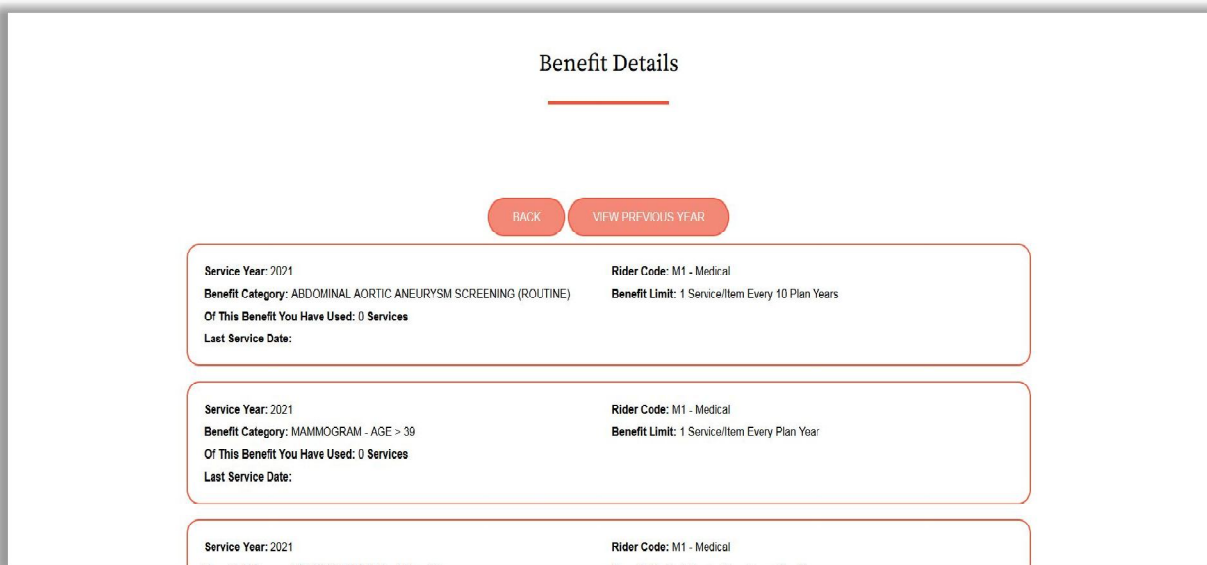
Expense Limits 1

Benefit Details

This section provides information on different aspects of the particular plan's benefits. Start by selecting one of the riders in order to view specific benefit details (see [Benefit Details 1](#)) – this will take you to the next screen with benefit categories, limits and utilization details (see [Benefit Details 2](#)). As with *Expense Limits*, this information is available for member and dependents for the current, as well as previous service year. You can quickly navigate back to the rider selection screen by clicking the *Back* button (see [Benefit Details 2](#)).



Benefit Details 1



Benefit Details 2

Documents and Forms

This section enables users to view and/or download helpful documents and forms, such as copies of the plan document & SBC, welcome letter, and HIPAA Authorized Representative Form (see [Documents and Forms 1](#)).

[Click here to view and/or download a copy of document or form](#)

<h2>Helpful Documents and Forms</h2>	
General Notification of COBRA Rights	Download PDF
Standard SBC_Coverage Period_02-01-2016-01-31-2017	Download PDF
New Coverage Letter	Download PDF
	Download PDF
PHCS Welcome letter	Download PDF

[Documents and Forms 1](#)

Make Request

This section allows users to contact HMA to request ID cards, update their information or offer suggestions (see [Make Request 1](#)).

Send a Request for an ID Card.

Please complete both fields and click "submit".
Your ID Cards will be mailed within 48 hours of receiving your request.

Number of ID Cards:

Comments:

[SUBMIT](#)

Information Update Request

Send a Request to Update Personal Information.
Please complete all applicable fields and click "submit".

MAILING ADDRESS

Mailing Address Line 1:	Mailing Address Line 2:	
<input type="text"/>	<input type="text"/>	
Mailing Address City:	Mailing Address State:	Mailing Address Zip:
<input type="text"/>	<input type="text" value="Select State"/>	<input type="text"/>

Home Address Line 1:	Home Address Line 2:
<input type="text"/>	<input type="text"/>

Home Address City:	Home Address State:	Home Address Zip:
<input type="text"/>	<input type="text" value="Select State"/>	<input type="text"/>

Additional Information

Phone Number:	Email Address:	Comments:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Make Request 1