

Member Enrollment Self Service Access (MESA) Enrollment Process

Managing your company's health plan roster is easy with HPI's online eligibility processing. Add or remove employees and dependents from the plan and provide important updates—quickly and securely.

Getting Started: Accessing the Portal

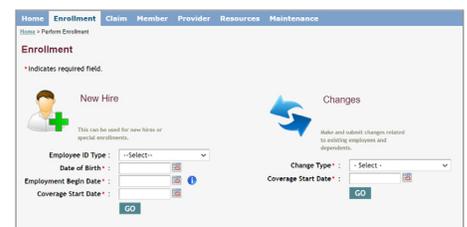
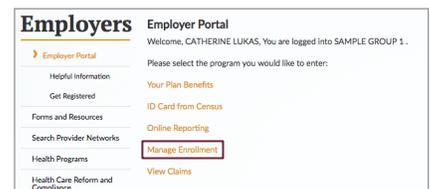
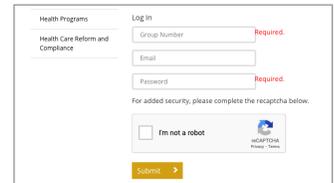
Access our eligibility and claims portal, powered by MESA, in three easy steps:

1. Visit the Employers section at **hpiTPA.com**, and click **Log in to Employer Portal**.
2. Once you are logged in, click **Manage Enrollment***.
3. The eligibility portal will open in a new tab
4. Once you are logged in, click **Enrollment** from the menu, then select **Perform Enrollment**.
5. Select from either:
 - **New Hire:** to enroll a new member for the first time outside of Open Enrollment
 - **Changes:** to make changes due to a qualifying life event (i.e., adding a new dependent, termination, address changes, etc.)

Refer to the corresponding section of this document for applicable instructions.

A: Perform New Hire Enrollment

1. In the Employee ID Type field select **Social Security Number** from the drop-down list.
2. Complete the remainder of the fields, then click **GO**.



3. Employee Information

- Leave the Employee Certificate Number field blank. This will be generated by HPI.
- All Fields listed with a red asterisk (*) are required fields and must be completed prior to moving to the Dependent Information.
- When completing the address, once the Postal Code is entered, the remaining fields will automatically populate after clicking on the Tab key.
- **Beneficiary:** if required
- **Annual Earnings:** if required
- **Department:** Select the employee's department from the drop-down menu.
- **Medicare Coverage:** Provides an option to indicate No Medicare, Unknown if Medicare, and all other Medicare Options (Part A, Part B, etc.).
- **Bracket:** Will show the Benefit Plan Name selection options for the employee. (The Dependent will have the same plan as the employee.)
- **Other Insurance (OI) Information** defaults to No.
If there is OI, select the products it applies to, then enter the OI information. If the same carrier applies to other products, select these products.
- Once completed, click on **Save and Continue** to move to the Dependent information section.

4. Dependent Information

- If there aren't any dependents to add, select the I do not have any dependents checkbox, then scroll to the bottom of the form and click Save and Continue.
- If there is a dependent(s) to add, complete the required fields to enter the dependent's data. Note: The dependent will inherit the address from the employee. If dependent's address differs, please update accordingly.
- Click **Save and Continue**.
- Once the dependent is added, the option is given to add additional dependents or to delete the dependent if entered in error.
- If no additional dependents need to be added, click **Save and Continue**.

Record saved successfully

Employee Information → **Dependent Information** → Plan Elections → Supplemental → Review → Complete

* Indicates Mandatory Fields / Sections

New Dependent Information for Plan Period: 08/01/2023

I do not have any dependents

First Name * :

Middle Name :

Last Name * :

Suffix :

Email :

New Dependent Information for Plan Period: 08/01/2023

I do not have any dependents

First Name * :

Middle Name :

Last Name * :

Suffix :

Email :

Gender * :

Relationship Code * :

Dependent Social Security Number :

Dependent Certificate Number :

Date of Birth * :

Language :

Dependent Status * :

Residence Address

Residence Address1 * :

Residence Address2 :

Residence Address3 :

Postal Code * :

5. Elections

- Based on the bracket code selected in the Employee Information section, you will be given one or more options based on the Enrollment rules that HPI has set up.
- If there is only one plan available, that will be the option shown in the Plan Elections tab.
- Click on the radial button to the left of the Plan Name, then select the coverage from the drop-down menu.
- Select the radial button next to the applicable individual to be covered.
- **Click Save and Continue.**

Elections

Employee Information → **Dependent Information** → **Plan Elections** → Supplemental → Review → Complete

Plan Elections for Plan Period: 08/01/2023

I do not wish to elect any of the plans offered in the below section (Waive Coverage)

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
<input checked="" type="radio"/> PLAN XYZ		Employee Only	<input checked="" type="checkbox"/> New Employee	Active	self

Prescription Plans

I do not wish to elect any of the plans offered in the below section (Waive Coverage)

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
<input checked="" type="radio"/> PLAN XYZ		Employee Only	<input checked="" type="checkbox"/> New Employee	Active	self

Save & Continue Save & Exit Reset Back

6. Supplemental

- This will only be active if supplemental products are utilized for the client, i.e.: STD, LTD, etc. If unavailable, you will be taken straight to the Review section.

7. Review and Submit

- Here, you can review and edit any of the completed sections. To edit any of the information, click the **Edit** button at the top right corner of each section.
- If no edits are required, scroll to the bottom of the screen to the Acceptance section.
- Enter the first and last name of the person completing the form and any additional comments that HPI needs to be aware of. Then click **Submit Request***.

Summary

Employee Information

Client Name : ABC Company
First Name : How
Middle Name :
Last Name : Employee
Suffix :
Gender : Female
Age : 42
Beneficiary :
Department : 0144H
Enrollment Bracket Code : 15005inglethov:England

Client ID : 123XX
Employee Social Security Number : 123456789
Employee Certificate Number :
Date of Birth : 11/17/1980
Employee Status : Active
Language :
Employment Begin Date : 01/01/2023
Annual Earnings :
Medicare Coverage Type : No Medicare

Acceptance

First and Last Name * :
Comments :
Date : 06/29/2023

Submit Request Reset Back

B. Update Enrollment for Life Changes

Utilize this option to make changes due to a qualifying life event for employees and dependents who are already enrolled in the plan (i.e., adding a new dependent, termination, address changes, etc.).

For terminations, select Termination from the menu, then proceed to section C. Terminations.

1. Select from the drop-down list to start the change updates.
2. Enter the effective date of the change, then click **GO**.

Changes

Make and submit changes related to existing employees and dependents.

Change Type * : - Select -
Coverage Start Date * :
- Select -
Add Dependent(s)
Address Change
Multiple Changes
Other Miscellaneous Change
Plan Change
Termination

Changes

Make and submit changes related to existing employees and dependents.

Change Type * : Address Change
Coverage Start Date * : 02/01/2024
GO

3. You'll be directed to a Member Search to select the employee you would like to update. Enter the last name or Patient ID. (The Patient ID can be the member SSN or the system generated Certificate #.)

4. If searching by name, the executed search will display the results. Click on the Member Name to select that member.

5. Based on the change selected on the first screen, you will be directed to the appropriate screen to make the applicable update. (Example shown was an address change.)

6. Complete the update, then click **Submit**.

7. Once submitted the screen will show your updates and that it has saved

- Note: The **Start Over** or **Back** button will return you to the home screen.
- Here you will also see a list of existing requests that have been completed.

Member Search Results

Search

Search Options * : Employees Only

First Name :

Middle Name :

Last Name * : smith

Date of Birth :

Patient ID * :

Search Clear

Search Results

Show 10 records per page

Member Name	Status	Effective Date
ELIZABETH S SMITH	Active	07/01/2021
JOHN SMITH	Active	08/01/2023

Address Change

* Indicates Mandatory Fields / Sections

Address Change for : ELIZABETH SMITH (Employee)

Residence Address

Residence Address1 * : 102 Same Street

Residence Address2 :

Residence Address3 :

Postal Code * : 85383

City * : Peoria

State * : ARIZONA

Country * : UNITED STATES

Comments :

Submit Cancel

Address Change

Confirmation! Record saved successfully

* Indicates Mandatory Fields / Sections

Address Change for : ELIZABETH SMITH (Employee)

Residence Address

Address Line 1 : 102 Same Street

Address Line 2 :

Address Line 3 :

Postal Code * : 85383

City : Peoria

State : AZ

Country : USA

Comments :

Start Over

Enrollment

* Indicates required field.

New Hire

Changes

Employee ID Type * : --Select--

Date of Birth * :

Employment Begin Date * :

Coverage Start Date * :

GO

Change Type * : - Select -

Coverage Start Date * :

GO

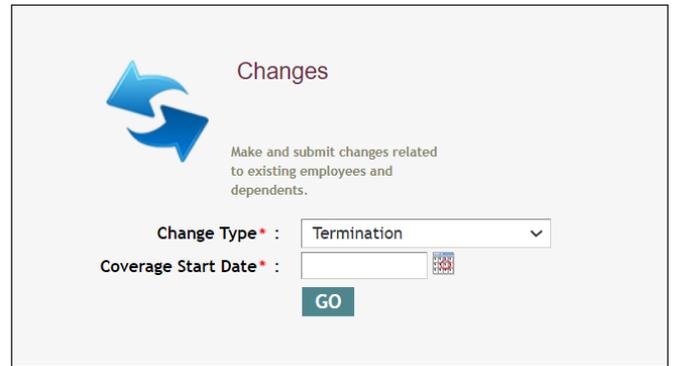
Existing Requests Export All

Show 10 records per page

	Name	Modified Date	Type	Submitted By	Status	Action
<input type="checkbox"/>	SMITH, ELIZABETH	05/30/2023	Life Event	Elaine Stout	Complete	View Delete
<input type="checkbox"/>	SMITH, ELIZABETH	05/01/2023	Life Event	Elaine Stout	Submitted	View Delete

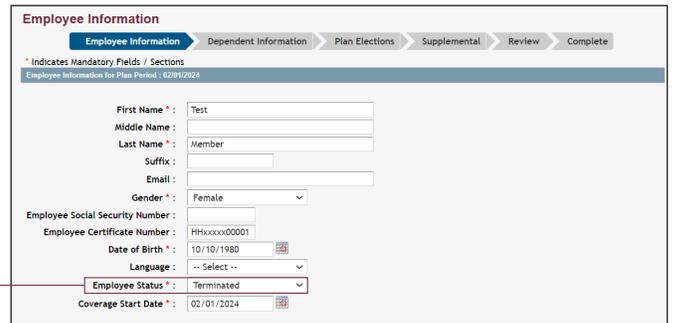
C. Terminate Coverage

For terminations, select Termination from the Change Type dropdown and enter the first date of no coverage (termination date) in the Coverage Start Date field. Then, follow the steps from section B, above, to search for the member.



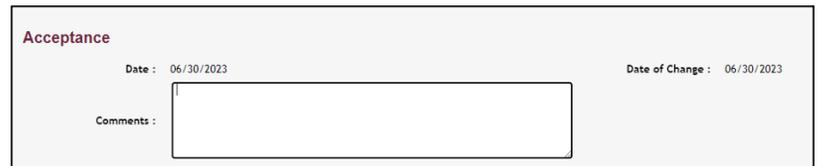
The 'Changes' screen features a blue double-headed arrow icon. Below the icon, the text reads: 'Make and submit changes related to existing employees and dependents.' There are two input fields: 'Change Type *' with a dropdown menu set to 'Termination', and 'Coverage Start Date *' with a date picker. A green 'GO' button is positioned below the date field.

Ensure Terminated is selected in the Employee Status field on the Employee Information screen. Then click **Save & Continue** which will advance you past three screens to the Review screen.



The 'Employee Information' screen has a breadcrumb trail: Employee Information > Dependent Information > Plan Elections > Supplemental > Review > Complete. A note indicates that asterisks (*) denote mandatory fields. The form includes fields for: First Name (Test), Middle Name, Last Name (Member), Suffix, Email, Gender (Female), Employee Social Security Number, Employee Certificate Number (HHxxxxx00001), Date of Birth (10/10/1980), Language (Select), Employee Status (Terminated), and Coverage Start Date (02/01/2024). A red line connects the 'Terminated' dropdown to the text in the adjacent paragraph.

Enter the reason for termination in the free text box prior to submitting.



The 'Acceptance' screen shows a 'Date' of 06/30/2023 and a 'Date of Change' of 06/30/2023. Below this, there is a 'Comments' label followed by a large empty text box for input.



Have questions? Contact your Account Manager: 800-532-7575
press 4 to access the company directory

