

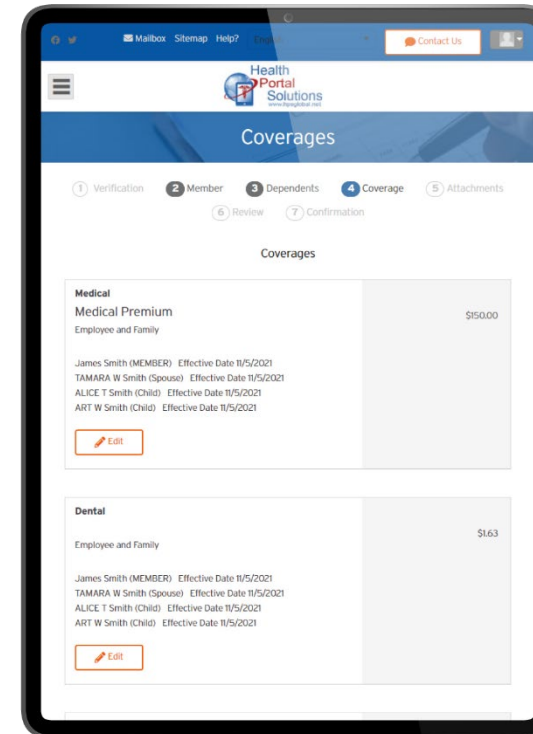


# ONLINE ENROLLMENT

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# Your Online Enrollment Solution

- The HPS online enrollment solution streamlines your enrollment and eligibility operations through:
- Paperless enrollment submission
- Rules-based display of coverage options
- Automatic transfer of enrollment data to your eligibility system
- Convenient tools for enrollment communications
- Mobile-Optimized experience for members and employers



# Enrollment Users

Online enrollment can be used by:



Payers /  
Insurers



Employers /  
Group  
Administrators



Agents /  
Brokers

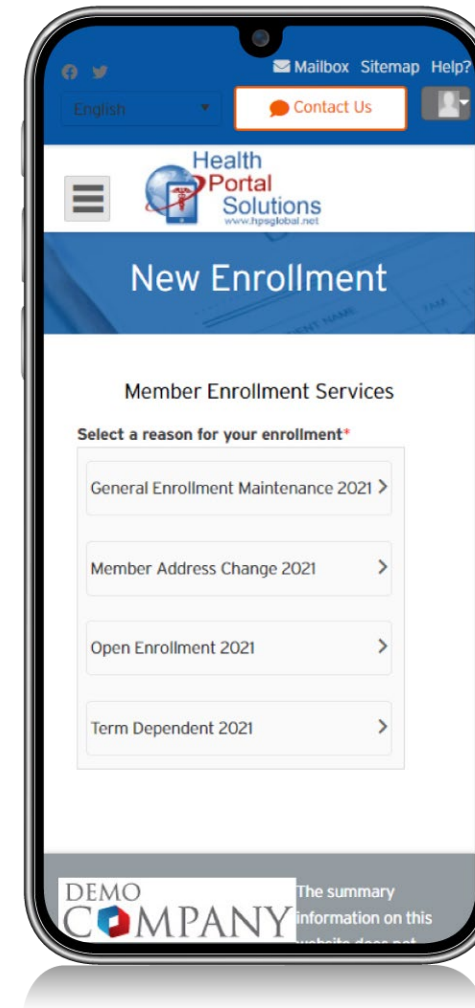


Employees /  
Plan Members

# Enrollment Types

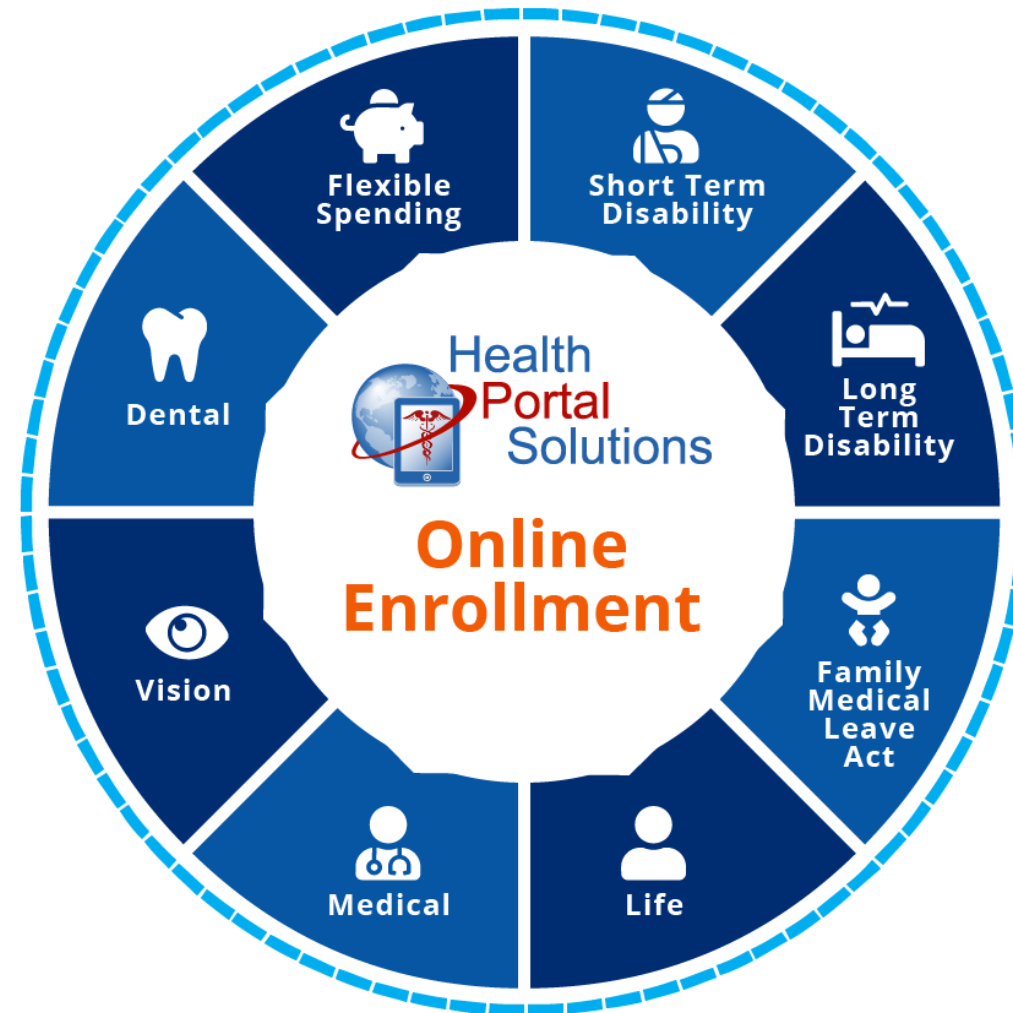
Online enrollment can be used for several reasons:

- New Hire / New Member Enrollment
- Annual Open Enrollment
- Adding or Terminating a Dependent
- Member Terminations or Reinstatements
- Address Changes



# Benefit Types

HPS' online enrollment can be used for individual or group enrollment in numerous plans and options.



# Enrollment Setup

**Enrollment Table**

[Setup Plan Years](#)

This is the first step of setting up online enrollment. In this section, you will enter important information about each group as well as their plan year details.

[Plan Table](#)

Selecting the Plan Table option will allow you to add class levels, plan levels, and coverage levels by group.

[Form Designer](#)

In this step, you will create the online enrollment forms that will be used by members, HR users, brokers, and your team. You can also edit existing forms as needed.

[Agreements](#)

This tool lets you add the agreement language that appears at the end of an online enrollment form. The user completing an enrollment form must agree with the terms of this agreement in order to submit the enrollment request.

[Enrollment Period](#)

In this final step, you will select which plan tables, online forms, and agreements should be used for each group's online enrollment tool. After this step is complete, your groups will be able to use online enrollment.

[Enrollment Document Attachment](#)

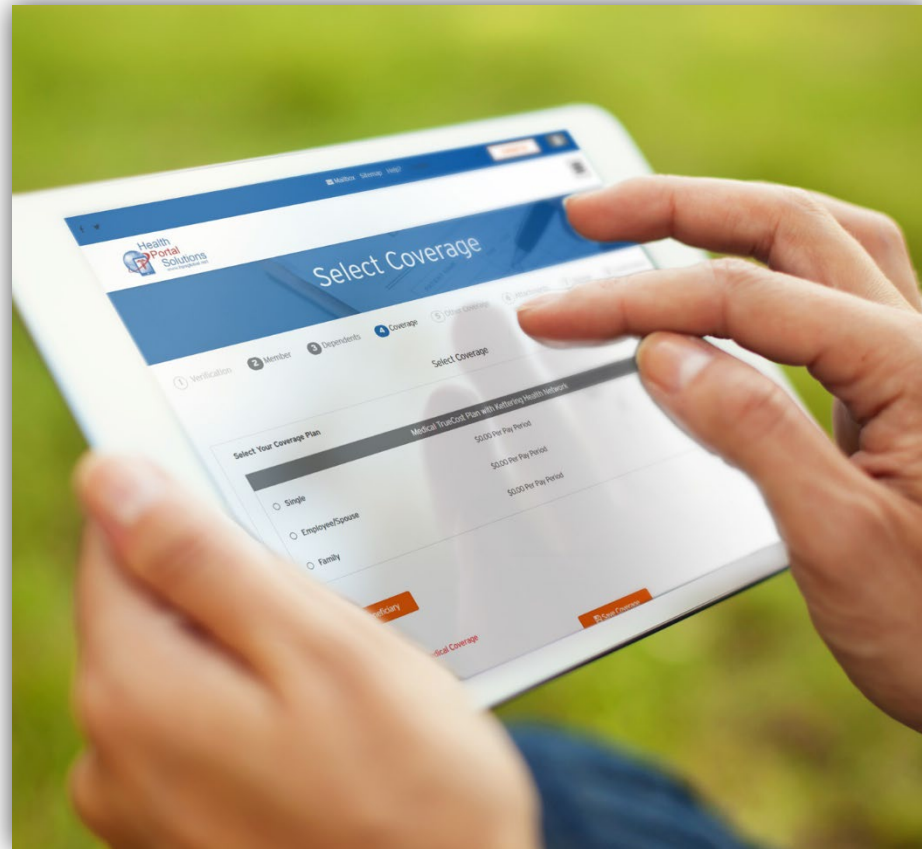
HPS provides step-by-step tools for setting up and configuring online enrollment by group or by plan.

# Enrollment Configurations

Enrollment can be configured by employer, plan, and user type (member, employer, etc.).

Configurations include but are not limited to:

- Enrollment forms
- Benefit, coverage, and plan options
- Enrollment documents
- Coverage-specific rules (such as auto-enrollment in coverage, auto-waive coverage, or rate calculations based on smoker status)
- Online Workflows (member self-enrollment vs. HR-only access)



# Enrollment Communication Tools

The portal offers other communication tools to help you streamline the enrollment process:



Live Chat



Online Help &  
Content Editing



Email  
Notifications



Document  
Management



Online  
Screen-Sharing



# HPS Client Support

HPS Business Analysts support clients in a number of ways:

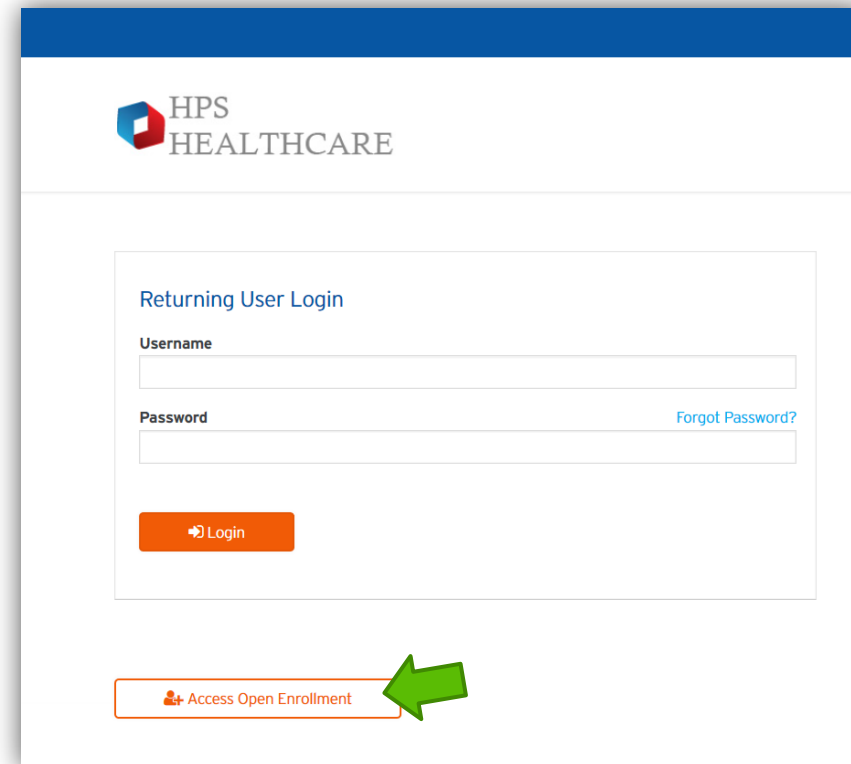
1. Client Training
2. Enrollment Configuration
3. Bug Fixes
4. Enhancements
5. By playing a key role in the development and management of your web portal, HPS Business Analysts help promote ongoing utilization amongst your users.



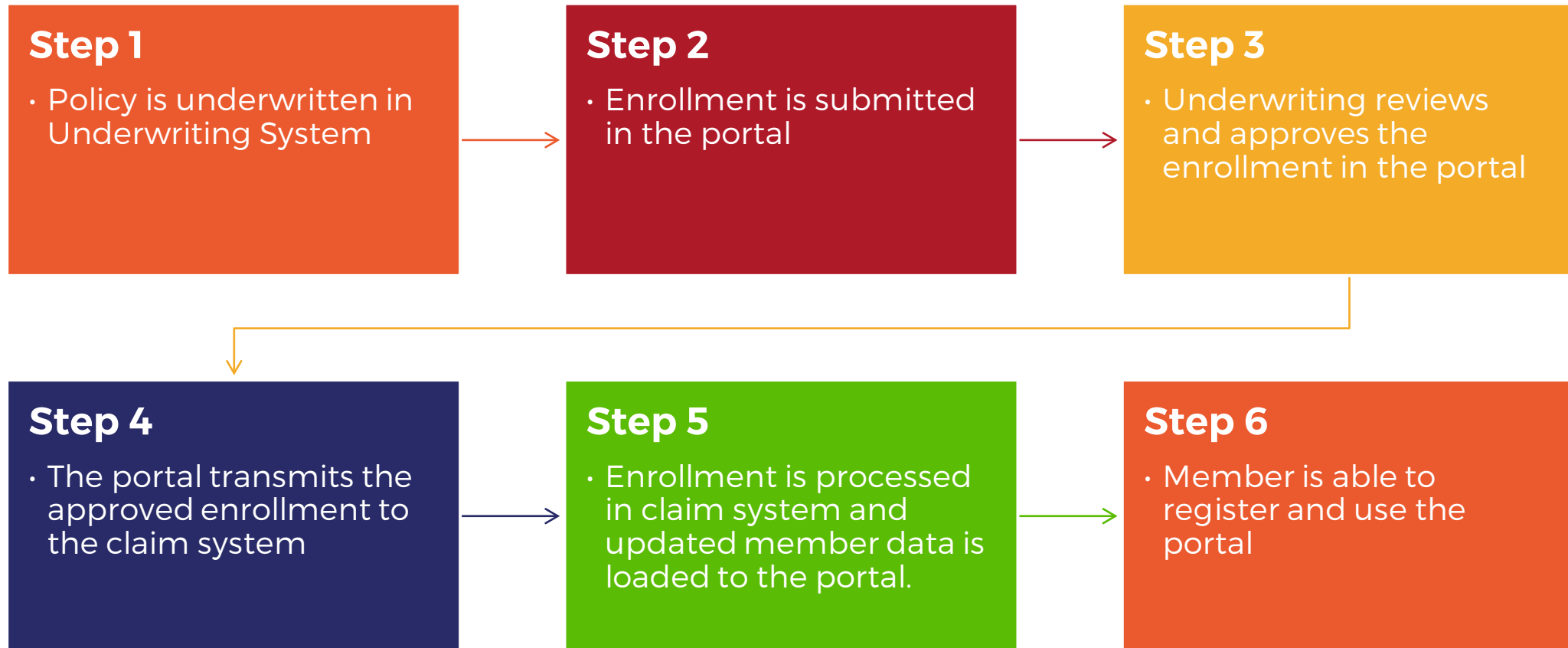
# Login Types

Online enrollment can be accessed:

- Direct from your website
- Direct from your client's website
- Through Single Sign On



# Enrollment Workflow



# MEMBER ONLINE ENROLLMENT

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# Member Online Enrollment

Online Enrollment gives your plan members the ability to enroll online any time at their convenience. This can be done in one of two ways:

## **Inside the Portal:**

This approach is most commonly used when a member already exists in your claim system and has a web portal account. With this approach, the member would log into the portal, go to the enrollment page, and submit their enrollment transaction.

## **Outside the Portal:**

This approach is most commonly used when a member does not exist in your claim system and you need to collect their eligibility information for the first time. With this approach, the member would go to your portal login page, click the “open enrollment” button, enter the authorization code you’ve provided to them, and submit their enrollment transaction.

The “Outside the Portal” workflow is what we’ll illustrate for the member online enrollment.

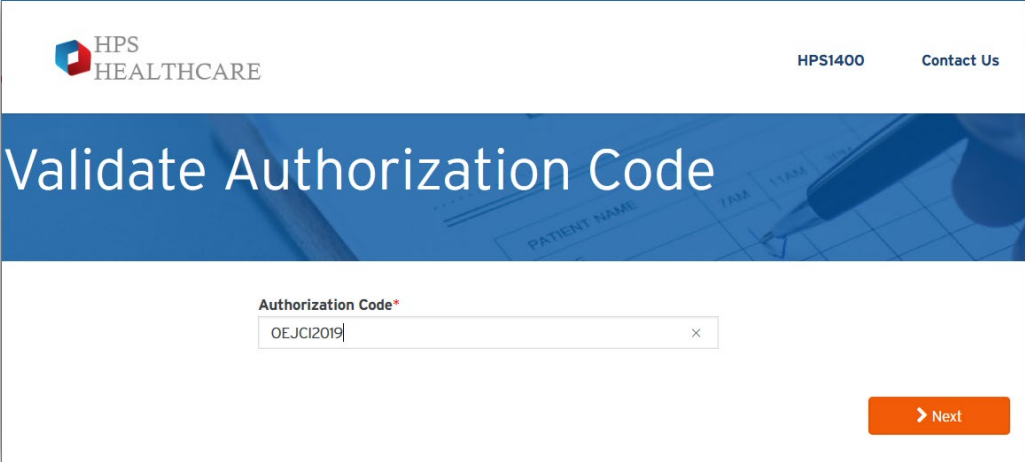
# Portal Access

Plan members can access the web portal and enrollment tool from the employer's public website or the Insurer website.

The image shows a screenshot of the ACME Staffing & Recruiting website. The top navigation bar includes links for JOBS, STAFFING SERVICES, SOLUTIONS, and ABOUT. A 'Login' button is circled in yellow. Below the navigation bar, there are sections for 'BRINGING GREAT PEOPLE AND GREAT', 'LOOKING FOR A JOB?', and 'LOOKING TO HIRE?'. A yellow arrow points from the 'Login' button to a 'Returning User Login' form. The form has fields for 'Username' and 'Password', a 'Forgot Password?' link, and a 'Login' button. Below the form is a button labeled 'Access Open Enrollment'.

# Begin Enrollment

- After clicking the Enrollment button, the member will be prompted to enter an authorization code.
- Each employer will use a unique authorization code that is assigned to them by the Insurer when it sets up online enrollment for them.



The screenshot shows a web form for validating an authorization code. At the top left is the HPS Healthcare logo. At the top right are the text 'HPS1400' and a 'Contact Us' link. The main heading is 'Validate Authorization Code'. Below this is a text input field labeled 'Authorization Code\*' containing the code '0EJCI2019'. To the right of the input field is a small 'x' icon. At the bottom right of the form is an orange button with a right-pointing arrow and the text 'Next'.

# Enrollment Verification

- After entering the authorization code, the member will be prompted to provide some basic demographic details about themselves.
- The portal will use these details to validate whether this member already exists in the Insurer's enrollment system.

The screenshot shows a web form titled "Enrollment Verification" with a progress bar at the top containing steps 1 through 8. Step 1, "Verification", is currently active. The form fields are as follows:

- First Name\***: Zachary
- Last Name\***: Byerly
- Certificate Number\***: 751656247
- Date of Birth\***: 8/21/1963
- Gender\***:  Male  Female
- Postal Code\***: 77344
- Security Code\***: A CAPTCHA image showing the code "rqza9". Below the image are links for "Generate new Security Code" and "Get Audio Code".
- Enter Security Code displayed above**: A text input field containing "rqza9".

At the bottom of the form, there are two buttons: a "Back" button on the left and a "Next" button on the right.



# Member Form








- If the portal already has eligibility and demographic data for this member, those details will populate in the member form.
- If the portal does not have these details, the member must fill out the enrollment form completely.

The screenshot displays the 'Member' step of an 8-step enrollment process. The steps are: 1 Verification, 2 Member (current), 3 Dependents, 4 Coverage, 5 Other Coverage, 6 Attachments, 7 Review, and 8 Confirmation. The form is titled 'Health Risk Assessment' and contains the following fields:




- Member ID\***: Text input field containing '751656247'.
- Status\***: Dropdown menu with 'Active' selected.
- First Name\***: Text input field containing 'ZACHARY'.
- Middle Initial**: Empty text input field.
- Last Name\***: Text input field containing 'BYERLY'.
- Birth Date\***: Date picker field containing '8/21/1963'.
- Gender\***: Dropdown menu with 'Male' selected.

# Dependent Form

The dependent form will list all details for dependents (if available).

KATHY N BYERLY	 Edit	 Terminate
CAITLYN Y BYERLY	 Edit	 Terminate
FELICIA F BYERLY	 Edit	 Terminate
 Add Dependent		

The member can terminate, edit, or add dependents as needed.

Last Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Relationship*	<input type="text"/>
Birth Date*	<input type="text" value="mm/dd/yyyy"/> 
Gender*	<input type="text"/>
Disabled?	<input type="text"/>
Is Student?	<input type="text"/>
Effective Date*	<input type="text" value="1/1/2019"/> 
 Add Dependent	

# Coverage Page

Based on the employer's plan and the member's eligibility, the portal will display the coverage, benefits, and plan options available to that member.

The member can select or waive coverage as needed.

**Select Your Coverage Plan**

	Medical Premium
<input type="radio"/> Employee Only	\$50.00 Per Pay Period
<input type="radio"/> Employee and Children	\$100.00 Per Pay Period
<input type="radio"/> Employee and Spouse	\$125.00 Per Pay Period
<input checked="" type="radio"/> Employee and Family	\$150.00 Per Pay Period

Which family members will be covered by the plan?	Effective Date
<b>ZACHARY BYERLY (MEMBER)</b>	1/1/2019
<input checked="" type="checkbox"/> KATHY N BYERLY (Spouse)	5/1/2016
<input checked="" type="checkbox"/> CAITLYN Y BYERLY (Child)	5/1/2016
<input checked="" type="checkbox"/> FELICIA F BYERLY (Child)	5/1/2016

I elect to waive Medical Coverage

[Save Coverage](#)

# Beneficiary Details

If the benefits require beneficiary information, these details can be added manually or imported from the dependent page.

**Add Beneficiary**

Import Dependent Data as Beneficiary

**KATHY N BYERLY** ▼

--- Select Dependents ---

- KATHY N BYERLY**
- CAITLYN Y BYERLY
- FELICIA F BYERLY

**Last Name\***  
BYERLY

**Relationship\***  
Spouse

**Share %**  
[ ]

**Address**

Outside United States

**Line 1\***  
2832 OGDEN FOREST DR

**Line 2**  
[ ]

**Town / City\***  
HOUSTON

**State / Province\***  
Texas ▼

**Postal Code**  
77344

# Other Coverage

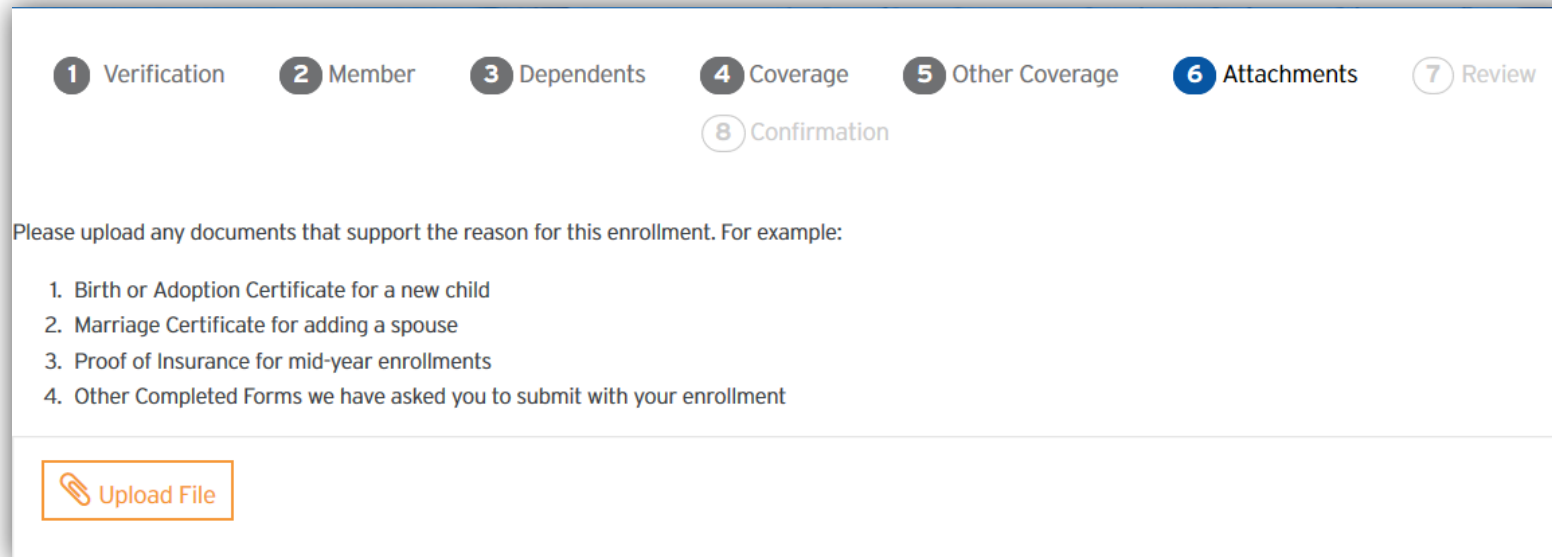
On this page, the member can indicate whether he or a family member is enrolled in other insurance plans, whether they be private or government-sponsored plans.

The screenshot shows a web form titled 'Other Coverage' as part of an 8-step enrollment process. The steps are: 1 Verification, 2 Member, 3 Dependents, 4 Coverage, 5 Other Coverage (current step), 6 Attachments, 7 Review, and 8 Confirmation. The form contains the following fields and options:

- Health Plan Name\***: A text input field.
- Primary Insured\***: A text input field.
- Policy Number\***: A text input field.
- Effective Date of Policy\***: A date picker field with the format 'mm/dd/yyyy' and a calendar icon.
- Type of Coverage(check all that apply)\***: A group of checkboxes for 'Medical', 'Dental', 'Vision', and 'Other'.
- Is this a Medicare/Medicaid or any other federal,state, or governmental agency?\***: Radio buttons for 'Yes' (selected) and 'No'.
- Who does this plan cover?\***: A group of checkboxes for 'ZACHARY BYERLY', 'KATHY N BYERLY', and 'CAITLYN Y BYERLY'.

# Document Upload

- The member should upload any required documents necessary for their enrollment.
- If the member is using a mobile device, he can use the camera on the device to take a picture of a document to submit with the enrollment.




The screenshot shows a progress bar with eight steps: 1 Verification, 2 Member, 3 Dependents, 4 Coverage, 5 Other Coverage, 6 Attachments (highlighted in blue), 7 Review, and 8 Confirmation. Below the progress bar, there is a text prompt: "Please upload any documents that support the reason for this enrollment. For example:" followed by a list of four examples: 1. Birth or Adoption Certificate for a new child, 2. Marriage Certificate for adding a spouse, 3. Proof of Insurance for mid-year enrollments, and 4. Other Completed Forms we have asked you to submit with your enrollment. At the bottom of the form is an orange "Upload File" button with a paperclip icon.

1 Verification 2 Member 3 Dependents 4 Coverage 5 Other Coverage 6 Attachments 7 Review 8 Confirmation

Please upload any documents that support the reason for this enrollment. For example:

1. Birth or Adoption Certificate for a new child
2. Marriage Certificate for adding a spouse
3. Proof of Insurance for mid-year enrollments
4. Other Completed Forms we have asked you to submit with your enrollment

 Upload File

# Enrollment Review

On this final page, the member will review all the details about their enrollment, agree to the terms and conditions, and submit the enrollment.

1 Verification
2 Member
3 Dependents
4 Coverage
5 Other Coverage
6 Attachments
7 Review

B Confirmation

Enrollment is not yet complete.

Please carefully review enrollment information as this is your last chance to edit information in this submission. Click the "Edit" buttons to make changes and then click "Next."

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Member Information

**Member ID**  
751656247

**Status**  
Active

**First Name**  
ZACHARY

**Middle Initial**

**Last Name**  
BYERLY

Agreement

Waiver Agreement: After my 60-day enrollment period, I understand that in order to enroll in the future I may be required to provide evidence of insurability, and I may enroll in some plans only during enrollment periods and/or be subject to pre-existing condition limitations.

Summer Premiums: If I am budgeted for less than 12 months a year, my summer premiums will be deducted from my May pay. Under certain circumstances, I may choose to be billed for my premiums through the summer. (You will receive additional information in April.)

Release of Information: I understand that certain information collected by the Healthcare System, including some collected using this form, must be sent to the carriers of the plans in which I have enrolled. The Healthcare System and the insurance carriers will treat this information as confidential.

I do not agree     I agree

✔ Finalize Enrollment

You can print this information after you have finalized your enrollment

# Enrollment Confirmation

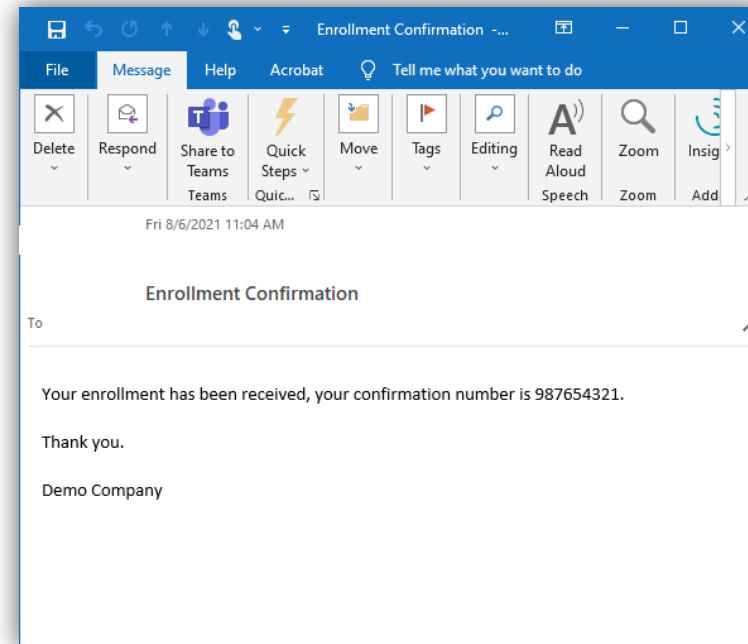
- The member can print a copy of their enrollment on this page.
- He'll also receive a transaction number for his enrollment as a reference.

The screenshot shows a progress bar at the top with eight steps: 1 Verification, 2 Member, 3 Dependents, 4 Coverage, 5 Other Coverage, 6 Attachments, 7 Review, and 8 Confirmation. Step 8 is highlighted in blue. Below the progress bar, the text reads: **Enrollment Confirmation #1879**, Thank you for submitting your enrollment. Your enrollment has been received and is pending approval. At the bottom, there is an orange button with a printer icon and the text "Print Confirmation".



# Enrollment Confirmation Notification

The member will also receive an email notification from the portal confirming that the enrollment was successfully submitted.



# EMPLOYER ONLINE ENROLLMENT

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# Online Enrollment gives employers the ability to submit enrollments on behalf of a member.

This allows your company to:



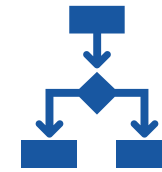
## **Tie**

new coverage requests to plan members that already exist in your eligibility system



## **Stimulate**

use of other web portal features beyond online enrollment



## **Track**

and monitor the parties who are submitting and managing enrollments

# Portal Access

Employers can access the web portal and enrollment tool from the Insurer website.

The image shows a screenshot of the ACME Staffing & Recruiting website. The top navigation bar includes links for JOBS, STAFFING SERVICES, SOLUTIONS, ABOUT, and a circled Login button. Below the navigation bar, there are banners for 'BRINGING GREAT PEOPLE AND GREAT', 'LOOKING FOR A JOB?', and 'LOOKING TO HIRE?'. A yellow arrow points from the Login button to a login form overlay. The form is titled 'Returning User Login' and contains fields for Username and Password, a 'Forgot Password?' link, and a 'Login' button. Below the form is a button labeled 'Access Open Enrollment'.

# Enrollment Reason

The Employer should go to the Enrollment page and select “Start a New Enrollment.”

Then they will see the enrollment forms that are applicable to the employer and/or division.

The screenshot displays the Health Portal Solutions website interface. At the top, there is a navigation bar with links for Mailbox, Sitemap, Help?, English, and a Contact Us button. Below this is a secondary navigation bar with links for Claims, Benefits, ID Cards, Documents, HR Compliance, Enrollment, Reports, and Members. The main content area features a search bar and a list of enrollment reasons under the heading "Member Enrollment". A yellow box highlights the "Start a New Enrollment" button in the background. The enrollment reasons listed are:

- General Enrollment Maintenance 2020
- Member Address Change 2020
- New Hire Enrollment 2020
- Open Enrollment 2020
- Term Member 2020

# Member Search

Then, they must search for the member that they wish to enroll.

Health Portal Solutions  
www.hpglobal.net

Claims Benefits ID Cards Documents HR Compliance Enrollment Reports

## Member Verification

First Name Last Name Date of Birth Case/Cert ID Member ID SSN/Federal ID

Byerly mm/dd/yyyy

Display Detail  
 Company  Group  Division

Search

Search Result

Last Name	IpMiddleName	FirstName	Birthdate	SSN/Federal ID	Relationship	Gender	Marital Status	Marriage Date	Status
BYERLY		ZACHARY	8/21/1963	###-##-4377	Insured/Self	Male			Active

Page size: 50








# Member Page

Online enrollment forms will pre-populate with the member's current eligibility data.




<b>Member ID*</b>	<input type="text" value="751656247"/>
<b>Status*</b>	<input type="text" value="Active"/>
<b>First Name*</b>	<input type="text" value="ZACHARY"/>
<b>Middle Initial</b>	<input type="text"/>
<b>Last Name*</b>	<input type="text" value="BYERLY"/>
<b>Birth Date*</b>	<input type="text" value="8/21/1963"/>
<b>Gender*</b>	<input type="text" value="Male"/>
<b>Marital Status</b>	<input type="text" value="Married"/>
<b>Marriage Date</b>	<input type="text" value="mm/dd/yyyy"/>

# Dependent Page

This page will pre-populate with the dependents' current eligibility data (if available).

KATHY N BYERLY	 Edit	 Terminate
CAITLYN Y BYERLY	 Edit	 Terminate
FELICIA F BYERLY	 Edit	 Terminate
 Add Dependent		

Dependents can also be added, deleted, or changed.

Last Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Relationship*	<input type="text"/>
Birth Date*	<input type="text" value="mm/dd/yyyy"/> 
Gender*	<input type="text"/>
Disabled?	<input type="text"/>
Is Student?	<input type="text"/>
Effective Date*	<input type="text" value="1/1/2019"/> 
 Add Dependent	



# Coverage Page

The employer can select from the coverages pertinent to the member.

Select Your Coverage Plan

	Medical Premium
<input type="radio"/> Employee Only	\$50.00 Per Pay Period
<input type="radio"/> Employee and Children	\$100.00 Per Pay Period
<input type="radio"/> Employee and Spouse	\$125.00 Per Pay Period
<input checked="" type="radio"/> Employee and Family	\$150.00 Per Pay Period

Which family members will be covered by the plan?

	Effective Date
ZACHARY BYERLY (MEMBER)	1/1/2019
<input checked="" type="checkbox"/> KATHY N BYERLY (Spouse)	5/1/2016
<input checked="" type="checkbox"/> CAITLYN Y BYERLY (Child)	5/1/2016
<input checked="" type="checkbox"/> FELICIA F BYERLY (Child)	5/1/2016

I elect to waive Medical Coverage

# Beneficiary Details

If the benefits require beneficiary information, these details can be added manually or imported from the dependent page.

The screenshot shows the 'Add Beneficiary' form. At the top left is an orange button labeled 'Add Beneficiary'. Below it is a checkbox labeled 'Import Dependent Data as Beneficiary' which is checked. A dropdown menu is open, showing 'KATHY N BYERLY' selected, with other options '--- Select Dependents ---', 'KATHY N BYERLY', 'CAITLYN Y BYERLY', and 'FELICIA F BYERLY'. To the right of the dropdown are two input fields: 'Last Name\*' with 'BYERLY' and 'Relationship\*' with 'Spouse'. On the far right is an orange 'Share %' button with a white input field. The main form area is titled 'Address' and includes a checkbox for 'Outside United States'. It has two lines for the address: 'Line 1\*' with '2832 OGDEN FOREST DR' and 'Line 2' which is empty. Below that is 'Town / City\*' with 'HOUSTON'. At the bottom are 'State / Province\*' with a dropdown set to 'Texas' and 'Postal Code' with '77344'.

# Other Coverage

Enrollment details for other plans should be added as well.


1 Verification 2 Member 3 Dependents 4 Coverage 5 Other Coverage 6 Attachments 7 Review 8 Confirmation

**Health Plan Name\***

**Primary Insured\***

**Policy Number\***

**Effective Date of Policy\***

**Type of Coverage(check all that apply)\***

Medical  Dental  Vision  Other

**Is this a Medicare/Medicaid or any other federal,state, or governmental agency?\***

Yes  No

**Who does this plan cover?\***

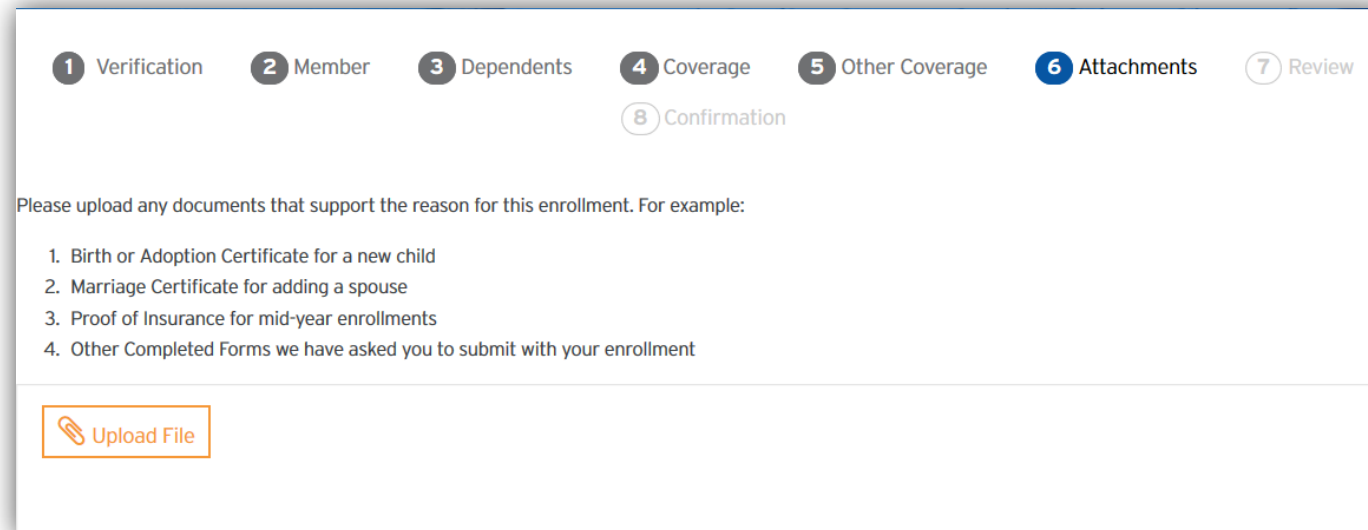
ZACHARY BYERLY

KATHY N BYERLY

CAITLYN Y BYERLY

# Document Upload

- The employer should upload any required documents necessary for their enrollment.
- If the employer is using a mobile device, he can use the camera on the device to take a picture of a document to submit with the enrollment.



The screenshot shows a progress bar at the top with eight steps: 1 Verification, 2 Member, 3 Dependents, 4 Coverage, 5 Other Coverage, 6 Attachments (highlighted in blue), 7 Review, and 8 Confirmation. Below the progress bar, the text reads: "Please upload any documents that support the reason for this enrollment. For example:" followed by a list of four examples: 1. Birth or Adoption Certificate for a new child, 2. Marriage Certificate for adding a spouse, 3. Proof of Insurance for mid-year enrollments, and 4. Other Completed Forms we have asked you to submit with your enrollment. At the bottom of the form is an orange "Upload File" button with a paperclip icon.

# Enrollment Review

This page will allow one last review of the enrollment details. The employer can go back and make edits as needed.

1 Verification
2 Member
3 Dependents
4 Coverage
5 Other Coverage
6 Attachments
7 Review

8 Confirmation

Enrollment is not yet complete.

Please carefully review enrollment information as this is your last chance to edit information in this submission. Click the "Edit" buttons to make changes and then click "Next."

---

Member Information

Member ID	751656247
Status	Active
First Name	ZACHARY
Middle Initial	
Last Name	BYERLY

Agreement

Waiver Agreement: After my 60-day enrollment period, I understand that in order to enroll in the future I may be required to provide evidence of insurability, and I may enroll in some plans only during enrollment periods and/or be subject to pre-existing condition limitations.

Summer Premiums: If I am budgeted for less than 12 months a year, my summer premiums will be deducted from my May pay. Under certain circumstances, I may choose to be billed for my premiums through the summer. (You will receive additional information in April.)

Release of Information: I understand that certain information collected by the Healthcare System, including some collected using this form, must be sent to the carriers of the plans in which I have enrolled. The Healthcare System and the insurance carriers will treat this information as confidential.

I do not agree   
  I agree

✔ Finalize Enrollment

You can print this information after you have finalized your enrollment

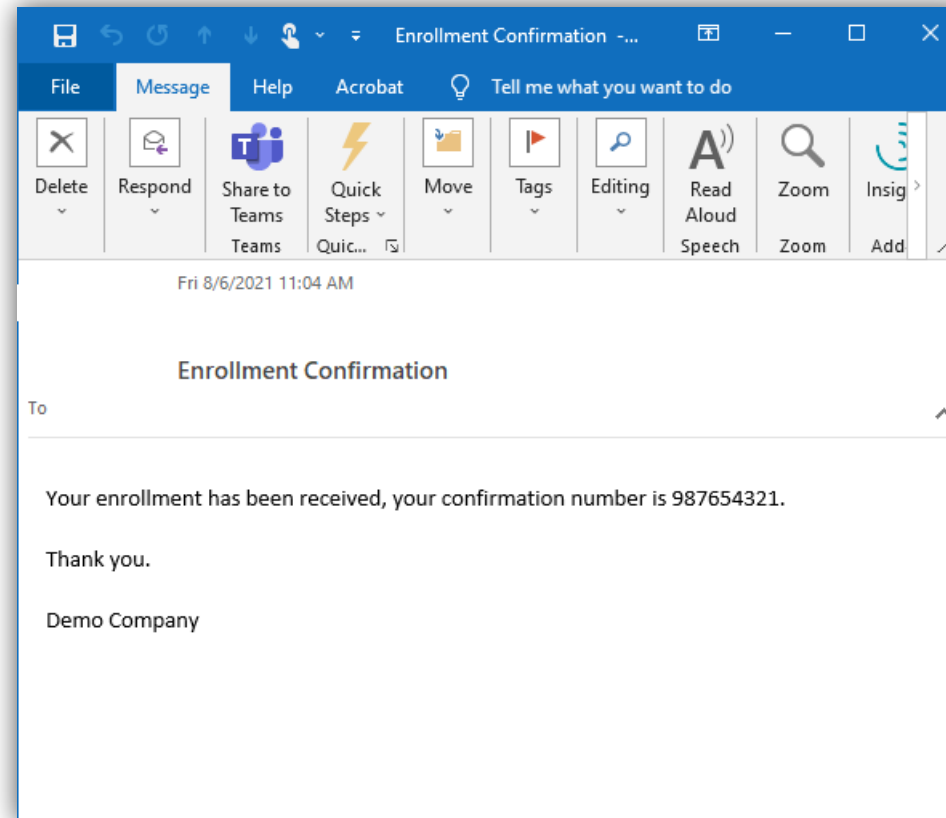
# Finish Enrollment

After the enrollment is submitted, the employer can print a copy.

The screenshot displays a progress bar at the top with eight steps: 1 Verification, 2 Member, 3 Dependents, 4 Coverage, 5 Other Coverage, 6 Attachments, 7 Review, and 8 Confirmation. Step 8 is highlighted in blue. Below the progress bar, the text reads: **Enrollment Confirmation #1879**, Thank you for submitting your enrollment. Your enrollment has been received and is pending approval. At the bottom center, there is an orange button with a printer icon and the text "Print Confirmation".

# Enrollment Confirmation Notification

The employer will also receive an email notification from the portal confirming that the enrollment was successfully submitted.



# INSURER ONLINE ENROLLMENT

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# Online Enrollment gives insurers the ability to submit enrollments on behalf of a member.

This allows your company to:



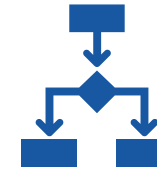
## **Tie**

new coverage requests to plan members that already exist in your eligibility system



## **Stimulate**

use of other web portal features beyond online enrollment



## **Track**

and monitor the parties who are submitting and managing enrollments

# Portal Access

Insurers can access the web portal and enrollment tool from the Insurer website.

The image shows a screenshot of the ACME Staffing & Recruiting website. The 'Login' button in the top navigation bar is circled in yellow. A yellow arrow points from this button to a login form overlay. The form is titled 'Returning User Login' and contains the following elements:

- Username**: A text input field.
- Password**: A text input field with a [Forgot Password?](#) link to its right.
- Login**: An orange button with a right-pointing arrow icon.
- Access Open Enrollment**: A button with a person icon and a plus sign, located below the login form.

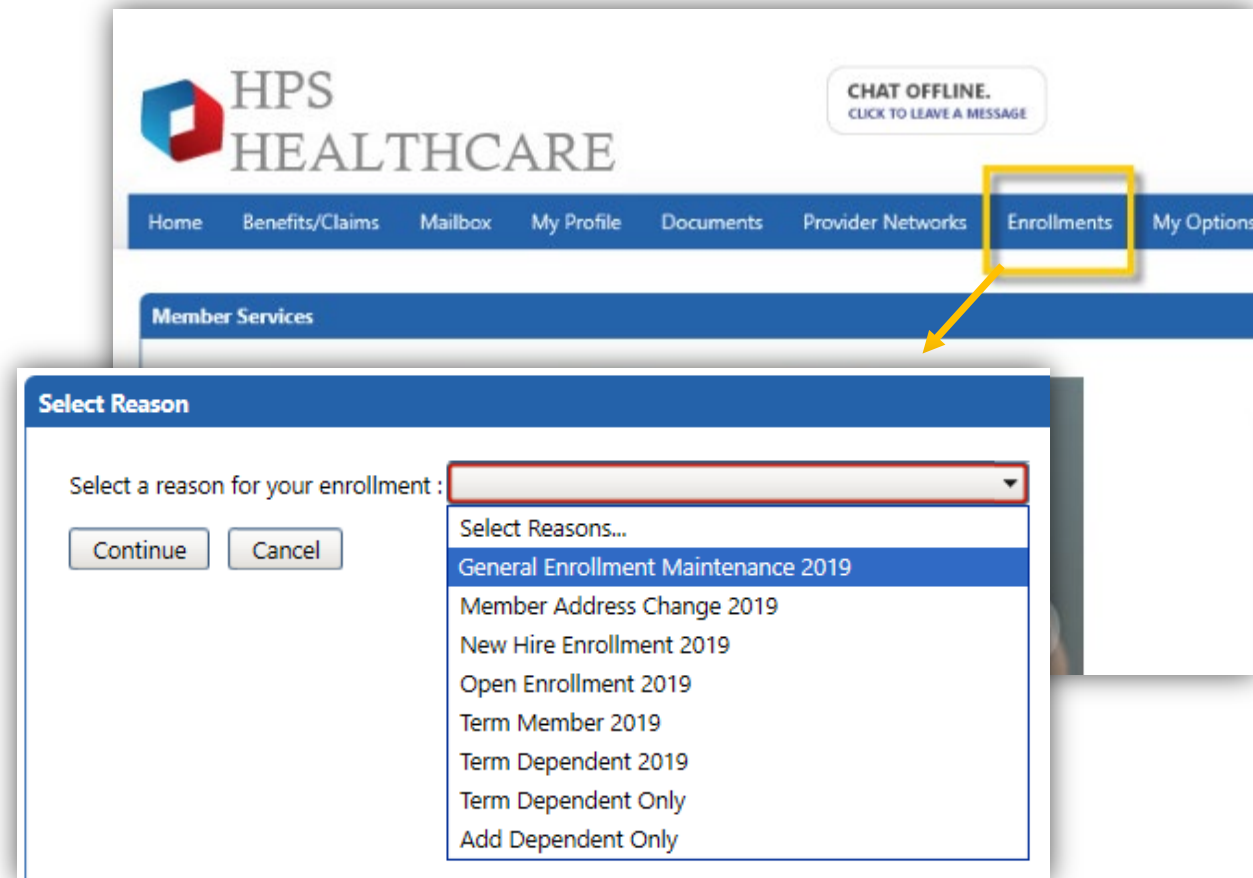
# Group Selection

Insurers must select the employer group and division.

The screenshot displays the 'Enrollment > Start Enrollment' page. At the top, a navigation bar includes links for Home, Eligibility, Claims, Documents, Quick Quote, Mailbox, HR Compliance, Enrollment, and My Options. Below the navigation bar, the breadcrumb 'Enrollment > Start Enrollment' is visible. A red button labeled 'Start Enrollment' is prominent. A blue sidebar menu on the right contains 'Member Enrollment Services' with sub-options for 'Enrollment Review' and 'Enrollment Setup'. The main content area features a blue header for 'Member Enrollment Services' and a text instruction: 'To begin enrollment for a plan member, first select a group from the drop down list below'. Three dropdown menus are provided: 'Company:' with 'James Coney Island 20', 'Group:' with 'James Coney Island EPO 2000', and 'Plan Year:' with '01/01/2019 - 12/31/2019'. At the bottom, there are links for 'Start' and 'View Pending Enrollment'.

# Enrollment Reason

When they select the enrollment option, they will see the enrollment forms that are applicable to the employer and/or division.



The screenshot shows the HPS Healthcare website interface. The top navigation bar includes links for Home, Benefits/Claims, Mailbox, My Profile, Documents, Provider Networks, Enrollments (highlighted with a yellow box and arrow), and My Options. A chat bubble indicates 'CHAT OFFLINE. CLICK TO LEAVE A MESSAGE'. Below the navigation bar is a 'Member Services' section. A 'Select Reason' dialog box is overlaid on the page, featuring a dropdown menu with the following options:

- Select Reasons...
- General Enrollment Maintenance 2019
- Member Address Change 2019
- New Hire Enrollment 2019
- Open Enrollment 2019
- Term Member 2019
- Term Dependent 2019
- Term Dependent Only
- Add Dependent Only

# Member Search


Then, they must search for the member in that group that they wish to enroll.

### Member Search


Member ID:

First Name:

Last Name:

Date of Birth:  

Last Name	First Name	Effective Date	Term Date	Status
<a href="#">BYERLY</a>	ZACHARY	5/1/2016		Active

 Page size:  1 items in 1 pages

# Member Page

Online enrollment forms will pre-populate with the member's current eligibility data

### Member Information

\* = Required

* Status:	Active
* First Name:	ZACHARY
Middle Initial:	
* Last Name:	BYERLY
Address	<input type="checkbox"/> Outside United States
* Address1:	2832 OGDEN FOREST DR
Address2:	
* City:	HOUSTON
* State:	Texas
* Zip Code:	77344
* Gender:	Male
* Effective Date:	05/01/2013
* Salary Amount:	
* Pay Frequency:	Select Pay Frequency...
Employment Date:	mm/dd/yyyy
Marital Status:	Select Marital Status...
Home Phone:	
Email:	Test@Yahoo.Com
* Member ID:	751656247

Continue Back Cancel Attach Documents

# Dependent Page

This page will pre-populate with the dependents' current eligibility data (if available).

Dependents can also be added, deleted, or changed.

Add/Edit Dependent
?

Edit
Terminate

<b>First Name</b>	: KATHY
<b>Last Name</b>	: BYERLY
<b>Middle Initial</b>	: N
<b>Relationship</b>	: Spouse
<b>Birth Date</b>	: 4/6/1969
<b>Gender</b>	: Female
<b>Disabled?</b>	:
<b>Is Student?</b>	:
<b>Effective Date</b>	: 5/1/2016

Edit
Terminate

<b>First Name</b>	: CAITLYN
<b>Last Name</b>	: BYERLY
<b>Middle Initial</b>	: Y
<b>Relationship</b>	: Child
<b>Birth Date</b>	: 11/16/2005
<b>Gender</b>	: Female
<b>Disabled?</b>	:
<b>Is Student?</b>	:
<b>Effective Date</b>	: 5/1/2016

Edit
Terminate

<b>First Name</b>	: FELICIA
<b>Last Name</b>	: BYERLY
<b>Middle Initial</b>	: F
<b>Relationship</b>	: Child
<b>Birth Date</b>	: 1/16/1994
<b>Gender</b>	: Female
<b>Disabled?</b>	:
<b>Is Student?</b>	:
<b>Effective Date</b>	: 5/1/2016

If you do not wish to edit or add any dependents, please click "Continue".

Continue
Add
Back
Cancel

# Coverage Page

The insurer can select from the coverages pertinent to the member.

Select Coverage

Medical

Medical EPO

Employee Only \$50.00 Per Pay Period << **Currently Selected**

Active ZACHARY BYERLY (MEMBER) Effective Date:

Employee and Children \$100.00 Per Pay Period

Employee and Spouse \$125.00 Per Pay Period

Employee and Family \$150.00 Per Pay Period

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**Waive Medical**

Dental

Dental

Employee Only \$25.00 Per Pay Period

Employee and Family \$37.50 Per Pay Period << **Currently Selected**

**Waive Dental**

Vision

Vision

Employee Only \$12.50 Per Pay Period

Employee and Family \$32.50 Per Pay Period << **Currently Selected**

Active	ZACHARY BYERLY (MEMBER)	Effective Date:	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="📅"/>
Active ▾	SKYLAN BYERLY (Child)	Effective Date:	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="📅"/>
Active ▾	CONNOR BYERLY (Child)	Effective Date:	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="📅"/>
Active ▾	YUMI BYERLY (Child)	Effective Date:	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="📅"/>
Active ▾	EZRA BYERLY (Child)	Effective Date:	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="📅"/>
Active ▾	LUCY BYERLY (Spouse)	Effective Date:	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="📅"/>

**Waive Vision**



# Other Coverage

Enrollment details for other plans should be added as well.

**Other Coverage**

**Do you or any of your dependent(s) currently have any other coverage?**  No  Yes

**Coverage 1**

**All Fields are required**

Type of Coverage(check all that apply):  Medical  Dental  Vision  Other

Group Health Plan Name:

Primary Insured:

Policy Number:

Effective Date of Policy:

Medicare/Medicaid or any other federal, state, or governmental agency?

Does the plan cover dependents?

---

**Do you or any of your dependent(s) currently have any other coverage other than one(s) listed above?**  No  Yes

**Coverage 2**

**All Fields are required**

Type of Coverage(check all that apply):  Medical  Dental  Vision  Other

Group Health Plan Name:

Primary Insured:

Policy Number:

Effective Date of Policy:

Medicare/Medicaid or any other federal, state, or governmental agency?

Does the plan cover dependents?

---

**Do you or any of your dependent(s) currently have any other coverage other than one(s) listed above?**  No  Yes

**Coverage 3**

**All Fields are required**

Type of Coverage(check all that apply):  Medical  Dental  Vision  Other

Group Health Plan Name:

Primary Insured:

Policy Number:

Effective Date of Policy:

Medicare/Medicaid or any other federal, state, or governmental agency?

Does the plan cover dependents?

# Enrollment Review

This page will allow one last review of the enrollment details. The insurer can go back and make edits as needed.

**Medical:** Medical Premium Employee Only for \$50.00 Per Pay Period (Pre-Tax)  
ZACHARY BYERLY (MEMBER) Effective Date: 01/01/2019

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**Life:** Waive

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**Dental:** Waive

---

**Flexible Spending :** Waive

---

**Totals for Benefits:**  
Total Pre-Tax =\$50.00  
Total Post-Tax =\$0.00  
Your Total Payroll Deduction=\$50.00

**OtherCoverage**  
Do you or any of your dependent(s) currently have any other coverage?: No

Do you or any of your dependent(s) currently have any other coverage other than one(s) listed above?: No

Do you or any of your dependent(s) currently have any other coverage other than one(s) listed above?: No

[Edit Other Coverage](#)

**Agreement:**

**Read the following agreements and sign below.**

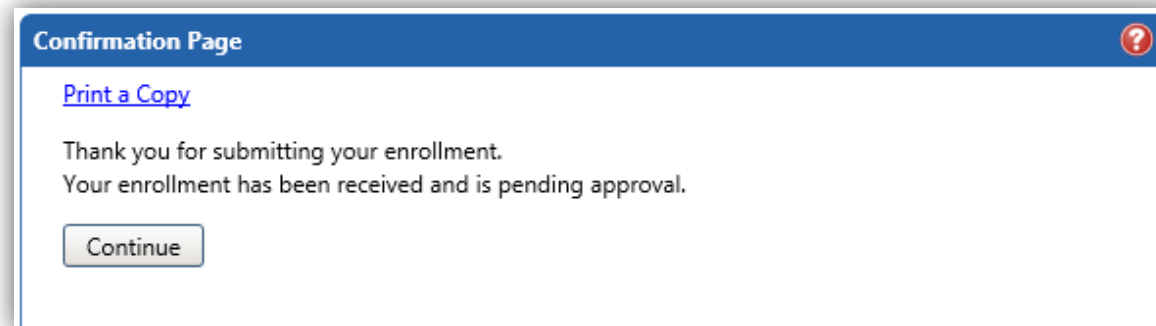
**Payroll Deduction/Pretax Premium/Billing Agreement:** I authorize The Healthcare System to deduct from my earnings the amount required to cover my share of the premiums for these coverages. If I elect to participate in pretax health/dental/vision/AD&D premiums, I authorize the Healthcare System to reduce my taxable income by an amount equal to my

I do not agree  I agree

[Finalize](#) [Back](#) [Attach Coverage Documents](#)

# Finish Enrollment

After the enrollment is submitted, the insurer can print a copy.

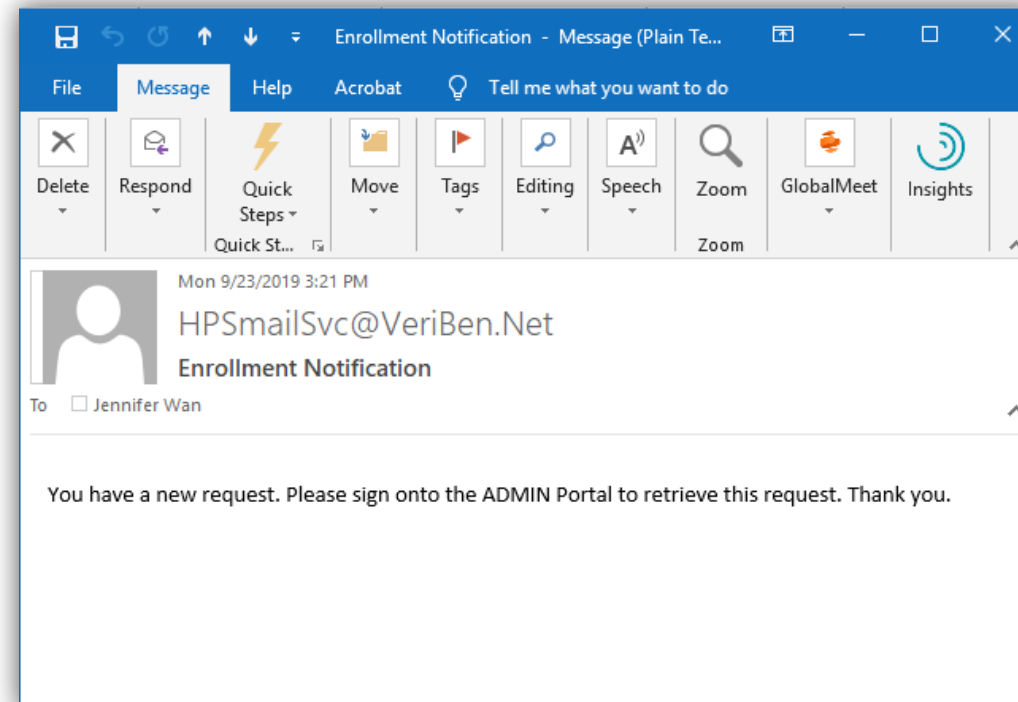


# ENROLLMENT REVIEW

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# Enrollment Notification

As enrollments are submitted, the Insurer will receive email notifications prompting them to log in and review the enrollments.



# Enrollment Review

After selecting the employer group and division, the insurer can see all new enrollments for that group.

The screenshot displays the 'Review Enrollments' page in a web application. The breadcrumb trail is 'Enrollment > Approval Process > Review Enrollments'. A dropdown menu is open, showing options: 'Start Enrollment', 'Enrollment Review' (highlighted in red), and 'Enrollment Setup'. Below the menu, the 'Review Enrollments' section contains several filters: 'Company' (James Coney Island 20), 'Group' (James Coney Island EPO 2000), 'Division' (All Divisions), 'PlanYear' (01/01/2019 - 12/31/2019), and 'Status' (New). A table lists 9 enrollment records with columns for checkboxes, Date, Group#, SSN, Last Name, First Name, Description, and View Details links. At the bottom, there are navigation controls (Back, Bulk Approve Enrollment), a page size selector (10), and a status indicator (9 items in 1 pages).

<input type="checkbox"/>	Date	Group#	SSN	Last Name	First Name	Description	<a href="#">View Details</a>
<input type="checkbox"/>	9/25/2019	71	333334377	BYERLY	ZACHARY	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	7/1/2019	71		Jefferson	Thomas	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	6/24/2019	71		Washington	George	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	6/14/2019	71		Adams	John	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	6/14/2019	71		Balasubramaniam	Saminathan	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	6/6/2019	71		Smith	Kevin	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	5/10/2019	71		SMITH	Laura	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	5/9/2019	71	333330687	BUCKLES	CALEB	JCTermDependent	<a href="#">View Details</a>
<input type="checkbox"/>	4/10/2019	71		JANSSON	CATHERINE	OEJCI2019	<a href="#">View Details</a>

# Bulk Approve

If desired, the insurer can select multiple enrollments and approve them in bulk.

**Review Enrollments**

**Company:** James Coney Island 20  
**Group:** James Coney Island EPO 2000  
**Division:** All Divisions  
**PlanYear:** 01/01/2019 - 12/31/2019  
**Status:** New

<input type="checkbox"/>	Date	Group#	SSN	Last Name	First Name	Description	<a href="#">View Details</a>
<input type="checkbox"/>	9/25/2019	71	333334377	BYERLY	ZACHARY	OEJCI2019	<a href="#">View Details</a>
<input checked="" type="checkbox"/>	7/1/2019	71		Jefferson	Thomas	OEJCI2019	<a href="#">View Details</a>
<input checked="" type="checkbox"/>	6/24/2019	71		Washington	George	OEJCI2019	<a href="#">View Details</a>
<input checked="" type="checkbox"/>	6/14/2019	71		Adams	John	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	6/14/2019	71		Balasubramaniam	Saminathan	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	6/6/2019	71		Smith	Kevin	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	5/10/2019	71		SMITH	Laura	OEJCI2019	<a href="#">View Details</a>
<input type="checkbox"/>	5/9/2019	71	333330687	BUCKLES	CALEB	JCTermDependent	<a href="#">View Details</a>
<input type="checkbox"/>	4/10/2019	71		JANSSON	CATHERINE	OEJCI2019	<a href="#">View Details</a>

Page size: 10 | 9 items in 1 pages

# One-by-One Approve

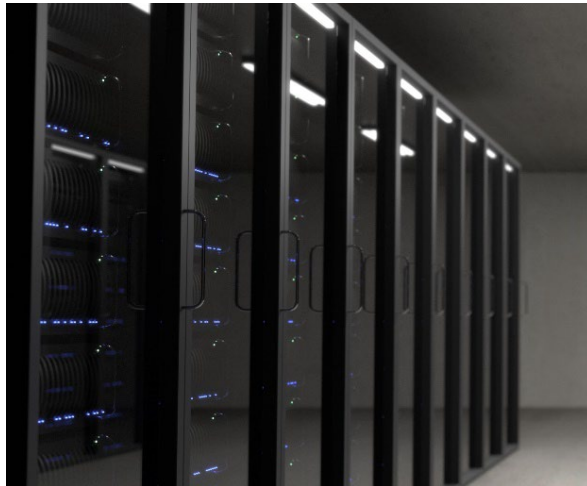
Enrollments can also be reviewed and approved one-by-one.

With this method, the insurer can review and approve or deny the enrollment.

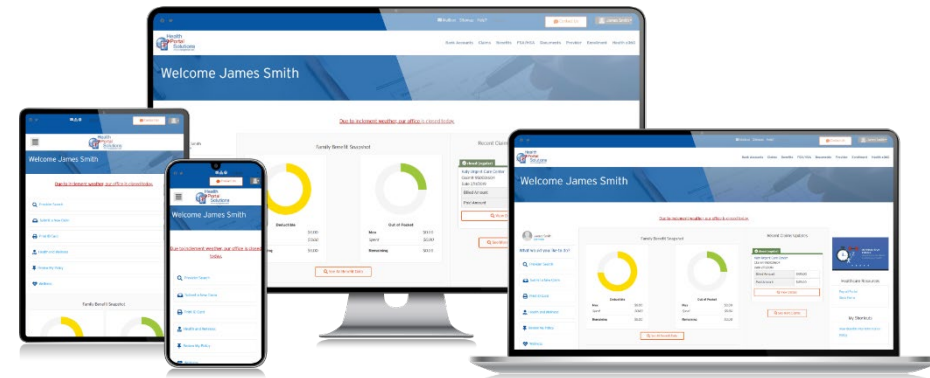


# Enrollment Approvals

Approved enrollments will be placed in a file to be sent to the Insurer's claim system.



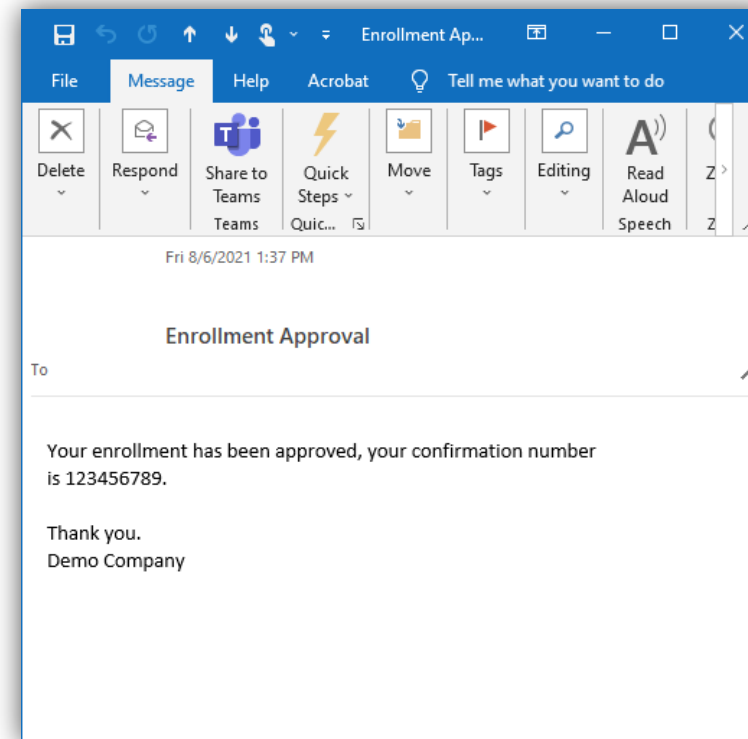
**Claims System**



**Web Portal**

# Enrollment Approval Notification

After the enrollment is approved, the portal will send a notification to the user who submitted the enrollment informing them of the approval.



# Enrollment Denials

For denied enrollments, the insurer must give a reason for the denial.

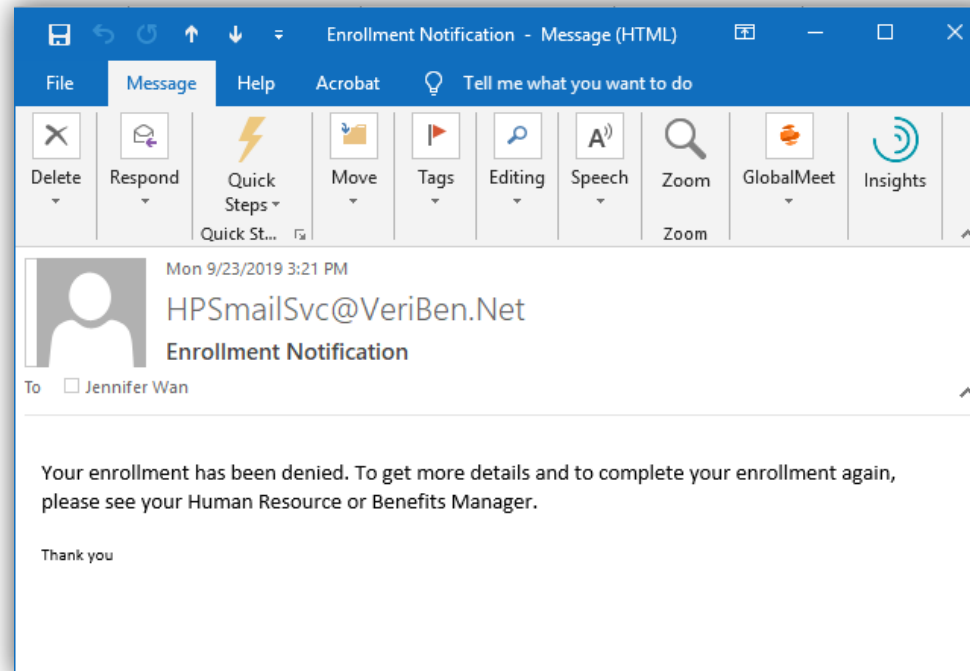
The user who submitted the enrollment will then get an email notification stating the enrollment has been denied and what to do next.

**Reason For Denial**

**Member Information**

**Member Information**  
Reason for Denied

Not Eligible.



# CONCLUSION

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# Your Online Enrollment Solution

Use the HPS online enrollment solution to streamline your enrollment and eligibility operations by:



**Automating**  
enrollment  
processes



**Reducing**  
the amount of  
manual follow-up



**Collecting**  
a complete set of  
enrollment details  
up front




**Eliminating**  
the amount of  
manual data entry

Schedule a demo to learn firsthand how to automate and streamline your enrollment processes online.

# Questions?

Questions regarding this presentation or our products and services, please contact HPS Sales:

 210-641-7715 x 337

 [sales@HPSGlobal.net](mailto:sales@HPSGlobal.net)

**Thank You!**