



Provider Portal Reference Guide

Protecting Your Health Plan



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Creating an Account

Access the HMA Provider Portal by typing <https://providers.hmatpa.com/> into your web browser's address bar. First time users will need to create an account by clicking on 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, however please refer to the disclaimer on the account set-up page regarding review requirements prior to activation of new accounts and the associated turnaround time.

Welcome to the Provider Portal

Logging on to providers.hmatpa.com gives you direct, 24/7 access to Eligibility and Claims Searches, Prior Auth Submission and Viewing, EOB Downloads, plan documents, forms, and other support tools. Register for an account today to take advantage of these great tools.

Sign In

Email Address

Password

☐ Remember Me

Sign In

[Create Account](#)

[Forgot Password](#)

Create Account 1

Welcome to the HMA Provider Portal account set up process.

To set up access to your information through our secure provider portal you will need to enter your name, your organization name, and the tax IDs assigned to your organization. Your email address will be used to as your user ID sign in to the provider portal.

You will receive an email with a password allowing you to log in to your new account. All new accounts are subject to review before activation. Please allow 48 hours for your account to be activated before logging in. You will be asked to change the password the first time you log in. After accepting our terms of use policy and setting up a security question you will have access to the provider portal.

First Name (Required)

Last Name (Required)

Email Address (Required)

Physician/Facility Name (Required)

Tax IDs (Required)

0266

Text Verification (Required)

Save

Create Account 2



Accessing the Portal

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

Welcome to the Provider Portal

Logging on to providers.hmatpa.com gives you direct, 24/7 access to Eligibility and Claims Searches, Prior Auth Submission and Viewing, EOB Downloads, plan documents, forms, and other support tools. Register for an account today to take advantage of these great tools.

Sign In

Email Address

Password

☐ Remember Me

Sign In

Create Account

Forgot Password

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*).

HMA Provider Portal

HAWAII - MAINLAND ADMINISTRATORS

Welcome Eligibility Search Claims Search Prior Auth Search Submit Prior Auth Pending Requests Documents and Forms Contact Us

Provider Portal / Welcome

Welcome to HMA's Provider Portal.

What would you like to do?

Eligibility Search Authorization Search

Claims Search Authorization Submit

Pending Requests

Documents and Forms

Contact Us

Sign In

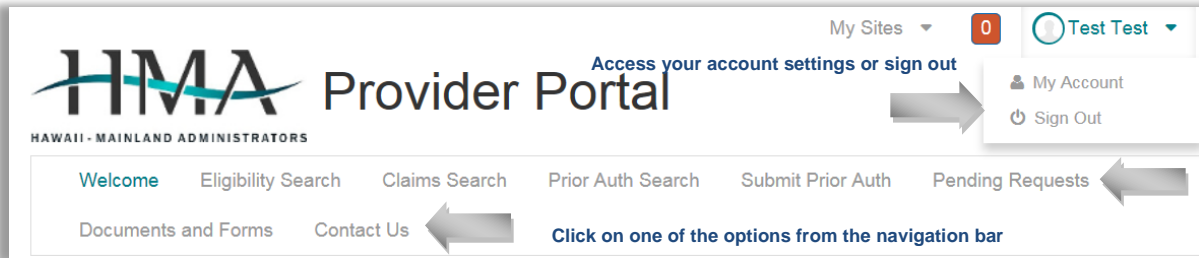
You are signed in as Test Test.

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).

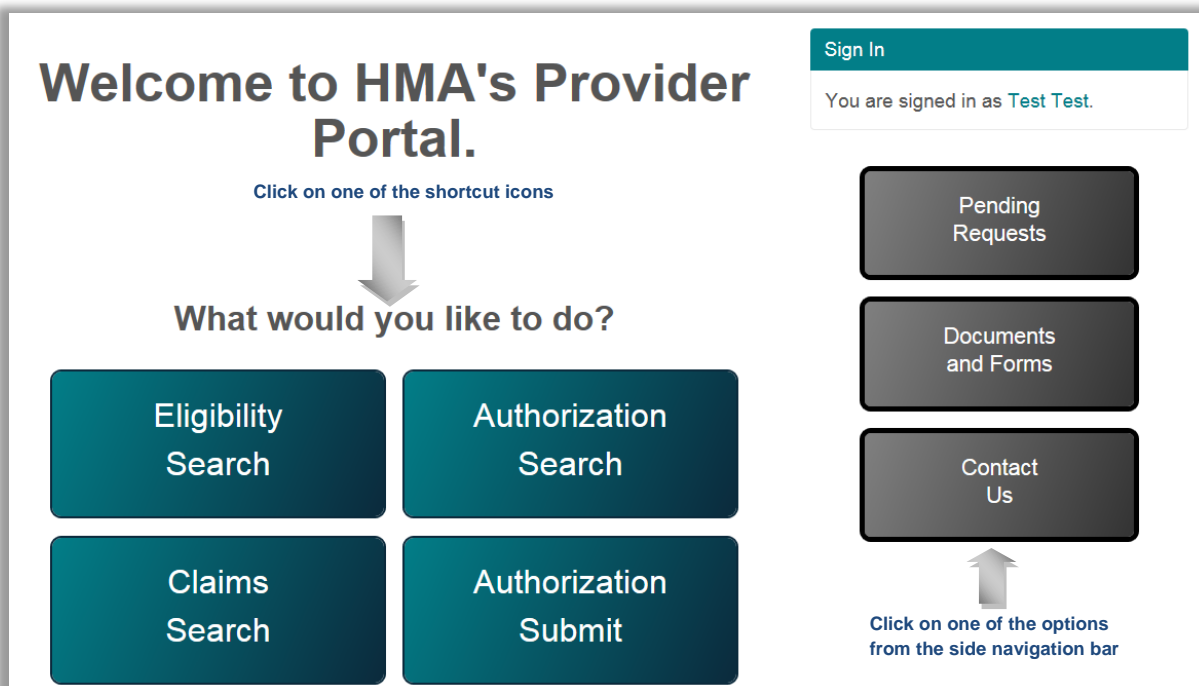
In addition to that, by clicking on one of the options from the top navigation bar, you are able to easily access the member eligibility, claims, and prior authorization search screens. Other options include submitting requests for prior authorization, checking on pending requests, viewing and/or downloading helpful documents & forms, and locating HMA's contact info (see [Top Navigation Bar 1](#)).



Top Navigation Bar 1

Shortcut Icons & Side Navigation Bar

The shortcut icons in the middle of the page and the navigation bar on the right provide you with access to the same functions as the navigation bar on the top of the page (see above section [Top of Page](#) and [Shortcut Icons & Side Navigation Bar 1](#) for a listing).



Shortcut Icons & Side Navigation Bar 1



Portal Capabilities


The following sections illustrate the Provider Portal's main capabilities: eligibility search, claims search, prior authorization search & submission, reviewing pending requests, and viewing and/or downloading helpful documents & forms.

Eligibility Search

This section enables you to verify member eligibility by entering the following information: member name, last four of member's SSN, member ID number, and date of birth (see [Eligibility Search 1](#)).

Provider Portal / Eligibility Search

First Name:	Last Name:		
<input type="text"/>	<input type="text"/>		
SSN(Last 4):	Member ID:	Date of Birth:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Search 

[Eligibility Search 1](#)

The Member Search results screen on the next page will include a *View Details* button (see [Eligibility Search 2](#)) and by clicking on this option you will be routed to the next screen with further options for viewing these additional member eligibility details (see [Eligibility Search 3](#)):

- Address, Employer ID, and Plan ID
- Rider codes, descriptions, and end dates (if applicable)
- Benefit Details – clicking on this option will take you to the next screen where you will be required to select a rider in order to view specific benefit details (see section Benefit Details for additional info)
- Expense Limits – clicking on this option will provide information regarding expense limits and accruals for the current service year (see [Expense Limits 1](#))
- Coverage History – clicking on this option will provide start & end dates (if applicable) of coverage for all applicable riders (see [Coverage History 1](#))
- Submit Prior Auth - pre-populate the member information section and quickly navigate to the *Submit Prior Auth* screen by clicking on this option (see section [Submit Prior Auth](#) for additional info)

Member Search Submitted successfully and following are the results.

[Back to Search](#)

←

[Click here to return to previous search results](#)

Name: Member Name, ID, DOB, and last four of SSN will be listed in these fields **SSN(Last 4):**

Member ID:

Date of Birth:

[View Details](#)

←

[Click here to view member eligibility details](#)

Eligibility Search 2

The below fields will include all applicable details for specified member

Name:

Employer ID:

Address:

↓

Member ID:

Date of Birth:

Phone:

Location:

Coverage: Plan ID will be listed here

Rider Code: M1 Description: Medical End Date:

Rider Code: V1 Description: Vision End Date:

→

Back

Benefit Details

Expense Limits

Coverage History

Submit Prior Auth

←

Click on one of the options above to be routed to the appropriate page

Eligibility Search 3



Back

[Click here to return to previous Eligibility Details screen](#)

Service Year: 2017
Rider Code: M1 - Medical
Member has used 0.00 of 0.00 Annual Amount.
Member has used 0.00 of 0.00 Lifetime Amount.
In Network
Member has used 1050.00 of 500.00 Deductible.
Member has used 1482.85 of 1000.00 Out of Pocket.
Family has used 1050.00 of 1500.00 Family Deductible.
Family has used 1502.85 of 3000.00 Family Out of Pocket.
Out of Network
Member has used 550.00 of 1000.00 Deductible.
Member has used 550.00 of 2000.00 Out of Pocket.
Family has used 550.00 of 3000.00 Family Deductible.
Family has used 550.00 of 6000.00 Family Out of Pocket.

[Expense Limits 1](#)

Back


[Click here to return to previous Eligibility Details screen](#)

Rider Code: M1 Start Date: 2016-10-01 End Date:
Rider Code: P1 Start Date: 2016-10-01 End Date:
Rider Code: V1 Start Date: 2016-10-01 End Date:
Rider Code: W7 Start Date: 2016-10-01 End Date:

[Coverage History 1](#)

[Benefit Details](#)

This section provides information on different aspects of the member's plan 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](#)).

Back

Click here to return to previous Eligibility Details screen

Rider Code: M1 - Medical


View Details


Click to view benefit details for selected rider

Rider Code: V1 - Vision

View Details

Benefit Details 1

Back

Click here to return to previous rider selection screen

Scroll to view additional benefit details


Service Year: 2017
Rider Code: M1 - Medical
Benefit Category: ABDOMINAL AORTIC ANEURYSM SCREENING (ROUTINE)
Benefit Limit: 1 Service/Item Every 10 Plan Years
Of This Benefit You Have Used:
Days: 0 Services: 0 Visits: 0 Amount: 0.00
Service Date:

Service Year: 2017
Rider Code: M1 - Medical
Benefit Category: ANESTHESIA COLONOSCOPY SCREENING - 50 - 75 Benefit
Limit: 1 Service/Item Every 5 Plan Years
Of This Benefit You Have Used:
Days: 0 Services: 0 Visits: 0 Amount: 0.00
Service Date:

Benefit Details 2

Claims Search

This section enables you to search for claims you have submitted to HMA and quickly verify claim status, check numbers, payment amounts and dates; the information herein is updated daily and the data goes back two years (see section [Claim Search Results](#) for additional info).

You will only be able to view details on claims associated with the federal tax ID number that is linked with your Provider Portal account. In order to look up a claim (or claims), enter one or more of the following: member ID, dates of service (enter start date, end date, or date range), claim number (when entering multiple claim numbers, separate them by comma), check number, or paid date (see [Claims Search 1](#)).

Fill in one or more of the fields below

Member ID:	From Date of Service:	To Date of Service:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Claim Numbers:(Seperated by ,)	Check Number:	Paid Date:
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

←
[Click here to start search](#)

[Claims Search 1](#)

[Claim Search Results](#)

Once you have entered the required claim search criteria, you will be able to access an overview of the applicable claim(s), including the following information: member ID, claim number, claim status and description, date of service, provider name, billed charges, plan liability, deductible, member liability, out of pocket amounts, check number, and paid date (see [Claims Search 2](#)). This page also includes a *View Details* button - clicking on this option will take you to the next screen with further claim details (see section [Claim Details](#) for additional info).

The specific claim search results that are generated will vary based on the type of criteria that is entered; the following are examples of possible scenarios:

- Only one claim number entered – one claim will be displayed (unless corrected claims have been received, in which case those claims will be displayed as well)
- Multiple claim numbers entered – all of the specified claims will be displayed
- Member ID entered – all claims submitted for that specific member that are associated with your federal tax ID number will be displayed
- Dates of Service entered – all claims submitted matching the specified dates of service and that are associated with your federal tax ID number will be displayed
- Check Number entered – all claims linked with that specific check number and that are associated with your federal tax ID number will be displayed
- Paid Date entered – all claims linked with that specific paid date and that are associated with your federal tax ID number will be displayed



Claim Search Submitted successfully and following are the results.

Scroll up & down to view additional claims that meet your search criteria

Back to Search

Claim Number will be listed here

Claim Number:	Provider Name:	Provider Name will be listed here	
Member ID:	Date of Service:	2017-03-16	
Status:	Status	Claim has Description: completed processing and has been paid	
Member ID will be listed here			
Charges:	284.00	Member Pays:	77.20
Deductible:	67.20	Out of Pocket:	77.20
Plan Pays:	150.00	Check Number:	2017-05-11

View Details

Click here to view additional claim details

Check Number will be listed here

Claims Search 2

Claim Details

The Claim Details view will provide a detailed overview of the specific claim and includes the following: claim number, provider ID and name, benefit category, claim status and status date, service dates (to and from), billed charges, allowable, ineligible amount, co-pay, deductible, coinsurance, coordination of benefits (amount paid by primary carrier), member & family deductible and out of pocket amounts, and claim remarks (see [Claims Search 3](#)). From this screen, you also have the option to click on the *View EOB* option next to the claim number – this will direct you to an external site where you can view a copy of the EOB.

Claim Number: Claim Number will be listed here

View EOB Click here to be directed to an external site to view a copy of the EOB

Provider ID: Provider Name: Provider ID & Name will be listed here

Benefit Category: PHYSICIAN OFFICE VISITS

Status: PAID Status Date: 2017-05-11

From Date: 2017-03-16 To Date: null

Charges: 200.00 Allowed: 160.00 Ineligible: 0.00 Copay: 10.00

Deductible: 0.00 Coinsurance: 0.00 Plan Liability: 150.00 Coordination of Benefits: 0.00

Member Deductible: 0.00 Member Out of Pocket: 10.00

Family Deductible: 0.00 Family Out of Pocket: 10.00

Remarks: Processed As A PPO Benefit

Claims Search 3



Prior Auth Search

This section is updated daily and allows you to search for prior authorizations going back up to two years, confirm auth ID numbers and verify the status, date range, and benefit category for the authorization. Additionally, you will be able to see which diagnosis and procedure codes are associated with the authorization. Similar to the *Claims Search*, you will only be able to view details for authorizations where the federal tax ID number that is linked with your Provider Portal account is associated with either the referring or treating entity.

In order to start your search, enter one or more of the following: authorization number, member ID number, begin and end date (see [Prior Authorizations 1](#)). The search results that are generated vary based on the type of criteria that is entered (see [Prior Authorizations 2](#)); the following are examples of possible scenarios:

- Auth Number entered – only one authorization will be displayed
- Member ID entered – all authorizations for this member, where the federal tax ID number that is linked with your Provider Portal account is associated with either the referring or treating entity, will be displayed
- Dates entered – all authorizations with a begin and end date that match the search criteria and that are associated with your federal tax ID number will be displayed

Fill in one or more of the fields below

Auth Number: <input type="text"/>	Member ID: <input type="text"/>
Begin Date: <input type="text"/>	End Date: <input type="text"/>

[Click here to start the search](#)

Prior Authorizations 1

Scroll up & down to view additional authorizations that meet your search criteria

Auth Number: <input type="text"/>	Member ID: <input type="text"/>
Begin Date: 2017-03-23	End Date: 2017-06-23
Referring Entity: <input type="text"/>	Treating Entity: <input type="text"/>
Status: APPROVE	Benefit Category: RADIOLOGY - CT / MRI / MRA / PET - NON-HOSPITAL BASED
Place of Service: 11	Service Type: RAD
Diagnosis Codes: M79.644 S62.626A S63.636A	Procedure Codes: 73218

Prior Authorizations 2



Submit Prior Auth

This section allows you to submit requests for prior authorization directly to HMA via the Provider Portal. If you do not have the member information available (name, date of birth, and member ID) and would like to look up the member prior to submitting the request, you have the option to click on the *Member Lookup* button to be routed to the *Eligibility Search* screen (see [Prior Authorizations 3](#) and section [Eligibility Search](#) for additional info).

In order to submit a request for prior authorization, you will need to complete all applicable fields of the form (see [Prior Authorizations 3](#), [Prior Authorizations 4](#), [Prior Authorizations 5](#), [Prior Authorizations 6](#), [Prior Authorizations 7](#), and [Prior Authorizations 8](#)). Once you click *Submit*, you will be able to review the information you have entered and attach supporting clinical documentation (see [Prior Authorizations 9](#)).

The last step in the process is confirming the submission of your request for prior authorization by clicking *Confirm*. The next page will display a notification indicating the successful completion of your request (see [Prior Authorizations 10](#)) and you will be notified via email should any additional information be required (see section [Pending Requests](#) for additional info).

Prior Auth Submission.
Please complete all applicable fields.

Member Lookup

Click here to be directed to the Eligibility Search screen to look up member information

Member First Name:

Member Last Name:

Member ID:

Member Date of Birth:

null

[Prior Authorizations 3](#)



Requesting Provider Information		
Requesting Provider Name:	Requesting Provider Tax ID:	Requesting Provider NPI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Requesting Provider Address:	Requesting Provider Address City:	Requesting Provider Address State:
<input type="text"/>	<input type="text"/>	Select State <input type="button" value="v"/>
Contact Name:	Contact Phone:	Contact Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Prior Authorizations 4](#)

Servicing Provider/Facility Information		
Servicing Provider/Facility Name:	Servicing Provider/Facility Tax ID:	Servicing Provider/Facility NPI:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Servicing Provider/Facility Address:	Servicing Provider/Facility Address City:	Servicing Provider/Facility Address State:
<input type="text"/>	<input type="text"/>	Select State <input type="button" value="v"/>
Contact Name:	Contact Phone:	Contact Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Prior Authorizations 5](#)



Diagnosis Codes		
Diagnosis Code1:	Diagnosis Code2:	Diagnosis Code3:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis Code4:	Diagnosis Code5:	Diagnosis Code6:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosis Code7:	Diagnosis Code8:	
<input type="text"/>	<input type="text"/>	

[Prior Authorizations 6](#)

Requested Service(s)		
HCPC:	Units:	DME Cost:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Prior Authorizations 7](#)

Place of Service: <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> Select Type ▼ </div>	Appt Date: <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	Comments: <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>
<p>Click here to submit your request for prior authorization </p> <div style="display: inline-block; border: 1px solid #ccc; padding: 5px 10px; background-color: #f0f0f0;">Submit</div>		

Prior Authorizations 8

Attach Clinical Information:	
<div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center; background-color: #f0f0f0;">Browse...</div> <div style="text-align: center; margin-top: 10px;"> </div> <p style="font-size: small; text-align: center;">Click here to upload supporting clinical documentation</p>
<p>Click here to confirm the submission of your request </p> <div style="display: inline-block; border: 1px solid #ccc; padding: 5px 10px; background-color: #f0f0f0;">Confirm</div>	

Prior Authorizations 9

Provider Portal / Submit Prior Auth
<div style="border: 1px solid #90EE90; padding: 10px; background-color: #e0f0e0; margin: 0 auto; width: 80%;"> <p style="color: #008000; font-weight: bold;">Your request completed successfully.</p> </div>

Prior Authorizations 10



Pending Requests

This section houses any previously submitted prior authorization requests that have been reviewed by HMA's Health Services Department 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 on the *Pending Requests* page.

Documents and Forms

This section enables users to view and/or download helpful documents and forms.