



Online Group Administration (OGA) Portal User Guide

HMAA health plan administrators may access member ID cards and manage enrollments and eligibility securely through our online portal. Visit **https://hmaahealthplanportal.javelinaweb.com** and login to your account from a web browser using a computer or mobile device, or follow the steps below to register as a new user. You may also visit hmaa.com/employers/online-services for instructions.

User Account Registration

- 1. Complete an OGA Portal Registration Form and send it to OGAhelpdesk@hmaa.com. A separate form is required for each user.
- 2. HMAA's Billing Department will set up your account and provide instructions. First-time users should expect to receive this information within 5 business days from billingdept@hmaa.com via our SonicWall Secure Message Center. Once your account is created, your username cannot be modified.

User Account Login

- Login at https://hmaahealthplanportal.javelinaweb.com using your username and password (case-sensitive) provided by billingdept@hmaa.com.
- 2. Upon your initial login, you will be required to choose a new password that meets the password requirements.
- 3. Select a security question and type in your answer (case-sensitive), then *Submit*. You must answer this question to verify your identity should you need to change or reset your password in the future. Enter your first and last name as your electronic signature.
- 4. Once logged into your account, you may access the following features:
 - Dashboard and resources
 - Member ID cards
 - View member eligibility and coverage
 - Enrollments*
 - Terminations*
 - Change member information*
 - Employee group/division transfers*
 - * This feature is only accessible to select users.
- 5. When you are done, for security purposes be sure to log out of your account before closing your browser.



1. Select *Preferences* located at the top right of the screen to view your user information such as name, security question, and email address.

Preferences Print Logout
User: oga-jtest1 | Logged in at : 3:48:14 PM HST

- 2. To update your password, select *Change Password* and enter your new password, then click *Save*.
- 3. To update your name and email address, you will need to submit an OGA Portal Registration Form.

Forgot Username or Reset Password

- 1. Click Forgot Username or Password?
 - To reset your password, enter the username and email address associated with your account and *Continue* to receive Password Reset instructions via email from noreply@javelinaweb.com. You will be required to enter your security answer (case-sensitive) in order to change your password. Your new password cannot match your last 5 passwords.

Username :	
Password :	
	Forgot Username or Password?
	Login

- If you forgot your username, select *Click here if you forgot your username*. Enter the email address associated with your account and select *Next Step* to receive your username via email from noreply@javelinaweb.com.
- After three failed attempts to login to your user account, the system will temporarily disable your account and display a message that it has been locked. You will need to contact OGAhelpdesk@hmaa.com or your Account Manager to unlock your account. We highly recommend that you **reset your password beforehand** to prevent your account from being locked.

Dashboard and Resources

- 1. Upon login, your *Group Dashboard* will appear from the *Home* tab, where you will see a section for Latest News & Messages.
- 2. Select the *Resources* tab to view the Latest News & Messages, Member ID Cards, Helpful Links, Documents and Forms, and HMAA's Contact Information. If your account manages multiple groups or locations/divisions, choose which affiliated group or location/division you want to view information for. To deselect your affiliation, click *Change Affiliation* or *Resume Own Role*.

Member ID Cards

- Select the *Resources* tab to view, print, or request an ID card for a member. If you manage multiple groups or locations/divisions, you will need to select which affiliated group or location/division to view information for. To deselect your affiliation, click *Change Affiliation* or *Resume Own Role*.
- Select the search icon
 to choose which member's ID card you want to request or view/print. Enter the member's ID number, name, and/or date of birth, then click Search.
 - If the member is found in our records, it will appear in the Search Results.
 - If the system cannot locate the member, you will need to contact HMAA for assistance.
- 3. Once you select the member from the search results, the portal will return to the Requests section for ID cards. Select the member from the drop-down field and click to request a card or view/print.

Home Enrollm	ent Member Resources
Home > Resources	
Resources	
Affiliation Type	: Client <u>Shanee Affligton</u>
News & Me	esages
Requests	
	View, Print, Request A New or Replacement ID Card
Member * :	Select Cs. Request New ID Card(s) View and Print ID Card
•:Select Select Doe John	
	Member Search
	* Indicates Mandatory Fields / Sections
	Search
	Search Options *: Both Members and Dependents V
	Niddle Name :
	Last Name * :
l return	Date of Birth :
L	Patient ID * :
irop-	
•	Search Clear Close

Page 2 of 7

Memb

- If you request a new ID card, a confirmation message will appear on the screen that your request was submitted. The ID card will be mailed within two business days.
- If you choose to view and print the member's ID card, an image of the card will appear for you to view, save, and/or print.

Member Eligibility and Coverage

- 1. Select the *Member* tab to view a member's eligibility, plan benefits, coverage status, and contact information.
- 2. Enter the member's ID, name, and/or date of birth, then Search.
 - If the member is found in our records, it will appear in the Search Results.
 - If the system cannot locate the member, contact HMAA for assistance.
- Once you select the member from the search results, the portal will display their eligibility and coverage information for medical, dental, prescription, vision, gym, and life/AD&D benefits. You can also select *View Coverage History* to verify when a member's coverage status was active or terminated.

An employee coverage census is not available in OGA at this time.

4. Select the Plan benefit number to view, save, and/or print the member's plan document.

verage							
Status :	Active	Original B	enefit Effective Date:	01/01/2024	Coverage	e Thru Date :	
Location/Division :	1	Current Be	enefit Effective Date :	01/01/2024			
						View Co	overage Hist
Proc	luct	Coverage	Plan		Level of Coverage	СОВ	Provider
Major N	iedical	Yes	1051		Employee and Children	No	
Den	tal	Yes	13		Employee and Children	No	
Prescri	ption	Yes	7001		Employee and Children	No	
Visi	on	Yes	2		Employee and Children	No	
			Secondary	Products			
Deadurat	Coverage		Plan	Level	of Coverage	Volu	ıme
Product				-			
GY	YES		Gym	Emp	oloyee Only		



Home Member Resources

* Indicates Mandatory Fields / Sections

Search Options * :

First Name :

Middle Name :

Last Name * :

Date of Birth : Patient ID * :

Home > Member Search

Search

Member Search

Enrollments (if applicable)

- 1. Select *Perform Enrollments* from the *Enrollments* tab drop-down menu. If your account manages multiple groups or locations/divisions, choose which affiliated group or location/division you will need the member to be enrolled under. To deselect your affiliation, click *Change Affiliation* or *Resume Own Role*.
 - For newly eligible employees with a qualifying event or during Open Enrollment, enter the member information under the **New Hire** section.
 - For individuals enrolling within 31 days of a Qualifying Event, enter the **Changes** information.
 - For existing members during Open Enrollment, go to the **Open Enrollment** section and search for the subscriber by entering their ID, name, and/or date of birth, then *Search*. The Open Enrollment option is only available during your group's renewal month and one month prior.
- 2. Follow the prompts to enroll the member. An asterisk (*) indicates fields where information is required.

Hoi	me Enrollment	Member	Resources
lome	> Affiliations List		
As	sume Client/G	roup	
	Block of Busine	ss Cli	ent/Group
۲	H0001, Hawaii Medi Assurance Associati	cal 5 on C	4321, ABC ompany Inc
0	H0001, Hawaii Medi Assurance Associati	cal 9	876, NEW

Both Members and Dependents 🗸

Search Clear Cancel

÷0

Helpful tips:

- Social Security Number. If the employee's SSN will not be provided, a waiver form must be submitted to HMAA. An alternative method is to enter five leading zeros followed by the last 4 digits of their SSN. If the system identifies the SSN as a duplicate of another member, the transaction will not be processed.
- **Employment Begin Date.** Enter the employee's date of hire or date began working 20+ hours.
- Member Status. Select Active for new coverage.
- **Effective Date.** Enter the employee's coverage effective date.
- Residence address. Enter the mailing address.
- **Beneficiary.** It is optional to enter a beneficiary name; only applicable for Life/AD&D coverage.
- **Qualifying Event.** Select *New Hire* unless a different status type applies (e.g, Just began working 20+ hours, Loss of Other Coverage, Open Enrollment, or Re-Hire). If you are an Applicable Large Employer (ALE) group that follows the ACA's hire rule, select *ALE Hire rule*.
- **Location/Division.** Choose which location/division number this member will be enrolled under.
- **Medicare Coverage Type**. Select *No Medicare* or the employee's Medicare coverage.
- Bracket code. Select the plan(s) combination the member will need to be covered under. The drop-down lists the plan options applicable to the affiliated division [Medical-Dental-Vision-Prescription-Life-Gym]. Note: Life will be reflected as "1" for Life/AD&D coverage, and Gym will be reflected as "1" for Active&Fit Enterprise™ or "0" for Active&Fit Direct™.



esidence Address1 * :	123 LANE STREET	T.	
Residence Address2 :			
Residence Address3 :			
Postal Code t	94613		
chu to	- voorts		
City ~ :	Honolulu		-
State * :	HAWAII	~	
County :	Hopolulu	0	
Country -	180 Dave	ent Status	
Country :	ALF Hire Bules		
Harry Phase 4 a	Active		
nome Phone 1 :	Active Military -	Overseas	
Home Phone 2 :	Active Military -	USA	
Work Phone 1 :	Employed Part T	ime	
Work Phone 7 .	Just began work	ing 20 Plus H	ours
inoraci inoraci in i	Leave of Absenc	e	
Mobile Phone 1 :	Loss of Other Co	verage	
Mobile Phone 2 :	New Hire	N	
Eav 4 -	Not Employed	43	
Tax T.	On Active Militar	ry Duty	
	Part-time	•	
yment Begin Date :	Retired		
Marital Status :	Self-Employed		
man rear status .	Terminated		
Beneficiary :	Unknown		
Qualifying Event * :	Select Employm	ent Status	~
Location/Division * :	1	~	
are Coverage Type * :	Select		~
Bracket Code * :	Select	V N	
	and the second se		2
	Select	N	60 - C

- **Other Insurance.** Select *Yes* if the employee has other health coverage and enter the information for their other insurance.
- 3. Enter the dependent(s) information if enrolling under this employee. If there are none, select *I do not have any dependents*.
 - **Dependent Status**. Select *Disabled* if the dependent needs coverage after age 26 due to disability.
- 4. Select the member's plan benefits by clicking the circle box next to each plan. Helpful tips:
 - **Plan Name.** View the plan name description and document from the plan code link.
 - **Coverage Options.** Select *Member and One Dependent* to enroll the subscriber and one child. If it is with a spouse, select *Member and Spouse.*
 - Individuals to be Covered. Select which individuals will be covered under the elected plan(s).

Home Enrollment Memb	er Resources			
ome > Perform Enrollment > Electors				
Elections				
A Member Informati	on > J Dependent Information	Plan Elections	mental Review	Complete
	and a second state and a second s	and an		
Plan Electrons for Plan Period : 01/01/20	24			
"Ian Electrons for Plan Period - 91/91/20 Aedical Plans	24	do not wish to elect any of the plan	s offered in the below	v section (Waive Coverage)
Ten Electrone for Plan Period : 910128 Aedical Plans Plan Name Network Choice	21 • Coverage Options	do not wish to elect any of the plan Individuals To Be Covered	s offered in the below Status	v section (Waive Coverage Relationship
Van Electrone for Plan Penad - 81/8128 Medical Plans Plan Name Network Choice 2252	zi c Coverage Options - Select - K	do not wish to elect any of the plan Individuals To Be Covered	s offered in the below Status Acthre	v section (Waive Coverage Relationship self
Plan Hame Network Choic 2252 Prescription Plans	e Coverage Options - Select - K Member and One Dependent Member Only	do not wish to elect any of the plan Individuals To Be Covered Jane Doe to not wish to elect any of the plan	s offered in the below Status Active s offered in the below	v section (Waive Coverage Relationship self v section (Waive Coverage
Plan Name Network Choice Plan Name Network Choice Plan Name Network Choice Prescription Plans Plan Name Network Choice Plan Nate Plan Na	e Coverage Options Coverage Options Coverage Options Coverage Options Coverage Options Coverage Remoter and Spouse Family Coverage Coverag	do not wish to elect any of the plan Individuals To Be Covered Jane Doe to not wish to elect any of the plan Individuals To Be Covered	s offered in the below Status Active s offered in the below Status	v section (Waive Coverage Relationship self v section (Waive Coverage Relationship

5. Upon your review the transaction request summary, enter your first and last name in the *Acceptance* section followed by any comments or information for HMAA to consider for their review when processing.

Page 4 of 7

- 6. Submit your request. Requests submitted before 12 pm HST will be reflected the next business day. Requests submitted after 12 pm HST will be reflected within 2 business days.
 - If HMAA declines a transaction, you will receive an email from billingdept@hmaa.com via our SonicWall Secure Message Center with an explanation, and the status will be Denied in OGA.

Terminations (if applicable)

- 1. Select *Perform Enrollments* from the *Enrollments* tab drop-down menu.
- 2. Under the **Changes** section, select *Terminate Employee* or *Terminate Dependent* from the drop-down menu.
- 3. Enter the **Effective Date** for the termination which would be the **1st** day of the month following the date of termination.
- 4. Select the appropriate Group and Location/Division the member will be terminated from.
- 5. Enter the Change information and follow the prompts to terminate the member. Helpful tips:
 - Member Status. Select Terminated.
 - Qualifying Event. Select *Terminated*.
 - **Plan Elections.** Select *I do not wish to elect any of the plans offered.*
- 6. Requests submitted before 12 pm HST will be reflected the next business day. Requests submitted after 12 pm HST will be reflected within 2 business days.
 - If HMAA declines a transaction, you will receive an email from billingdept@hmaa.com via our SonicWall Secure Message Center with an explanation, and the status will be Denied in OGA.

Change Member Information (if applicable)

- 1. Select *Perform Enrollments* from the *Enrollments* tab drop-down menu.
- 2. Select the Group and Location/Division the member will be enrolled under.
- 3. Enter the Change information and follow the prompts to modify the member's information. Helpful tips:
 - **Change Employee Demographic.** Select if only changing the employee's name or demographic such as address.
 - **Change Family Demographic.** Select if changing the entire family members' demographic information such as address.
 - **Change Classification.** Select if changing the member's plan benefits outside of Open Enrollment (e.g, job promotion).
- 4. Requests submitted before 12 pm HST will be reflected the next business day. Requests submitted after 12 pm HST will be reflected within 2 business days.
 - If HMAA declines a transaction, you will receive an email from billingdept@hmaa.com via our SonicWall Secure Message Center with an explanation, and the status will be Denied in OGA.







Employee Group or Division Transfers (if applicable)

- 1. Select *Perform Enrollments* from the *Enrollments* tab drop-down menu.
- 2. Select the Group and Location/Division the member will be enrolled under.
- 3. Enter the Change information and follow the prompts to transfer the employee to a different group or division. Requests submitted before 12 pm HST will be reflected the next business day. Requests submitted after 12 pm HST will be reflected within 2 business days.

Search Member Transactions (if applicable)

- 1. Select *Search* from the *Enrollments* tab drop-down menu.
- 2. If your account manages multiple groups or locations/divisions, choose which affiliated group or location/division you want to view information for. To deselect your affiliation, click *Change Affiliation* or *Resume Own Role*.

	ne Enrollment Me	mber Resources	
lom	Affiliations List		Status :Select 🗸
As	sume Client/Group	0	Block of Business : H0001
	Block of Business	Client/Group	Client/Group: 54321
۲	H0001, Hawaii Medical	54321, ABC	Location/Division :
_	Assurance Association	Company Inc	Member ID : ID Type : Member ID 🗸
0	H0001, Hawaii Medical	9876, NEW	Member First Name :
~	Assurance Association	Company LLC	Member Last Name :

- 3. Once you assume your selected affiliation, enter the member's information for the search criteria.
- 4. Select the member's name to view or edit your transaction request.

View Transaction Requests (if applicable)

- 1. Select *Pending Requests* from the *Enrollments* tab drop-down menu.
- 2. If your account manages multiple groups or locations/divisions, choose which affiliated group or location/division you want to view

Pending Requests							
View By Status * : Submitted		 View By Review Q 	lueue : Ar	Ŋ	✓ Search		
Show 10 🗸 records per page					<<	First < Previous Nex	t> Last>
Member Name	Client/Group	Location/Division	Туре	Status	Submitted By	Submitted On	Queu
Jane Doe	54321	1	New Hire	Submitted	Henry Smith	02/06/2024	Admin Awaitii Reviev

information for. To deselect your affiliation, click Change Affiliation or Resume Own Role.

- 3. Once you assume your selected affiliation, the portal will display all transaction requests.
- 4. You can filter the results to view by status type (submitted, complete, incomplete) and by review queue.
- 5. You can view your submitted transaction request or resume editing an incomplete request.
- Existing requests can also be viewed and exported to a CSV file by selecting *Perform Enrollments* from the Enrollments tab dropdown menu.

Existin	Existing Requests Excort All								
Show [Show 10 🗸 records per page								
	Name	Modified Date	Туре	Submitted By	Status	Action			
	Doe, Jane	02/06/2024	New Hire	Henry Smith	Submitted	View Delete			

- You will receive an Enrollment Request Export email from noreply@javelinaweb.com when the file is ready to export.
- Select *Reports* from the *Enrollments* tab drop-down menu and click on the report to download the file.

	ype	Submitted	ву	Status	ACTION				
Ne	w Hire	Henry Smith		Submitted	View Delete				
_	Homo	Envolument	Mamb	Basaursas					
	Home Enronment Hember Resources								
	Home > Er	rollment > Reports							
	Client/Group Reports								
	Report Name								
		<u>M2</u>	02402077	410884-8272-1.csv					

View or Pay Premium Bill

Bills are viewable and payable online by logging into HMAA's online bill pay system from the *Resources* tab, visit hmaa.com/billpay, AccountManager@hmaa.com Copies of your monthly premium bills are not available in OGA at this time. Your login information for OGA will not work in the bill pay system.



Page 6 of 7

Employee Coverage Census

An employee coverage census is not available in OGA at this time. To obtain a census, please send a request to your HMAA Account Manager.

Assistance

If you have questions or need assistance, please contact **OGAhelpdesk@hmaa.com** or your HMAA Account Manager at **(808) 791-7654**, toll-free at **(800) 621-6998 x301** (TTY: 711), 8 am to 4 pm Monday through Friday (excluding holidays), or via email at **AccountManager@hmaa.com**.

DISCLAIMER: The information provided by HMAA's online portal is not a guarantee of benefits or eligibility, and is subject to change since coverage for clients/groups or members may change or terminate retroactively.

The instructions in this User Guide conform to the requirements of HMAA's online portal powered by HWMG and Javelina Web. In case of any conflict between this Guide and the online portal, the online portal takes precedence. Nothing in this Guide shall be considered a binding representation or contractual declaration by HMAA. Although HMAA makes every reasonable effort to ensure the accuracy and validity of the information provided in this Guide, HMAA acknowledges that errors and omissions may occur, and information sometimes changes before those changes can be reflected in this Guide. HMAA does not warrant the content of this Guide and does not assume liability for its completeness, accuracy, or any losses or damages resulting from its use or application.

Powered by Javelina Web. Last updated March 12, 2024.