

Welcome to BHE Dental Microsite and Online Enrollment Portal

Add or remove dependents from your campus's dental plan and make important updates quickly and easily with HPI's online eligibility process.

Getting Started: Employer Screen Selection

Look up Plan Documents, COBRA Rates, or access the Enrollment Portal from the BHE Employer screen.

Select:	To:
Enrollment Portal	Sign in to access the MESA Enrollment Portal
Dental Plan Documents	Review or download plan summaries and document, download an Enrollment Form or review common questions
COBRA Rate	View the current COBRA rates
Contact Us	Submit an Enrollment question

The screenshot shows the 'Employers' page on the BHE microsite. At the top left, there is a breadcrumb 'BHE > Employers'. The main heading is 'Employers'. Below the heading is a navigation menu with three items: 'Enrollment Portal', 'Dental Plan Documents', and 'COBRA Rates'. To the right of the menu, there is a welcome message: 'Welcome HR Administrators!' followed by instructions to choose from options to enter enrollments or contact support. Below this is a paragraph stating that all dental plans have a January through December plan year. Three main action buttons are displayed: 'Enrollment Portal' (with a lock icon), 'Contact Us' (with an envelope icon), and 'COBRA Rates' (with a document icon). Each button has a corresponding descriptive text block below it. In the bottom left corner, there is a silhouette of a person holding a magnifying glass over a document.

BHE Member Enrollment Self Service Access (MESA) Enrollment Process

Managing your campus's dental plan roster is easy with HPI's online eligibility processing.

Add or remove employees and dependents from the dental plan and provide important updates—quickly and securely.

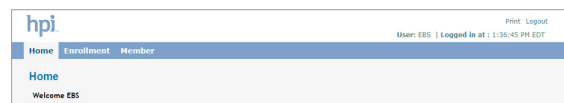
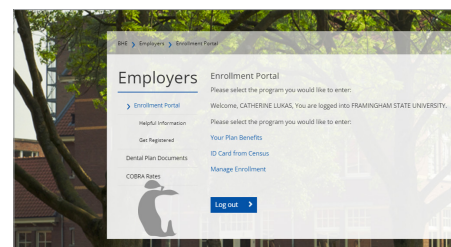
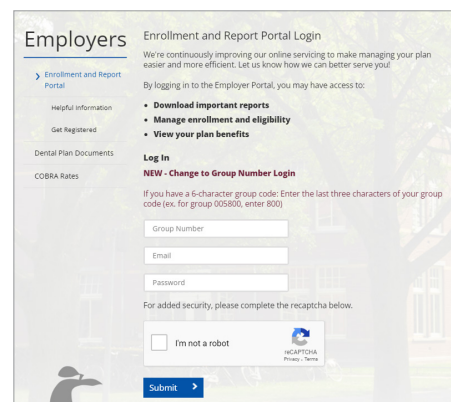
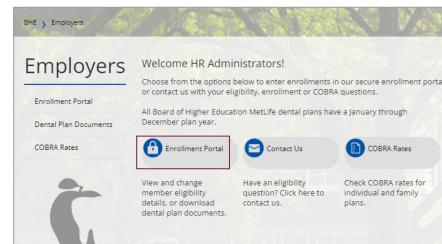
Enrollment Portal

Log in using the following:

- **Group number, enter 700HW**
- Email: enter individual campus administrator's email address
- Password: HPI will assign an initial default password that you will change
- Select "I am not a Robot," then click **Submit**
- Select **Manage Enrollment** from the main menu, which will direct you to MESA

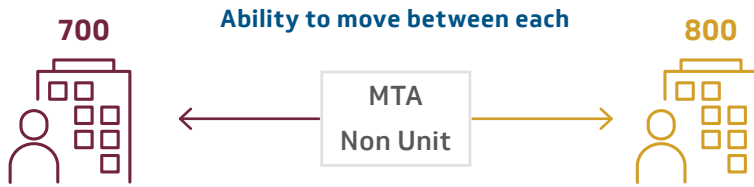
Select either **Enrollment** or **Member**.

- Enrollment: add or update dependent(s)
- Member: perform a search on an employee and see existing dependents



Member Search

You have access to the history of enrollment in the Non-Unit and MTA dental plans at your campus.



There are two **Group IDs** for the Board of Higher Education Dental plans:

1. Non-Unit Higher Education Health and Welfare Fund Dental Plan - 700HW
2. MTA Higher Education Health and Welfare Fund Dental Plan - 800HW

Each campus will have a unique **Location ID** associated with each of the MTA and Non-Unit groups.

Example:

Group ID	Group	Location ID	Location Name
700HW	Non-Unit Higher Education Health and Welfare Fund	707	Framingham State University
800HW	MTA Higher Education Health and Welfare Fund	807	Framingham State University

Member Search Options

- Click **Member** to access the Member Search.

Note: *Red asterisk* denotes a required field, at least one of the required fields must be filled in to complete a search.

- Search Options
 - Default is both Employee and Dependents
 - Employees Only
 - Dependents Only
- Enter the employee's information; then click **Search**.
 - First Name
 - Middle Name
 - Last Name
 - Date of Birth
 - Patient ID (employee ID, dental policy ID that starts with 989, or SSN)

This screenshot shows the 'Member Search Results' page. The search criteria are as follows: Search Options is set to 'Both Employees and Dependents'. The First Name field contains 'j', Middle Name is empty, Last Name contains 'smith', Date of Birth is empty, and Patient ID is empty. The results section is currently empty.

This screenshot shows the 'Member Search' page. The search criteria are: Search Options is set to 'Both Employees and Dependents'. The First Name field is empty, Middle Name is empty, Last Name contains 'Smith', Date of Birth is empty, and Patient ID is empty. At the bottom, there are buttons for 'Search', 'Clear', and 'Cancel'.

- In the example below, this member is associated to both **Non-Unit** and **MTA**. The user can view both records as they relate to this employee.

Member Search Results								
Search								
Search Results								
Show 10 records per page						<< First > < Previous Next > Last >>		
Member Name	Status	Effective Date	Date of Birth	Street	City	State	Zip Code	Location
John Smith	Active	09/01/2023	10/13/1975	123 Same Street	Framingham	MA	12345	807
John Smith	Terminated	07/01/2021	10/13/1975	123 Teachers Lane	Framingham	MA	12345	707

- Users can click on the **Member Name** link to access each of the records.

(Note the fields for Status and Effective Date on the list view.)

Eligibility Screen

- Top section contains member demographics.
- Bottom portion contains the coverage information for this timeframe.
- To view enrollment history dating back to 1/01/2023, click the **View Coverage History**. (Return to the Member Search by clicking on the Back button.)

Eligibility	
Demographics	
First Name : John	Date of Birth : 10/13/1975
Middle Name :	Age : 48
Last Name : Smith	Gender : Male
Suffix :	Relationship to Insured : Self
Certificate Number : 989000000	
Block of Business : Board of Higher Ed / MA Teachers Assoc Health/Welfare Trust	Home Phone :
Client : BTA Higher Education Health and Welfare Fund	Work Phone :
Location : 807	Marital Status :
Department :	Number of Dependents : 0
Employment Begin :	
Residence Address	
Address 1 : 123 Same Street	
Address 2 :	
Address 3 :	
City : Framingham	
State : MA	
Zip : 12345	
County : SUFFOLK	
Country : USA	

Coverage					
Status : Active	Original Benefit Effective Date : 09/01/2023	Coverage Thru Date :			
Location : 807	Current Benefit Effective Date : 09/01/2023				
View Coverage History					
Product	Coverage	Plan	Level of Coverage	COB	Provider
Dental	Yes	Unit Dental Plan (MTA)	Employee Only	No	

Coverage History					
Name : John Smith					
Coverage					
Status : Terminated	Effective Date : 07/01/2021	Coverage Thru Date :			
Location : 807					
Product	Coverage	Plan	Level of Coverage	COB	Provider
Dental	Yes	Unit Dental Plan (MTA)	Employee Only	No	
Coverage					
Status : Active	Effective Date : 01/01/2021	Coverage Thru Date : 06/30/2021			
Location : 807					
Product	Coverage	Plan	Level of Coverage	COB	Provider
Dental	Yes	Unit Dental Plan (MTA)	Employee Only	No	
Back					

Adding a Dependent

Important: The only way for HPI to receive a dependent enrollment is through this (MESA) online enrollment tool or via an enrollment form. Employee dental enrollment is passed on a data file after each payroll period.

- Click on **Perform Enrollment** from the Enrollment tab.
- Select employee's current active location.
 - **Non-Unit** Higher Education Health and Welfare Fund
 - **MTA** Higher Education Health and Welfare Fund

In the previous example from the Member Search, the Active record was associated with location 807 (Unit).

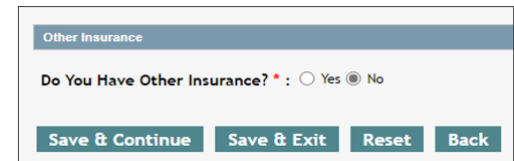
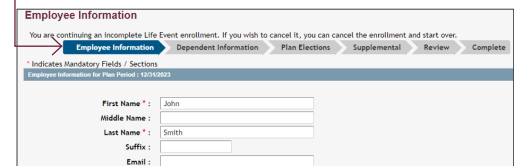
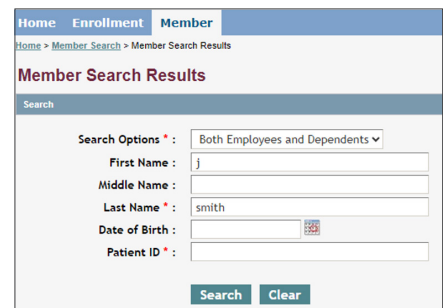
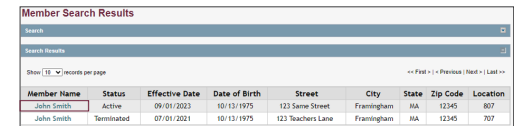
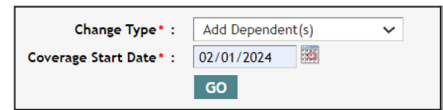
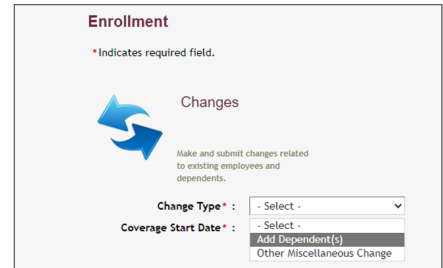
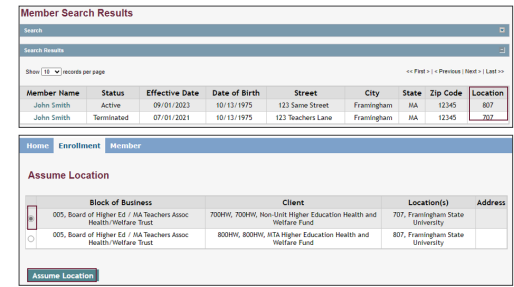
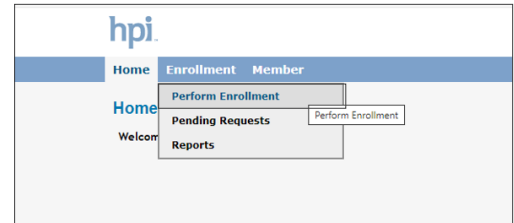
- Select the correct location for the Employee's Active record to add the dependent. Then click **Assume Location**.
- Select **Add Dependent** from the Change Type dropdown.
- Add a **Coverage Start Date**
- Click **Go**.
- Enter the name of the employee or an ID; then click **Search**.

Note: adding a first name initial will help to minimize your search results.

- Select the member by clicking on their name.

You'll move through a series of screens to perform enrollment. View where you are in the process by referencing the progress bar.

- The first tab, Employee Information, is not editable. Simply click **Save & Continue** to move to the next tab.
 - Employee Information- View only
 - Dependent Information- Add dependent details
 - Plan Elections- select the coverage for the dependent
 - Supplemental- this screen will be bypassed
 - Review – review and edit data entered for dependent
 - Complete- provide sign off and submit the dependent addition



Dependent Information

- Enter all required Dependent Information fields.

Note: Residence Address will automatically fill from the member’s data. If the dependent has a different address than the member, please make the appropriate update.

- Two additional fields are required for the dependent:
 - Medicare Coverage Type: Select the appropriate option from the dropdown
 - Do you have Other Insurance?
 - **No** is the Default
 - If **Yes**, Additional options will allow the User to complete the section as it pertains to the Dental Insurance
- To complete updates for the dependent, enter the user’s (your) **First and Last** name. Then click **Save & Continue**.
- To add an additional dependent, click **Add Dependent**.
- If no other dependent(s) are needed, click **Save & Continue**.

Dependent(s) Information

Confirmed! Record saved successfully

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

Dependent(s) Information	Dependent Name	Relationship	Dependent Status	Date of Birth
<input type="checkbox"/>	Samuel Jones	Child	Active	02/13/2024

Add Dependent | Delete Dependent

Dependent(s) Information

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

Dependent(s) Information	Dependent Name	Relationship	Dependent Status	Date of Birth
<input type="checkbox"/>	Sally Smith	Child	Active	01/31/2024

Add Dependent | Delete Dependent

Save & Continue | Save & Exit | Reset | Back

Plan Election

- On the **Election** page, select the applicable coverage from the dropdown options based on the dependent.
- Click on the radial button of the newly added dependent.
- Click **Save & Continue**.

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
Unit Dental Plan (MCA)	Employee Only	Select	<input checked="" type="checkbox"/> Sally Smith	Active	Child
			<input checked="" type="checkbox"/> John Smith	Active	self

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
Unit Dental Plan (MCA)	Employee and Children	Select	<input checked="" type="checkbox"/> Sally Smith	Active	Child
			<input checked="" type="checkbox"/> John Smith	Active	self

Summary Page

- Review and make applicable edits as needed.
- Click **Edit** under the Dependent Information section to make changes or add another dependent.
- If nothing else needs to be added, click **Save** to return to the Review page.

Dependent Name	Relationship	Dependent Status	Date of Birth
Sally Smith	Child	Active	01/31/2024
Nicole Combs	Spouse	Active	06/01/1997
Tim Combs	Child	Active	02/03/2024

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Relationship	Status	Employee Cost
Unit Dental Plan (MCA)	Employee and Children	Select	<input checked="" type="checkbox"/> Sally Smith	Child	Active	
			<input checked="" type="checkbox"/> John Smith	self	Active	

Acceptance

- To complete, sign and add any notes HPI would need concerning the added dependent.

First and Last Name: Elaine Stout Date: 02/02/2024 Date of Change: 01/31/2024

Comments: New baby to add.

Note: Once submitted there is no ability to edit further.

- Click **Submit Request**.
- The Confirmation screen can be printed for records.
- View any submitted requests awaiting HPI's approval by clicking the **Back** button to return to the Enrollment Screen.

Client Name	Client ID
JITA Higher Education Health and Welfare Fund	800HV
First Name: John	Employee Social Security Number: 123212323
Middle Name: Smith	Employee Certificate Number: 980000000
Last Name: Smith	Date of Birth: 10/13/1975
Suffix:	Alternate ID: 11176
Gender: Male	Employee Status: Active
Age: 48	Coverage Start Date: 01/31/2024

Changes

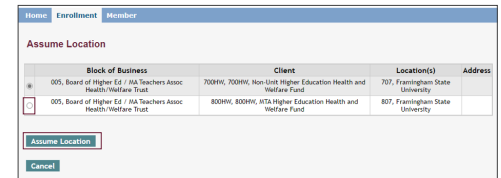
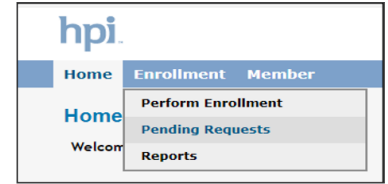
Change Type: Select

Coverage Start Date: GO

Name	Modified Date	Type	Submitted By	Status	Action
Smith, John	01/31/2024	Life Event	Training Staff	Submitted	View

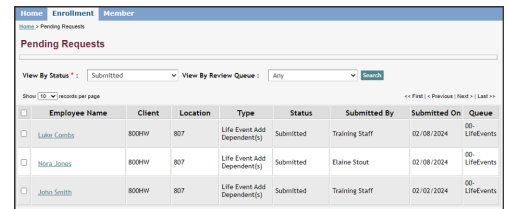
View Pending Requests

- Click **Pending Requests** under the Enrollment tab to view any other pending requests.
- Select the location for the employee's active record to add the dependent; then click **Assume Location**.
- Any submissions that have not been approved by HPI will display.



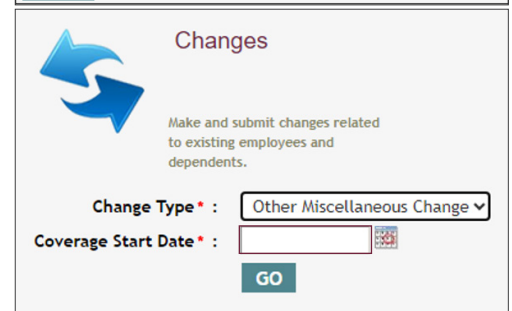
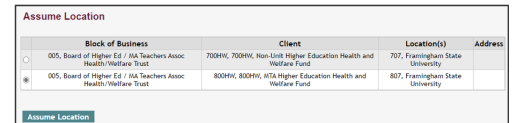
Other Miscellaneous Change

- To make changes to a dependent who is already in the system, select **Other Miscellaneous Change** from the dropdown list.
 - Allowable changes include:
 - Correction to name or date of birth
 - Update to mailing address
 - Update to coverage, such as dependent termination of coverage



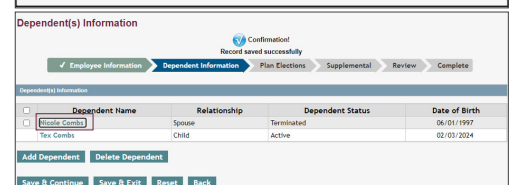
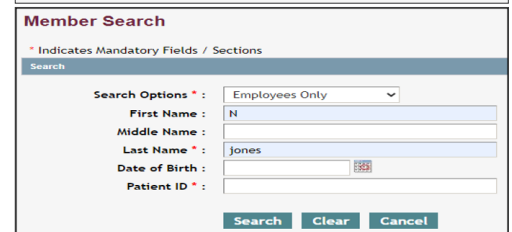
Updating an Existing Dependent Record

- Search the employee's active record.
 - Select the location
 - Select Other **Miscellaneous Change** from the dropdown
 - Enter Date



Note: In the case of a Termination, the Coverage Start Date needs to be the first day NOT covered.

- Access the dependent's record using either the dependent's or member's information. (Be sure to enter the required fields.)
- Once in the Member record, click **Save and Continue** to access Dependent Information.



- Click the dependent's name.
- When accessing the dependent's record, please make sure to **enter all updates needed for the dependent prior to saving the changes.**
- Click **Save and Continue** to continue through the screens.
- Be sure to add a note about your change before submitting.

Indicates Mandatory Fields / Sections
Nicole Combs Information for Plan Period: 02/01/2023

First Name * : Nicole
Middle Name :
Last Name * : Combs
Suffix :
Email :
Gender : Female
Relationship Code * : Spouse
Dependent Social Security Number :
Dependent Certificate Number : 8004W0003
Alternate ID 1 : 65465
Date of Birth * : 06/01/1997
Language : English (American)
Dependent Status * : Terminated

Dependent(s) Information
Confirmation! Record saved successfully
Employee Information → Dependent Information → Plan Elections → Supplemental → Review → Complete

Dependent Name	Relationship	Dependent Status	Date of Birth
Samuel Jones	Child	Active	02/13/2024

Add Dependent Delete Dependent
Save & Continue Save & Exit Reset Back

Acceptance
First and Last Name * : Full filing Date : 02/13/2024 Date of Change : 02/13/2024
Comments : Updated the first name to Samuel.
Submit Request Reset Back

Termination of Coverage

Note: In the case of a Termination, the Coverage Start Date needs to be the first day NOT covered.

- Select Location and search member to work through the Changes.
- Select the dependent that will be terminated.
- Select **Terminated** from the Dependent Status dropdown; then click **Save**.
- The Dependent Status should now say "Terminated."
- Click **Save & Continue** to continue through the screens.
- Be sure to note the reason for termination before submitting to facilitate the correct COBRA administration.

Changes
Make and submit changes related to existing employees and dependents.
Change Type * : Other Miscellaneous Change
Coverage Start Date * : 02/13/2024
GO

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

Dependent Name	Relationship	Dependent Status	Date of Birth
Nicole Combs	Spouse	Active	06/01/1997
Tax Combs	Child	Active	02/03/2024

Add Dependent Delete Dependent
Save & Continue Save & Exit Reset Back

Indicates Mandatory Fields / Sections
Nicole Combs Information for Plan Period: 02/13/2024

First Name * : Nicole
Middle Name :
Last Name * : Combs
Suffix :
Email :
Gender : Female
Relationship Code * : Spouse
Dependent Social Security Number :
Dependent Certificate Number : 8004W0003
Alternate ID 1 : 65465
Date of Birth * : 06/01/1997
Language : English (American)
Dependent Status * : Terminated

Dependent(s) Information
Confirmation! Record saved successfully
Employee Information → Dependent Information → Plan Elections → Supplemental → Review → Complete

Dependent Name	Relationship	Dependent Status	Date of Birth
Nicole Combs	Spouse	Terminated	06/01/1997
Tax Combs	Child	Active	02/03/2024

Add Dependent Delete Dependent
Save & Continue Save & Exit Reset Back

Acceptance
Date : 02/15/2024
Comments : Spouse terminated as she has other coverage.

**Have questions?
We're happy to help.**

For assistance with:
The Enrollment Portal tool, email EmployerPortalHelp@healthplansinc.com
Enrollment or eligibility questions, email MTABHEdental@healthplansinc.com



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