

Introduction

This online eligibility tool lets you manage your eligibility activity in a convenient two-step process.

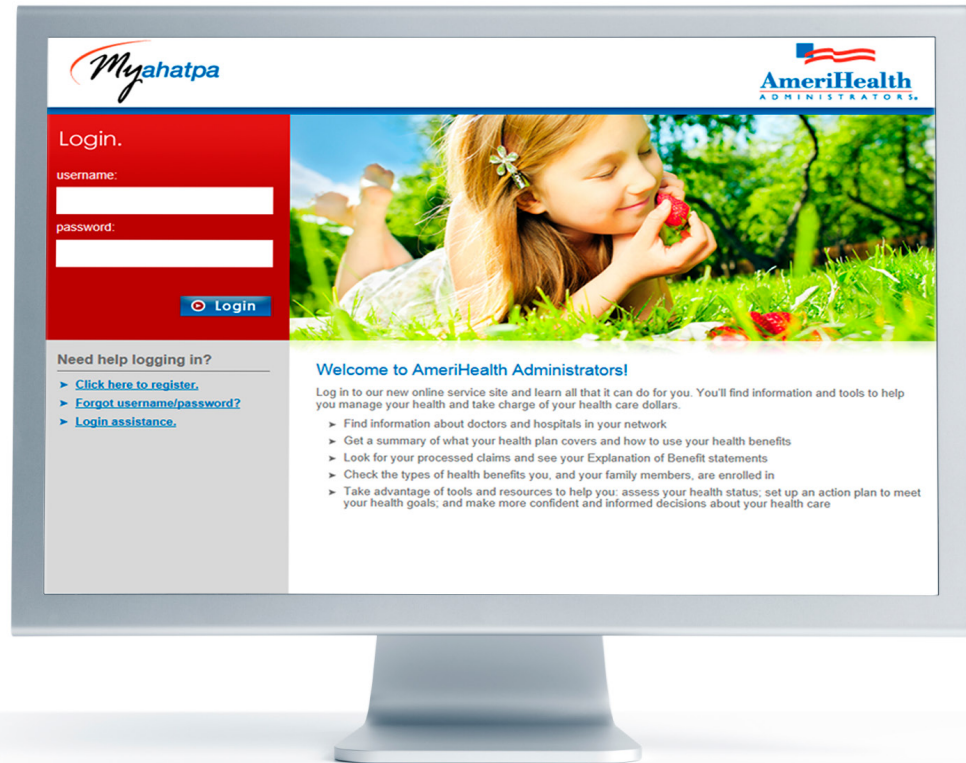
Using this tool, you can:

- enroll new or newly eligible employees based in the U.S.;
- add or remove coverage for a dependent after a life event (birth, adoption, marriage, etc.);
- update plan members' personal information (name, address, etc.);
- terminate coverage of an employee or spouse.

All other transactions must be completed by our eligibility department.

If you need assistance, please contact your AmeriHealth Administrators representative.

Click on one of the tabs below for instructions.



Welcome to the Web Eligibility tool

Getting Started



Navigate to www.myahatpa.com.
Enter your HR user ID and password.



Select "Enroll" from the navigation bar
to access your online eligibility tool.



If you need assistance, please contact
your AmeriHealth Administrators
representative.



Adding a New Enrollment/New Hire

Changes take 2–3 days to process before they appear on the secure plan member and administrator portals. If you need to expedite a particular enrollment, please contact your Account Management team.

**STEP
1**

Select the “Administration” drop-down and click on “Administrator eElect.” Then, click “Select Application.”

**STEP
2**

Click “Admin Enroll” for the specific group (Status) in which you would like to add an enrollee. On the next screen, click “Continue” to begin enrollment.

**STEP
3**

Select “New Hire/Newly Eligible” and click “Continue.”



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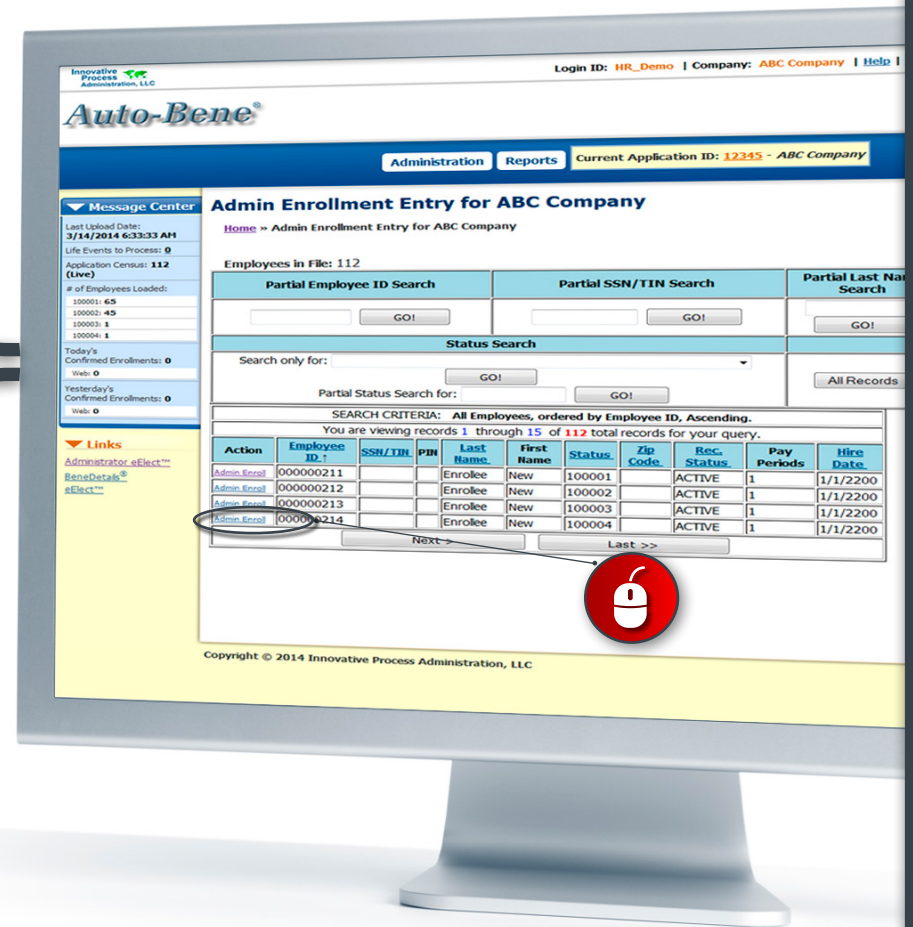
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STEP
4

The wizard will step you through the enrollment process (enrollee, dependents, and benefit selection).

STEP
5

When you complete the information and selections, you will see the "Pre-Confirmation" screen. Verify that the information is correct and select "Continue" to save the data.

STEP
6

Click "Exit Enrollment." Remember, enrollment transactions must be approved to be processed. For instructions, click the "Life Event/Transaction Approval" tab at the bottom of this screen.

The screenshot shows a computer monitor displaying a web application titled "Online Eligibility Maintenance System". The page header includes "Welcome to the" and "New Enrollment". The main section is titled "Employee Information" and contains a form with various fields. A red circle with a white mouse cursor icon points to a green "Continue >>" button at the bottom left of the form. The form fields include:

- Division or Location: ABC Company 12345
- Job Title: [Empty]
- * First Name: Demo
- * Last Name: User
- * Address: 123 Demo Dr.
- * Address 2: [Empty]
- * City: Demo
- * State: PENNSYLVANIA
- * Zip Code: 19044
- * Daytime Phone Number: (123) 456-7890
- Evening Phone No: [Empty]
- E-mail Address: [Empty]
- * Gender: ☒ Male ☐ Female
- * Date of Birth: February 2 1985
- * Social Security Number: 123 45 6789
- * Hire Date: March 1 2014
- * Are you, your spouse, or any eligible dependent enrolled in Medicare Part A/B or Medicaid? ☐ Yes ☒ No
- * On the day your coverage begins will any family members be covered by any other health coverage? If "Yes", update the requested information within each dependent's record. ☐ Yes ☒ No
- * Date of Life Event: March 14 2014
- Marital Status (S = Single / M = Married / O = Other): [Empty]

* Indicates that you must fill out this field to continue

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Welcome to the
Online Eligibility Maintenance System!

ABC Company 12345 New Enrollee 000000001

Pre-Confirmation

Event Selected: New Hire / Newly Eligible

You have now completed your request for benefit elections or changes. When you finalize this request, you authorize your employer to make the applicable payroll deductions once your benefit elections or changes are accepted.

If you wish to change your request, you will need to return to the beginning by clicking the "Reset" button below.

If you wish to finalize your request, please click on the "Continue" button below to obtain your confirmation number. Please write this number down and keep it in a safe place. You will need this confirmation number for any inquiries.

Personal Information

123 Demo Dr. Demo PA 19044 Daytime Phone Number: (123) 456-7890	Division or Location Job Title First Name: Last Name: Gender: Date of Birth: Social Security Number: Hire Date: Are you, your spouse, or any eligible dependent enrolled in Medicare Part A/B or Medicaid? On the day your coverage begins will any family members be covered by any other health cover update the requested information within each dependent's record. Date of Life Event: Marital Status (S = Single / M = Married / O = Other):
---	---

Dependent Information

There are no Dependents Listed.

[Continue >>](#)

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Online Eligibility Maintenance System!

ABC Company 12345 New Enrollee 000000001

Confirmation:

Event Selected: New Hire / Newly Eligible

Please review this Confirmation Statement carefully. If you wish to revoke your elections or changes, you must notify your Plan Sponsor in writing.

Please write down the confirmation number that appears below and keep it in a safe place. You will need this confirmation number for any inquiries regarding your request.

Print this Confirmation Statement for your records.

Time of Enrollment: 3/14/2014 9:10:59 AM Eastern Time

Personal Information

123 Demo Dr.
Demo PA 19044
Daytime Phone Number: (123) 456-7890

Division or Location:
Job Title:
First Name:
Last Name:
Gender:
Date of Birth:
Social Security Number:
Hire Date:
Are you, your spouse, or any eligible dependent enrolled in Medicare Part A/B?
On the day your coverage begins will any family members be covered by any of requested information within each dependent's record.
Date of Life Event:
Marital Status (S = Single / M = Married / O = Other):

Dependent Information

There are no Dependents Listed.

The information listed above is true to the best of my knowledge, information and belief. I understand that if I knowingly provided false information, it may impact my eligibility and/or benefits. I authorize my employer to make the applicable payroll deductions once my benefit elections are processed.

Print Confirmation Exit Enrollment

Enrollment Maintenance

All changes must be approved and processed before they can take effect. Please allow 2-3 days for transactions to process.

STEP
1

Select the "Administration" drop-down and click on "Administrator eElect." Then click "Select Application."

STEP
2

Click "Admin Enroll" next to the corresponding "Employee ID" of the enrollee that requires a change. On the next screen, click "Continue" to process enrollment/change.

STEP
3

Select the type of action/change desired from the menu and click "Continue."



Enrollment Maintenance

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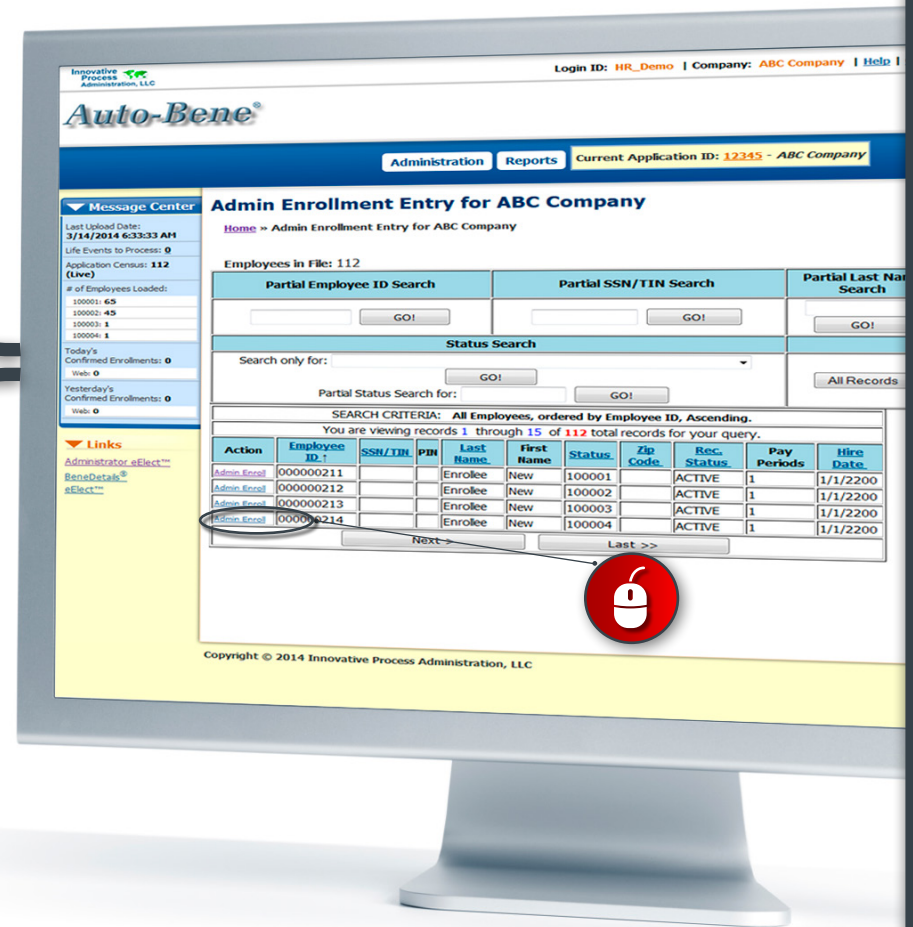
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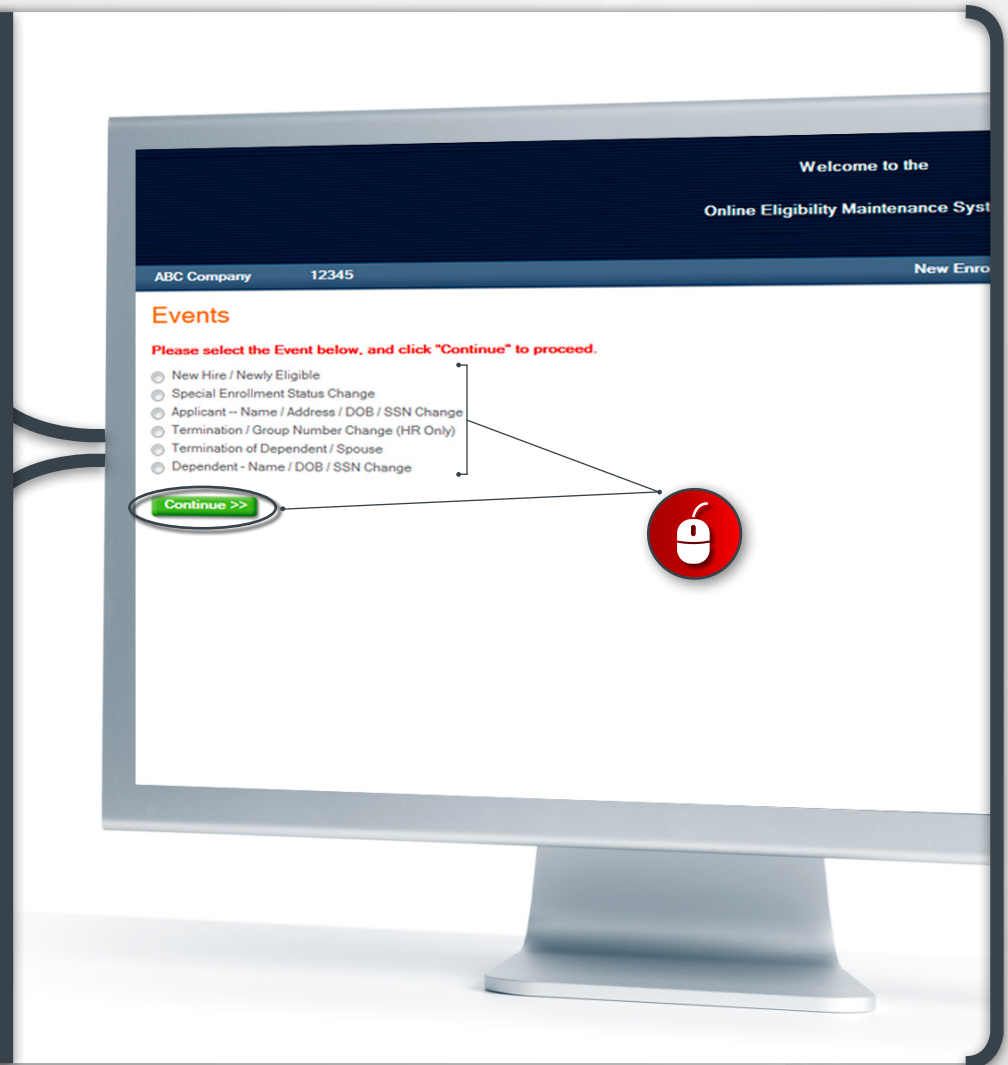
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**STEP
4**

The wizard will step you through the process of making the desired change based on the type of action you selected from the menu.

**STEP
5**

When you complete the information and selections, you will see the "Pre-Confirmation" screen. Verify the information is correct and select "Continue" to save the data.

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Life Event/Transaction Approval

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**STEP
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Select the "Administration" drop-down and click on "Life Event/Transaction Approval." Then click "Select Application."

**STEP
2**

Select "Non-Processed Enrollment Only" and "Search" if the list does not appear automatically.

**STEP
3**

Click "Process" from the "Action" column of the enrollee's data.

**STEP
4**

Choose an action: "Approve," "Pending," or "Disqualify/Deny."

**STEP
5**

Enter the effective date of the action in the "Life Event Effective Date" field. Then click "Update." Your transaction is now ready to process.



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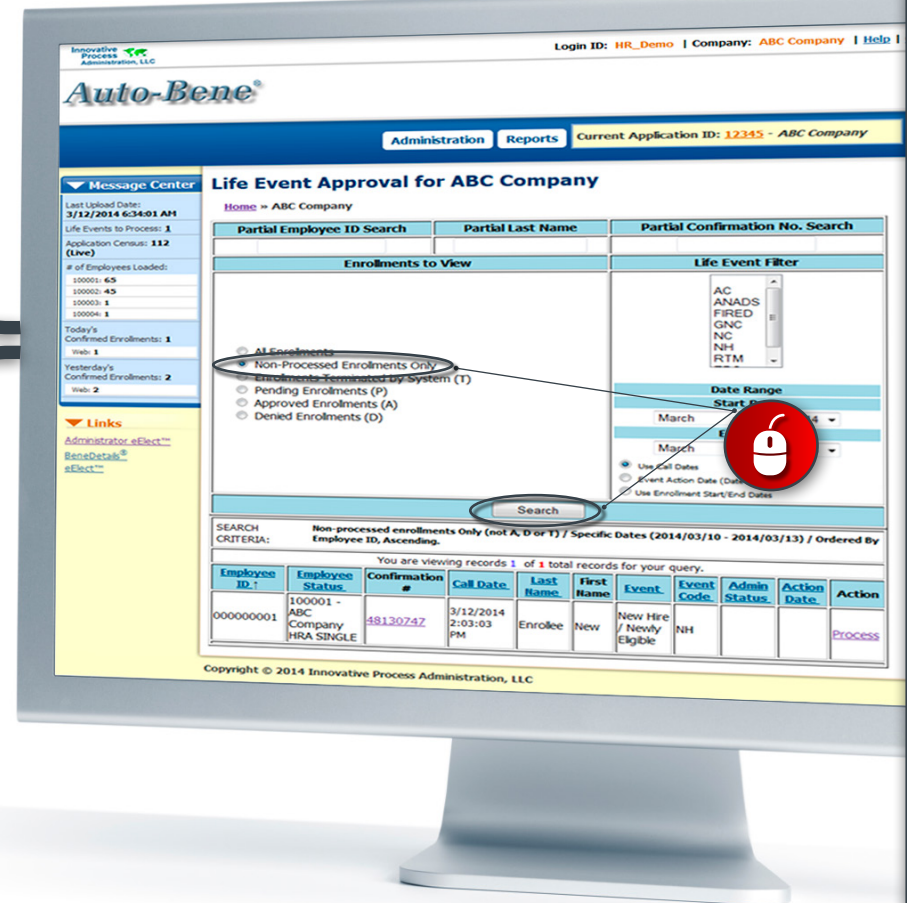
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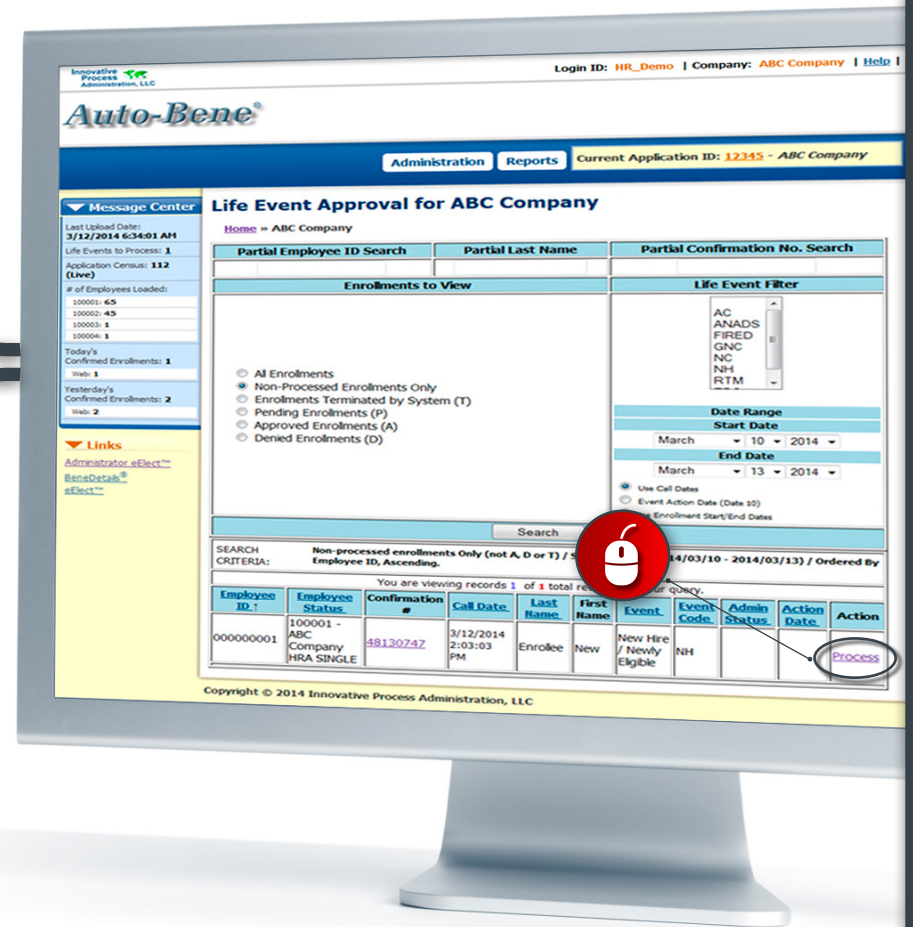
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The screenshot shows the 'Auto-Bene' web application interface for 'Life Event Approval for ABC Company'. The top navigation bar includes 'Administration' and 'Reports' tabs, with the 'Current Application ID: 12345 - ABC Company' displayed. The main content area is divided into a 'Message Center' on the left and a 'Life Event Approval' form on the right. The 'Message Center' shows the last upload date as 9/12/2011 2:00:01 PM, 13 life events to process, and application census 112. The 'Life Event Approval' form displays enrollee details: EID: 000000001, LName: Enrollee, FName: New, Confirmation: 48173627, Life Event: New Hire / Newly Eligible, Emp Status: Active, Call Date: 3/14/2014 9:10:59 AM, Processed Date: 03/14/2014, and Life Event Effective Date: 3/14/2014. The 'Action' column has three radio buttons: 'Approve' (selected), 'Pending', and 'Disqualify/Deny'. Below the action buttons is a text field for 'Life Event Administrator Comment'. At the bottom right of the form are 'Update' and 'Cancel' buttons. A red mouse cursor icon is positioned over the 'Update' button. The footer of the page reads 'Copyright © 2014 Innovative Process Administration, LLC'.

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Life Event Approval for ABC Company			
ABC Company	EID: 000000001	LName: Enrollee	FName: New
Confirmation: 48173627	Life Event: New Hire / Newly Eligible	Emp Status: Active	Life Event Date: 03/14/2014
Call Date: 3/14/2014 9:10:59 AM	Processed Date:		

Action: ☐ Approve ☐ Pending ☐ Disqualify/Deny

Life Event Effective Date: 3/14/2014

Life Event Administrator Comment:

Update Cancel