

Provider Portal

Overview



Version 1.01.00

VBAGateway

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Provider Portal

This document contains information about every available POD and Navigation Button within the Provider Portal. VBAGateway is highly configurable, so if there is an option described here that isn't available, please contact your Account Executive to see about turning that feature on.

Registration

To register for the Provider Portal, the Provider must navigate to www.kemptongroup.com and click "portal logins" in the top right hand corner and selecting "Providers".

Then once on the VBAGateway login screen and select **Click here to register and/or enroll**. This will navigate them to the registration page.

To receive your registration code call the Kempton Group Administrators at **(405) 817-5731**. Press 5 for provider then enter your tax ID number followed by #. Follow the audio instructions to receive your Gateway portal registration code.

Welcome to VBAGateway

Username

Password

[Forgot username or password?](#)

LOG IN

[Click here to register and/or enroll.](#)

Unregistered Provider?
[Click here to find eligibility info.](#)

Download our member progressive web app:

ADD TO HOME SCREEN

The PWA is supported only for Member accounts.

Register

Please select the portal you wish to register for.

Portal

Provider
▼

ADD PROVIDERS

Once on the registration page, the first step will be to select the **Provider** option from the **Portal** drop-down menu (*the Provider Portal may be listed under a different name depending on administrator configuration*). The next step will be adding Providers by selecting the **Add Providers** button. This will open the **Provider Lookup** window.

The **Provider Lookup** window will allow the User to search for Providers by **Tax ID, Zip Code, and Claim ID**. Enabling the **Lookup by Registration Code** option will allow them to search by Registration Code instead of Claim ID. Select the desired Provider and add them by selecting the **Add This Provider** button.



Multiple Providers may be added to a Provider Portal account.

Please enter a Tax ID, Zip Code, and two separate Claim Numbers or IDs from two separate subscribers. These claims should be submitted and paid and should be from within the past 180 days. If you do not have any submitted, paid claims within the last 180 days please contact your administrator to obtain a registration code. Once you have obtained a registration code from your administrator, please check the box Lookup By Registration Code, enter your registration code and click SEARCH.

Tax ID * **Zip Code ***

Claim ID/Claim Number 1 * **Claim ID/Claim Number 2 ***

Lookup By Registration Code

SEARCH CANCEL

NPI	Federal ID	Provider Name	Address	City	State	Zip
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

No items to display

Please select your record and press "REGISTER" to create your login, or click the link to Enroll

CANCEL **ADD THIS PROVIDER**

The Provider will then be required to enter a **First Name**, **Last Name**, and **Email Address** for the Provider Portal account. This email address is where the confirmation link will be sent once the registration has been submitted, so it is important that the Provider or their administration has access to the email address. They may also be required to provide a **Tax ID**, **Zip Code**, and/or **NPI**.

Register

Please select the portal you wish to register for.

Portal

Provider
▼

ADD PROVIDERS

Provider TINs to register:

<p>Tax ID *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p>Zip Code *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>
<p>NPI *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc; background-color: #f0f0f0;" type="text" value="Please enter your NPI"/>	<p>Registration Code *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc; background-color: #f0f0f0;" type="text" value="Please enter your Registration"/>
<p>First Name *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p>Last Name *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>
<p>Username *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p>Email Address *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>
<p>Password *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="password"/>	<p>Confirm Password *</p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="password"/>

CANCEL
SUBMIT

The Provider will also be required to create a **username** and **password**. There are no inherent username restrictions, but they may have a format required by their administrator. Certain password strengths may be required and will be listed when applicable. Once they have entered the required information, select the **Submit** button to submit registration.

Username/Password Recovery

Welcome to VBAGateway

Username

Password

[Forgot username or password?](#)

LOG IN

[Click here to register and/or enroll.](#)
 Unregistered Provider?
[Click here to find eligibility info.](#)

Download our member progressive web app:

ADD TO HOME SCREEN

The PWA is supported only for Member accounts.

If the Provider ever forgets their login credentials, they can select the **Forgot username or password?** link from the VBAGateway login screen. This will navigate them to the **Account Recovery** screen.

Username Recovery

From the **Account Recovery** screen, select the **I don't know my username** option. The Provider will be required to enter the email address associated with their account.

Account Recovery

I don't know my username
 I don't know my password

Registered Email Address *

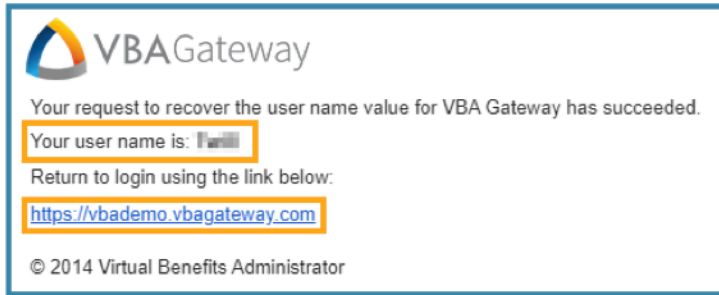
Enter Your Registered Email

CANCEL **SUBMIT**

Recovery Successful

Please check your email for instructions.

If the provided information is correct, they will receive the following notification in the bottom right corner of their screen:

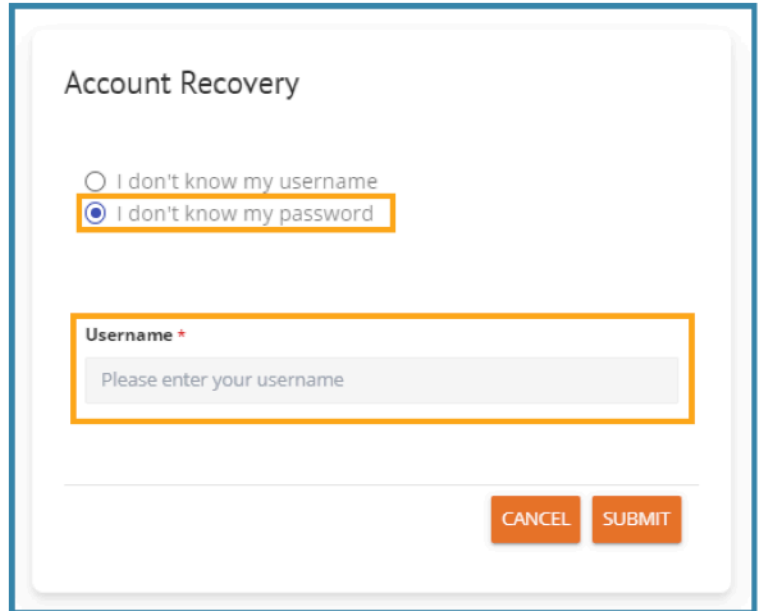


VBA Gateway
 Your request to recover the user name value for VBA Gateway has succeeded.
 Your user name is: **Paul**
 Return to login using the link below:
<https://vbademo.vbagateway.com>
 © 2014 Virtual Benefits Administrator

Check the inbox, of the e-mail address provided, for a message from 'vbagateway@vbagateway.com'. This email will contain the username associated with the email and a link that will take them back to the login screen.

Password

From the **Account Recovery** screen, select the **I don't know my password** option. The Provider will then be required to enter the username associated with their account.

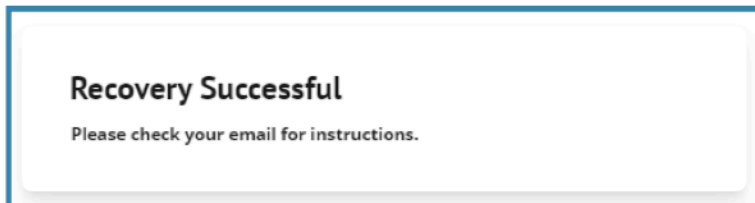


Account Recovery

I don't know my username
 I don't know my password

Username *
 Please enter your username

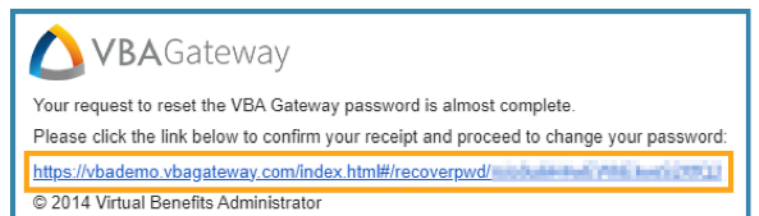
CANCEL SUBMIT



Recovery Successful
 Please check your email for instructions.

If the provided username is associated with an account, they will receive the following notification in the bottom right corner of their screen:

Check the inbox of the e-mail address associated with the provided username for a message from 'vbagateway@vbagateway.com'. This email will contain a link to the **Set Your New Password** screen.



VBA Gateway
 Your request to reset the VBA Gateway password is almost complete.
 Please click the link below to confirm your receipt and proceed to change your password:
<https://vbademo.vbagateway.com/index.html#/recoverpwd/XXXXXXXXXX-XXXXXXXXXX-XXXXXXXXXX>
 © 2014 Virtual Benefits Administrator

This screen will require the Provider to create a new password and re-enter it for verification. Once the new password has been submitted, they will be notified that the password reset was successful and will be provided with a link back to the login page.

Set Your New Password

Please remember to select a password that is secure and that you will remember.

New Password *

Retype New Password *

Set Your New Password

Your Password Has Been Reset

[Click here to login](#)

Provider Home

Overview


Navigation Panel














The **Provider Portal** is the avenue by which our Providers interact with VBA Gateway. The Portal is organized by navigation buttons found in the navigation panel.

Each button, and its corresponding page and PODs, are detailed below. Keep in mind that many aspects of this portal are configurable. If you ever have any further questions or requests, please reach out to your Account Executive.

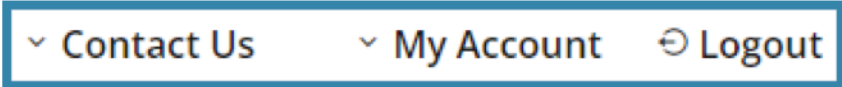


Most areas in the portal will also have a help button that will offer further details when needed. The contents of the help buttons are configurable by the Plan Administrator and can be used to offer further details.



-  Home
-  My Profile
-  Claims
-  Authorization
-  Member Lookup
-  Payee Information
-  Provider Portal Configuration >
-  Create a Request >
-  Chat History
-  Message Center
-  Provide Feedback
-  My Profile
-  Chat History

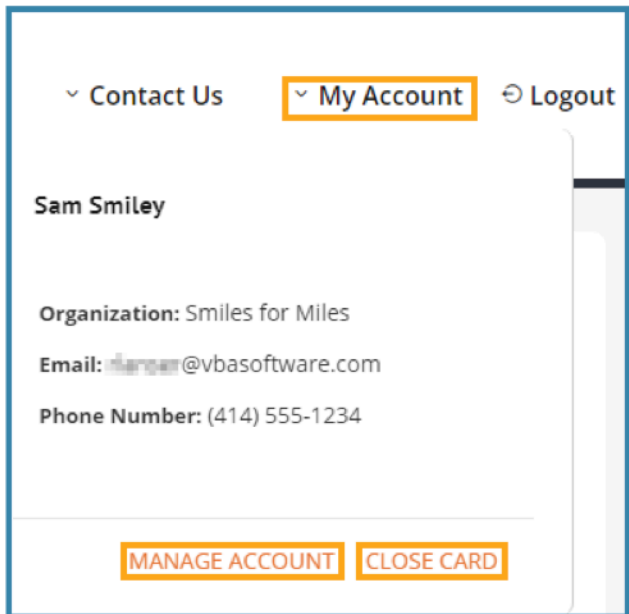
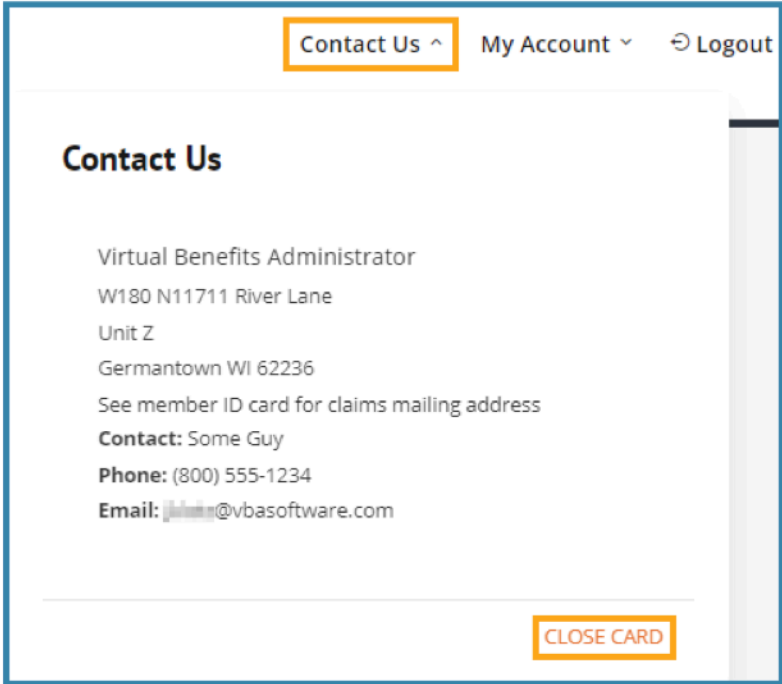
Page Header



The page header contains a few key items. The Provider will find the portal name as well as the current page title on the left side of the header. On the right side of the header, they will find a few buttons with useful functionality:

Contact Us

The **Contact Us** button is configurable to display the Administrators contact information, even allowing HTML images. To close this card, click the button again or select **Close Card** from the bottom right corner of the card.



My Account

The **My Account** button will open a pop-up card containing the active Provider's profile information. From here, they may select the **Manage Account** button to edit the profile information or the **Close Card** button to close the card.

Selecting **Manage Account** will navigate them to the **User Profile POD**. This POD allows them to update their contact information and account security. They can also reset their password from this screen by selecting **Reset Password**. They will be asked to enter their old password and enter their new password twice for confirmation. Once the desired changes have been made select **Update User Information** to save the new information.

User Profile

Updates on this page will only impact your online account.

User Information

<p>First Name</p> <input type="text" value="Sam"/>	<p>Last Name</p> <input type="text" value="Smiley"/>
<p>Email Address</p> <input type="text" value="rlanser@vbasoftware.com"/>	<p>Organization</p> <input type="text" value="Smiles for Miles"/>
<p>Cell Phone Number</p> <input type="text" value="(414) 555-1234"/>	<p>Fax Number</p> <input type="text" value=""/>

Account Security

Multi-Factor Authentication Settings



The User will also see their Multi-Factor Authentication (MFA) Setting here. Setup for MFA is discussed in a separate document.

Logout

The **Logout** button will sign the Provider out and return them to the Login screen.

Home

Provider Info

The **Provider Info** POD displays basic information about the Provider, such as contact information, Specialties, and Networks. The POD also shows a list of Providers that the active Provider has access to. This list shows the accessible Providers' address, NPI, and Tax ID.

Provider Info


<p>SAM SMILEY W180 N 11711 River Lane Germantown AL 53022 Phone Number: 518-791-6274 Fax Number: 555-555-5555 Email: droffice@email.com Website: www.droffice.com Provider Type: Doctor of Medicine NPI: 123456890 Tax ID: 370661220</p> <p>Specialties Family Medicine Pediatrics</p>	<p>Networks</p> <ul style="list-style-type: none"> Bellin PHCS Beech Street Network Medicaid Network 1 Anthem BCBS 	<p>Providers I have access to:</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">SAM SMILEY</td> <td style="text-align: right;">NPI: 123456890</td> </tr> <tr> <td>W180 N 11711 River Lane</td> <td style="text-align: right;">Tax ID: 370661220</td> </tr> <tr> <td>Germantown AL 53022</td> <td></td> </tr> </table> <hr/>	SAM SMILEY	NPI: 123456890	W180 N 11711 River Lane	Tax ID: 370661220	Germantown AL 53022	
SAM SMILEY	NPI: 123456890							
W180 N 11711 River Lane	Tax ID: 370661220							
Germantown AL 53022								

Pending Authorizations

The **Pending Authorizations** POD displays a list of the Provider’s pending authorizations and details about those authorizations.

- **Req. From:** Requested authorization start date.
- **Req. Thru:** Requested authorization end date.
- **Req. Amt:** Requested amount associated with the authorization.
- **Req. Units:** Requested number of units associated with the authorization.
- **Approved From:** Approved authorization start date.
- **Approved Thru:** Approved authorization end date.
- **Approved Amount:** Approved amount associated with the authorization.
- **App. Units:** Approved number of units associated with the authorization.
- **Actual From:** Actual authorization start date.
- **Actual Thru:** Actual authorization end date.
- **Actual Amt:** Actual amount associated with the authorization.
- **Actual Units:** Actual number of units associated with the authorization.
- **Unit Type:** Type of unit associated with the authorization.

The arrow in the leftmost column will toggle additional information for the pending authorization in that row.

Pending Authorizations																
Drag a column header and drop it here to group by that column																
	Auth #	Case #	Status	Auth Type	Sub ID	Mem. Seq.	Mem. First Name	Mem. Last Name								
	0430862		Pended	Inpatient Authorization	006145773	01	Janice	Fredrech								
<table border="1"> <thead> <tr> <th>Diag. Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>784.0</td> <td>HEADACHE</td> </tr> </tbody> </table>		Diag. Code	Description	784.0	HEADACHE	<table border="1"> <thead> <tr> <th>Proc. Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>0352</td> <td>CT Scan</td> </tr> </tbody> </table>		Proc. Code	Description	0352	CT Scan					
Diag. Code	Description															
784.0	HEADACHE															
Proc. Code	Description															
0352	CT Scan															

Provider Resources

The **Provider Resources** POD can be used to publish frequently used forms or any document that a provider may need to reference. These documents can be made available to the provider via the Admin portal or via a push to the portal from VBASoftware.

Provider Resource

Links

Network Links

[Aurora](#)

[In Network](#)

[Medicaid Network 1](#)

[Network 1](#)

[PHCS](#)

Documents

Provider Documents

Additional Information

 [Credentialing Questionnaire](#)


 [My New Document](#)

My Profile

The **My Profile** screen is used by Providers, who are part of network managed or owned by the Plan Administrator and displays the Providers profile information. The top half of the screen displays the Address, Profile Photo, Reviews as well as their **Networks, Specialties, Languages, and Counties Served.**

SAM SMILEY
 Doctor of Medicine
 W180 N 11711 River Lane
 Germantown AL 53022
 5187916274

About this Provider	
Networks	Bellin PHCS Beech Street Network Medicaid Network 1 Anthem BCBS
Specialties	Family Medicine Pediatrics
Languages	English French Spanish
Counties Served	Hartford County Ozaukee County



UPDATE PHOTO

Quality & Reviews		
Customer Satisfaction	11/19/2021	★★★★★
Office Care	11/19/2021	★★★★☆
Urgent Care	11/19/2021	★★★★★



Some parts of the providers info can be changed with the 'Create a Request' option on the Navigation Panel. Contact the account executive to make any other changes.

The Provider can update their profile picture by selecting the **Update Photo** button underneath the current photo. The **Upload Profile Picture** window open, allowing them to either drag and drop a picture into the window, or use the **Select Files...** button to launch the file explorer. Select the **Cancel** button to close the window without uploading a photo.

Upload Profile Picture

Please upload a jpeg, bmp, or png file, of at least 500px wide by 750px tall.

SELECT FILES...

Drop files here to upload


i

CANCEL

Upload Profile Picture

Please upload a jpeg, bmp, or png file, of at least 500px wide by 750px tall.

[SELECT FILES...](#) ✓ Done

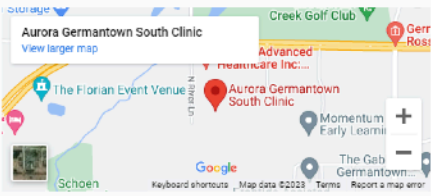
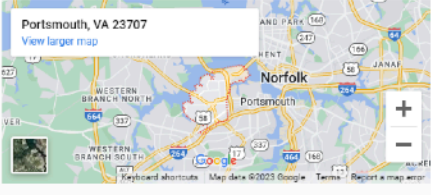
 PROVPROFILEIMAGE_3072.jpg
File(s) uploaded successfully.

i OK

After a photo has been chosen, a status bar will appear, which will notify the Provider when the file has been uploaded successfully. Select the **OK** button to close the window.

The bottom half of the screen has tabs for more detailed information for **Locations, Biography, Education, Licenses, Certifications, and Malpractice Insurance.**

LOCATIONS
BIOGRAPHY
EDUCATION
LICENSES
CERTIFICATIONS
MALPRACTICE INSURANCE

Smiley's Family Practice 888 River Road Germantown WI 53022	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Day</th> <th style="text-align: left;">Hours</th> </tr> </thead> <tbody> <tr><td>Sunday</td><td>Closed</td></tr> <tr><td>Monday</td><td>08:00 AM - 04:00 PM</td></tr> <tr><td>Tuesday</td><td>08:00 AM - 04:00 PM</td></tr> <tr><td>Wednesday</td><td>08:00 AM - 04:00 PM</td></tr> <tr><td>Thursday</td><td>08:00 AM - 04:00 PM</td></tr> <tr><td>Friday</td><td>08:00 AM - 04:00 PM</td></tr> <tr><td>Saturday</td><td>Closed</td></tr> </tbody> </table>	Day	Hours	Sunday	Closed	Monday	08:00 AM - 04:00 PM	Tuesday	08:00 AM - 04:00 PM	Wednesday	08:00 AM - 04:00 PM	Thursday	08:00 AM - 04:00 PM	Friday	08:00 AM - 04:00 PM	Saturday	Closed	
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Roosevelt Family Medicine PO Box 7068 Portsmouth VA 23707	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Day</th> <th style="text-align: left;">Hours</th> </tr> </thead> <tbody> <tr><td>Sunday</td><td>Closed</td></tr> <tr><td>Monday</td><td>08:00 AM - 05:00 PM</td></tr> <tr><td>Tuesday</td><td>08:00 AM - 05:00 PM</td></tr> <tr><td>Wednesday</td><td>08:00 AM - 06:00 PM</td></tr> <tr><td>Thursday</td><td>08:00 AM - 07:00 PM</td></tr> <tr><td>Friday</td><td>08:00 AM - 05:00 PM</td></tr> <tr><td>Saturday</td><td>Closed</td></tr> </tbody> </table>	Day	Hours	Sunday	Closed	Monday	08:00 AM - 05:00 PM	Tuesday	08:00 AM - 05:00 PM	Wednesday	08:00 AM - 06:00 PM	Thursday	08:00 AM - 07:00 PM	Friday	08:00 AM - 05:00 PM	Saturday	Closed	
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Friday	08:00 AM - 05:00 PM																	
Saturday	Closed																	



Contact the Account Executive to modify this information.

Claims

Claims

Please click the search (Q) button in the bottom left corner to begin.




Claim Lookup

To pull back all claims, enter no criteria and click "SUBMIT" (this may take a while). To narrow your search, enter any combination of criteria - there are no required fields.

First Name	Last Name
First Name	Last Name
Member ID	Birth Date
Member ID	Birth Date
Claim ID	Claim Number
Claim ID	Claim Number
Received From:	Received Thru:
Received From	Received Thru
Incurred From:	Incurred Thru:
Incurred From	Incurred Thru
Paid From:	Paid Thru:
Paid From	Paid Thru

CANCEL SUBMIT

Claims

By selecting the **Search**  button in the bottom left corner of the **Claims** POD, the Provider can open the **Claim Lookup** window. From here, the Provider may search for claims by Provider information, Claim ID, and various date ranges. After defining the desired search information, select the **Submit** button to populate the Claims POD.

Claim results will show detailed information relating to each claim:

- **Svc. From:** Start date of services.
- **Svc. Thru:** End date of services.
- **Claim Status:**
 - Payable: Claim has been processed for payment, and all lines are payable.
 - Denied: Claim has been processed for payment, and all lines are denied.
 - Partial Deny: Claim that has been processed for payment with a mix of payable and denied lines.
 - Pending Review: Claim has been adjudicated and is under review.
 - Pre-Adjudication: Claim has been received by the administrator but has not been adjudicated.
- **Payment Status:**
 - In Process: Claim has been processed and is ready for funding.
 - Suspended: Claim has been processed but is suspended for administrative review.
 - Funds Request: Claim has been processed and funds have been requested.
 - Paid: Fully finalized claim that has been processed and paid.

The **Search** button will allow the Provider to redefine the search criteria. The **Excel** button will export the claim information to Excel and generate a printable report.

Claims

Drag a column header and drop it here to group by that column

	Claim ID	Claim Number	Received	Last Name	First Name	Svc. From	Svc. Thru	Claim Type	Provider ID	Provider																									
▶	0000000130000086	2080	06/27/2023	Snow	Susan	06/01/2023	06/01/2023	Professional	0019806620	SAM SMILEY																									
<table border="1"> <thead> <tr> <th>Seq.</th> <th>Proc. Code</th> <th>Pos</th> <th>Svc. From</th> <th>Svc. Thru</th> <th>Billed</th> <th>Disc.</th> <th>Mem. Resp.</th> <th>Not Cov.</th> <th>Paid</th> <th>Benefit Code</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>0100</td> <td>99213</td> <td>11</td> <td>06/01/2023</td> <td>06/01/2023</td> <td>250.00</td> <td>134.35</td> <td>20.00</td> <td>45.65</td> <td>50.00</td> <td>1100</td> <td>Payable</td> </tr> </tbody> </table>												Seq.	Proc. Code	Pos	Svc. From	Svc. Thru	Billed	Disc.	Mem. Resp.	Not Cov.	Paid	Benefit Code	Status	0100	99213	11	06/01/2023	06/01/2023	250.00	134.35	20.00	45.65	50.00	1100	Payable
Seq.	Proc. Code	Pos	Svc. From	Svc. Thru	Billed	Disc.	Mem. Resp.	Not Cov.	Paid	Benefit Code	Status																								
0100	99213	11	06/01/2023	06/01/2023	250.00	134.35	20.00	45.65	50.00	1100	Payable																								
▶	0000000130000097	2103	07/19/2023	Jones	Peter	04/01/2023	04/01/2023	Professional	0019806620	SAM SMILEY																									

🔍 📄

Advance EOB

The **Advance EOB** POD will display any available advance EOB information. This POD was added in response to the No Surprises Act. The Provider may select the arrow to the left of the **Claim ID** field to expand the EOB information.

Advanced EOB

Drag a column header and drop it here to group by that column

	Claim ID	First Name	Last Name	Claim Type	Received	Svc. From	Svc. Thru	Provider Name	Billed	Allowed	Disc.	Mem. Resp.	Not Cov.	Paid
▶	000000899000002	Susan	Snow	Professional	12/30/2022	05/04/2023	05/04/2023	Wendy Pietz	5,000.00	5,000.00	0.00	500.00	0.00	
▶	000000899000001	Susan	Snow	Professional	12/29/2022	05/03/2023	05/03/2023	Terry Whipple	5,000.00	2,500.00	2,500.00	500.00	0.00	
▶	000000945000002	Susan	Snow	Dental	04/11/2023	05/03/2023	05/03/2023	Wendy Pietz	500.00	500.00	0.00	50.00	0.00	
▶	000000899000003	Susan	Snow	Professional	12/30/2022	01/30/2023	01/30/2023	Wendy Pietz	5,000.00	5,000.00	0.00	500.00	0.00	

🔍 📄

Authorization

By selecting the **Click Here to Search** button in the top right corner of the screen, the Provider may open the **Authorization Search** window. From here, they may search for authorizations by Auth Number, Member Information, Provider Information, and Request Dates. Select the **Submit** button once all desired search criteria have been defined to populate the **Authorization** POD with search results. Authorization results will show detailed information relating to each claim.



The Provider can choose to leave all search fields empty and then click the 'Submit' button. Doing this will display all Authorizations on file.

Authorization Search

To pull back all authorizations, enter no criteria and click "SUBMIT" (this may take a while). To narrow your search, enter any combination of criteria - there are no required fields.

Auth Number
Auth Number

Status
Please Select a Status

Auth Type
Please Select a Type

Member ID
Member ID

Member First Name
Member First Name

Member Last Name
Member Last Name

Federal ID
Federal ID

Provider Name
Provider Name

Requested From
[Calendar Icon]

Requested Thru
[Calendar Icon]

Buttons: [Info Icon] CANCEL SUBMIT

The arrow in the leftmost column will toggle additional information for the authorization request in that row.

Auth #	Case #	Status	Auth Type	Sub ID	Mem. Seq.	Mem. First Name	Mem. Last Name	Provider ID	Federal ID	Prov. Name
▶	0047314	Approved	Speech Therapy Visits	009372467	01	Susan	Snow	0019806620	370661220	SAM SMILEY
▶	0430862	Periodic	Inpatient Authorization	006145773	01	Jenice	Fredrich	0019806620	370661220	SAM SMILEY
▶	0669876	N/A	N/A	009372467	01	Susan	Snow	0019806620	370661220	SAM SMILEY
▶	3946041	Approved	N/A	171983858	01	Rachel	Lanser	0019806620	370661220	SAM SMILEY

Member Lookup

The **Member Lookup** screen displays individual member details and provides quick access to plan and network information. To initiate a search, click the **Click Here to Search** button at the top-right corner of the screen, opening the **Member Lookup** window. Search criteria includes **Member ID**, **Last Name**, and **Birth Date**. After entering the desired criteria, select **Search for Member** to generate the search results.

To find members associated with a particular provider, select the provider from the **Provider** dropdown menu and click **View PCP Members**. This will display a list of members who have that provider listed as their Primary Care Physician. For more information on a specific member, simply click their name in the search results, and the relevant information will appear in the corresponding PODs.

Member Lookup

You must enter a valid Member ID or Full Last Name & Birth Date as part of your search criteria, or select a Provider to view their PCP members.

Member ID

Last Name

Birth Date

Provider:

SAM SMILEY

SEARCH FOR MEMBER
VIEW PCP MEMBERS

Subscriber ID	Seq	First Name	Last Name	Disenroll Date	Birth Date
006145773	01	Janice	Fredrech	02/28/2018	05/04/1958
017811824	01	Melissa	Dixon		06/04/1985
199413330	01	William	Lee		08/14/1975
286319948	01	Justin	Timberlake		01/15/1982
372340752	01	Maggie	Sleepy		01/01/1972

1 - 9 of 9 items
CANCEL

Member Information

Member Information

Demo Group

Group ID: VBA10

Population 1

Division ID: 001

Plans

Medicaid Plan Sample (Family)

Networks

Medicaid Network 1

Maggie Sleepy

1 Happy Day Way Apt #2
Sunshine Way FL 33553

Date of Birth: 1/1/1972

Date Enrolled: 3/1/2012

Active

Subscriber ID: 372340752

SSN: No SSN Available

Occupation: Not Found

Hire Date: Not Found

Pay Rate: Not Found

VIEW/PRINT ID CARD

The **Member Information** POD allows the Provider to view the Member's Basic Information, Plans, and Networks. Under the **Networks** subsection, the Provider can navigate directly to one of the Member's networks through the use of hyperlinks.

Selecting the **View/Print ID Card** button will open the **ID Card** window. From here the Provider can select a member of the Family from the dropdown menu, the desired Plan from the **Plan** dropdown menu, and select the **Submit** button. A new browser tab will open where the ID Card should automatically download as a *.pdf file.




Family Details

The **Family Details** POD displays details of each family member associated with the Member's plan.

Family Details						
Seq.	Name	DoB	Age	Relation	Registered For Gateway?	
01	Maggie Sleepy	1/1/1972	51	Insured	✗	
02	Lillie Sleepy	5/1/2012	11	Child	✗	
03	Hank Sleepy	4/1/2010	13	Child	✗	
04	Sofia Sleepy	4/15/2012	11	Foster Child	✗	

Beneficiaries

Seq.	Relationship	Is Primary?	Percentage	First Name	Last Name	Birth Date
01	01	Y		Shawn	Mann	01/01/1980
01	02	Y	100	Richard	Snow	01/01/1982
01	09	N	50	Franklin	Jersey	01/14/1980


Beneficiaries

The **Beneficiaries** POD is typically associated with Life Benefits and will display information about the chosen members' beneficiaries. This POD has Excel Export and Print capabilities. To print, press the printer icon and a new window will open with the Beneficiaries in a list formatted for printing. Pressing the Excel button will download an Excel spreadsheet with the Beneficiary information.

Other Insurance

The **Other Insurance** POD provides details regarding the Member's other insurance policies.



Other Insurance							
Policy Num.	Seq.	First Name	Last Name	Carrier	Priority	Effective Date	Term. Date
125880Xe	01	Janice	Fredrech	America Insurance	Secondary	01/01/2016	



Enrollment History

The **Enrollment History** POD displays the members and their families Plan history.

Enrollment History								
Seq.	First Name	Last Name	Plan ID	Plan	Plan Type	Tier	Effective Date	Term. Date
01	Maggie	Sleepy	FL MEDICAID	Medicaid Plan Sample	Medical Plan	Family	10/01/2012	
02	Lillie	Sleepy	FL MEDICAID	Medicaid Plan Sample	Medical Plan	Family	10/01/2012	
03	Hank	Sleepy	FL MEDICAID	Medicaid Plan Sample	Medical Plan	Family	10/01/2012	
04	Sofia	Sleepy	FL MEDICAID	Medicaid Plan Sample	Medical Plan	Family	10/01/2012	

Accumulator Details

In the **Accumulator Details** POD, the displayed accumulator totals are organized based on the **Member, Plan, and Period** chosen from their respective dropdown menus. The POD shows the totals for **Deductible, Out of Pocket, and Plan Paid** amounts according to the selected criteria.

Accumulator Details									
Member	01 - Maggie Sleepy			Plan	Medical (Medical Plan)			Period	01-01-2017 to 12-31-2017
Member Totals									
	Deductible			Out of Pocket			Plan Paid		
	In Net	OON	Total	In Net	OON	Total	Total		
4Q Carryover	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
Used	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Max	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	No Max	
Remaining	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	No Max	
Family Totals									
	Deductible			Out of Pocket			Plan Paid		
	In Net	OON	Total	In Net	OON	Total	Total		
4Q Carryover	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Used	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Max	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	
Remaining	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	

Claims

The **Claims** POD displays important information regarding the Member's total history of claims.

- **Claim Status:**
 - Payable: Claim has been processed for payment, and all lines are payable.
 - Denied: Claim has been processed for payment, and all lines are denied.
 - Partial Deny: Claim that has been processed for payment with a mix of payable and denied lines.
 - Pending Review: Claim has been adjudicated and is under review.
 - Pre-Adjudication: Claim has been received by the administrator but has not been adjudicated.
- **Payment Status:**
 - In Process: Claim has been processed and is ready for funding.
 - Suspended: Claim has been processed but is suspended for administrative review.
 - Funds Request: Claim has been processed and funds have been requested.
 - Paid: Fully finalized claim that has been processed and paid.

Claims														
Drag a column header and drop it here to group by that column														
Claim ID	Batch Num.	Batch Seq.	Check #	Claim Type	Claim Status	Payment Status	Received ↓	Svc. From	Svc. Thru	Processed	Funded	Paid	Sub. ID	Mem. Seq.
0000000163000003	163	3		Professional	Payable	In Process	11/22/2022	06/14/2021	06/14/2021	11/22/2022			686146656	01
Seq.	Proc. Code	PoS	Svc. From	Svc. Thru	Billed	Disc.	Mem. Resp.							
0100	70470	11	06/14/2021	06/14/2021	2,500.00	2,299.80	200.20							
0000000163000002	163	2		Professional	Payable	Paid	10/14/2021	06/14/2021	06/14/2021	10/14/2021		11/19/2021	686146656	01
0000000163000001	163	1	85471	Professional	Payable	Paid	10/14/2021	10/02/2021	10/02/2021	10/14/2021		11/19/2021	686146656	01

PCP Details

The 'PCP Details' POD lists and provides basic details on each Provider associated with the selected Member.

PCP Details					
Details regarding this members primary care practitioner.					
Seq.	First Name	Last Name	Provider	Effective Date	Term. Date
01	Janice	Fredrech	Smiley Family Medical Practice	01/01/2013	
?					

Flex Account Info

Within the **Flex Account Info** POD, the Provider can filter what information is displayed by **Plan** and **Year** through their respective drop-down menus. The information is then broken down into three sections:

Plan Details


- **Effective Date:** Date when the selected coverage begins/began.
- **Term. Date:** Date when the selected coverage ends/ended.
- **Gross Salary:** Member's gross salary during the selected period.
- **Net Salary:** Member's net salary during the selected period.
- **Election:** The amount of annual withdrawal elected by the Member.
- **Group Contribution:** Amount contributed by the Member's employer.

Calc. Election/Contr.

This section displays a pie chart that details the ratio of used reimbursement versus remaining reimbursement.

Flex Account Info

Plan 9000006 - Fox Valley FSA Plan Year 2018

Plan Details	Calc. Election/Contr.
Effective Date: 1/1/2018	
Term. Date: 1/31/2018	
Gross Salary: \$0.00	
Net Salary: \$0.00	
Election: \$10,638.42	
Group Contribution: \$0.00	

Flex Transactions

Trans ID	Trans Date	Amount
+	3/30/2018	\$153.85
+	4/13/2018	\$153.85
+	4/27/2018	\$153.85
+	5/11/2018	\$153.85
+	5/25/2018	\$153.85

Flex Transaction

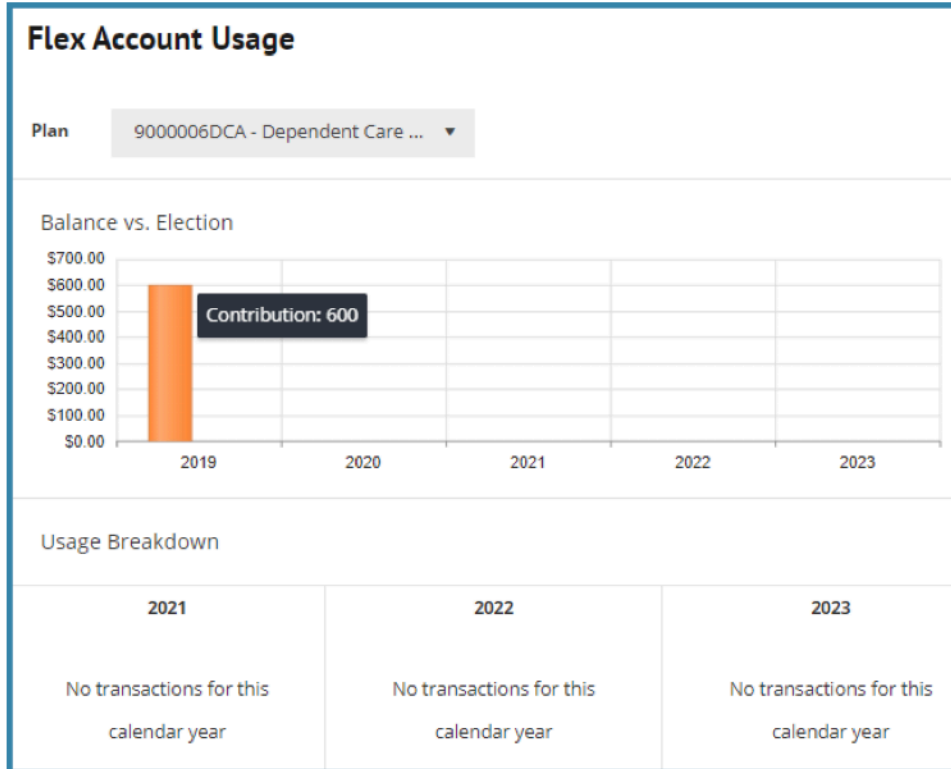
This section lists a history of transactions from the flex account. These transactions are broken down into three columns: **Trans ID**, **Trans Date**, and **Amount**.

Flex Account Usage

The **Flex Account Usage** POD details usage information by year. This information can be filtered through the **Plan** drop-down menu. This information is then broken down into two sections: **Balance vs. Election** and **Usage Breakdown**.

The **Balance vs Election** contains a bar graph that shows balance vs election by year. More detail can be displayed by hovering over a bar within the graph.

The **Usage Breakdown** section displays a list of transactions by year.



Payee Information

Payee Information

The **Payee Information** POD displays a list of Payees and basic details for each. The **Excel** button will export the Payee's claim information to Excel and generate a printable report. Selecting a Payee from this POD will load information for that Payee within the **Payee Details** and **Payee Account Details** PODs.

Payee Information					
Name	Payee ID	Federal ID	Effective Date	Term Date	Email Address
Bellin Anesthesia Assoc. S.C.	0720162636	391777963	1/1/2013	12/31/2018	sam.sung@bellin.org
Thomas N Czarnecki DPM	1871543090	391890690	1/1/2000	12/31/2018	thomas.czarnecki@ascension.org
Medicare	4742297244	5487879645	1/1/2013		
Memorial Medical Center	8530049621	370661220	1/1/2008		

Payee Details

The **Payee Details** POD displays contact information about the Payee selected from the **Payee Information** POD.

Payee Details	
Thomas N Czarnecki DPM	
Address:	Payee ID: 1871543090
940 Bell Ave	Federal ID: 391890690
Suite A	Phone Number: 855-476-3428
Hartford, WI 53027	Fax Number: 555-123-4556
1099 Address:	Email: thomas.czarnecki@ascension.org
Thomas N Czarnecki	Website: healthcare.ascension.org
2011 Czarnecki	Name For Check: Thomas N Czarnecki DPM
Hartford, WI 53027	

Payee Account Details

The **Payee Account Details** POD details banking account information for the Payee selected from the **Payee Information** POD.

Payee Account Details						
Account Name	Account Type	Account #	Routing #	Effective ...	Term Date	Bank Name
Checking Acct. 1	Checking Account	0001998...	075000010	1/1/2020	12/31/2020	First Bank of America
Dart Checking	Checking Account	100000000	000000000	1/1/2021	null	Bank USA

Provider Portal Configuration

Documents

My Docs

The **My Docs** POD displays information on any uploaded documents and offers the ability to add new documents. Selecting a document from this POD will load the information for that document within the **Document Settings** POD. Selecting the **Add New Document** button will open the **Upload Document** window.

My Docs		
ADD NEW DOCUMENT		
ID	Label	Provider ID
3068	Credentialing Questionnaire	0019806620
3144	Payment Options	0019806620
3145	Tax Information	0019806620

Upload Document

Select a Provider for this Document:

SAM SMILEY

CANCEL
NEXT

After an associated Provider is selected from the dropdown menu, select the **Next** button. The Provider will be prompted to upload the new document.

The Provider can browse for the desired document by selecting the **Select Files...** button or drag-and-drop the document onto the **Upload Document** box.

Upload Document

SELECT FILES...
Drop files here to upload

CANCEL

Upload Document

SELECT FILES...
✓ Done

Export.xlsx

File(s) uploaded successfully.

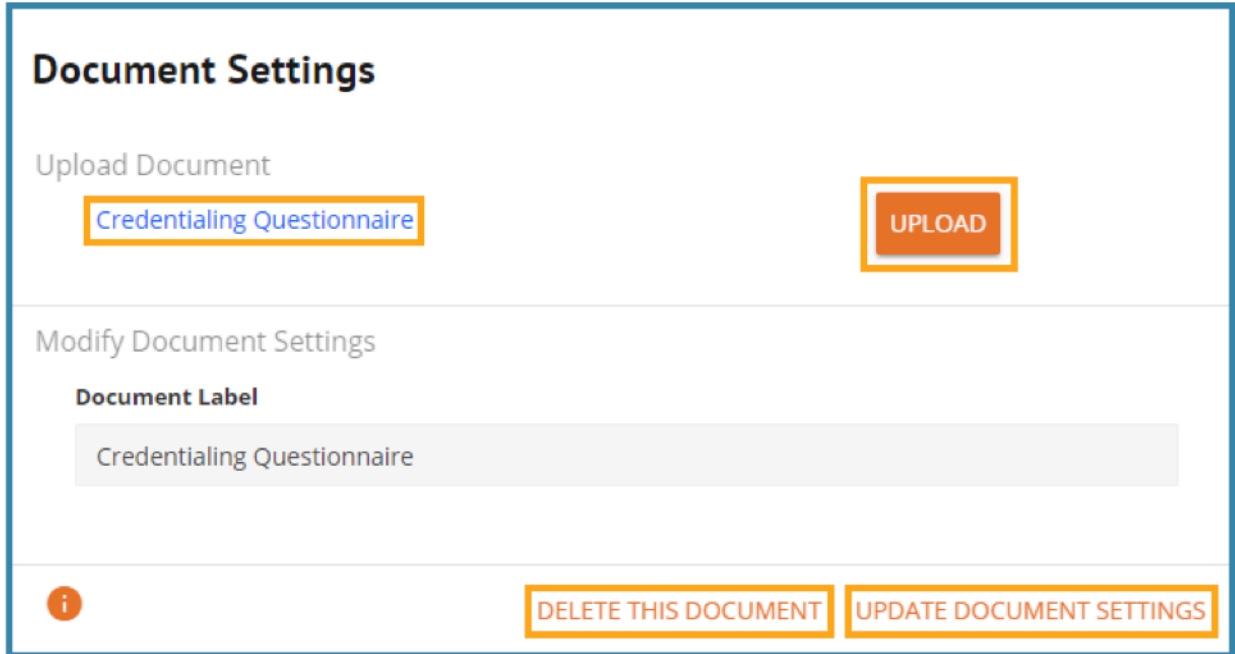
OK

They will be notified once the document has been successfully uploaded. Select the **OK** button to close the window.

Document Settings

From the **Document Settings** POD, the Provider can replace the document with a new version by selecting the **Upload** button to launch the **Upload Document** window and following the same directions for uploading a new document.

They can also rename the document by editing the **Document Label** field or deleting the document by selecting the **Delete This Document** button. Once the intended changes are made, save them by selecting the **Update Document Settings** button.



The screenshot shows a web interface titled "Document Settings". It is divided into three main sections:

- Upload Document:** This section contains a text input field with the value "Credentialing Questionnaire" and an orange "UPLOAD" button to its right.
- Modify Document Settings:** This section contains a label "Document Label" above a text input field with the value "Credentialing Questionnaire".
- Footer:** This section contains an information icon (i) on the left, and two orange buttons: "DELETE THIS DOCUMENT" and "UPDATE DOCUMENT SETTINGS".

Create a Request

The **Create a Request** navigation button opens a new submenu in the navigation panel. The options on this submenu allow the Provider to create various types of requests.

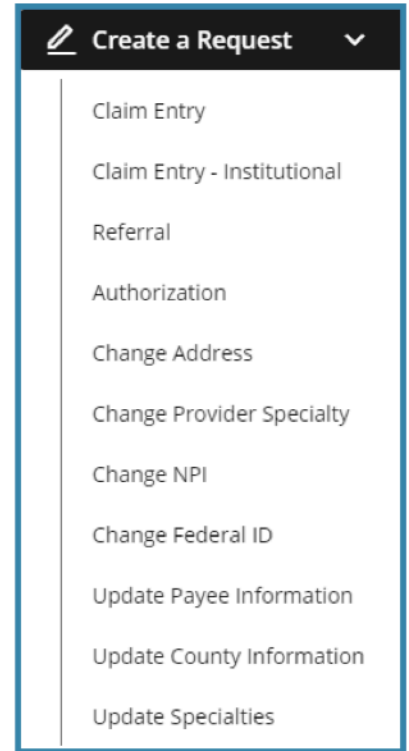
Claim Entry

There are two types of Claim Entry requests: **Professional** and **Institutional**. Both types of requests utilize the same **Claim Entry** screen. The Provider may provide basic claim details and choose what the claim is related to and who it is assigned to.


- **Related To:** Indicates any relevant circumstances surrounding the illness or injury.
- **Assignment:** Indicates which party's signature is required for the claim.

Selecting the Magnifying Glass  button next to either the **Member** field or the **Diagnosis** fields will open the **Member Lookup** and **Diagnostic Code Lookup** windows respectively.


This POD also allows the Provider to upload any relevant claim documents by selecting the **Choose File** button. This will launch File Explorer where they may select the desired document.




Claim Entry

Member: 

Member ID:

Current Illness/Injury: 

Onset Similar Illness/Injury: 

Payee:

Upload File: Choose Files No file chosen

NOTE: Please upload a PDF or XLSX file.

Related To

Employment

Auto Accident













Other Accident


Assignment

Patient Signature

Insured Signature

Diagnosis ICD-10 ▼

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			


CANCEL NEXT PAGE

Member Lookup

You must enter a valid Subscriber ID or Full Last Name & Birth Date as part of your search criteria.

Member ID
Member ID

Last Name
Last Name

Birth Date
[Calendar Icon]

Subscriber ID	Seq	SSN	First Name	Last Name	Disenroll Date	Birth Date
No items to display						

[Info Icon] CANCEL SUBMIT

Diagnostic Code Lookup

Diagnostic Code: [Text Field]

Diagnostic Code Type: Both ICD-9 and ICD-10 Codes ▼

Description:
[Text Field]

Diagnostic Code	Description
No items to display	

[Info Icon] CANCEL SUBMIT

After the **Member** field and all other relevant information has been defined, select the **Next Page** button to continue.

Claim Entry


+ ADD NEW RECORD

	Service From	Service Thru	Place of Service	Revenue Code	Procedure Code	Mod1	Mod2	Mod3	Mod4	Billed
[UPDATE] [CANCEL]	[Calendar Icon]	[Calendar Icon]	Select a PoS...	-	[Magnifying Glass Icon]					\$0.00






[Info Icon] CANCEL FINISH











Select the **Add a New Record** button to add a new line to the claim. Define the **Service From & Service Thru** fields, **Procedure Code** field (Use the Magnifying Glass button to search for the desired Procedure Code), and **Billed** fields before selecting the **Update** button to the far left of the line. Add additional lines as needed by selecting the **Add New Record Button**. Once all desired lines have been defined and updated, select the **finish** button in the bottom right to submit the claim. A **Claim Submitted** notification will pop up in the bottom right corner of the screen if successful.

Referral

The **Referral** POD allows the Provider to enter referral details, diagnosis, procedures, and notes pertaining to the referral as well as attach any relevant files. They may utilize the **Provider Lookup** and **Member Lookup** windows to find the referred and referring Providers and the referred Member within the Gateway system. After all required fields have been defined (Denoted with ) select the **Submit** button.

Referral

Valid		Referral Details	
From: *	9/11/2023 	Amount:	Member: * 
Thru: *	9/11/2023 	Units: *	Ref. By: 
		Unit Type: *	Ref. To: 
		Units	

Diagnosis Diag. 1: * <input type="text"/>  Diag. 2: <input type="text"/>  Diag. 3: <input type="text"/>  Diag. 4: <input type="text"/>  Diag. 5: <input type="text"/> 	Procedure Proc. 1: <input type="text"/>  Proc. 2: <input type="text"/>  Proc. 3: <input type="text"/>  Proc. 4: <input type="text"/>  Proc. 5: <input type="text"/> 
---	---

Reason for Referral


Notes

Select if member can be seen by another in network provider if requested physician is not available?

Upload File:

No file chosen

NOTE: Please upload a PDF or XLSX file.



After Submitting, the POD will display a notification with a reference number.

Your Request has been submitted. Your reference number is: 2306

Authorization

From the **Authorization** POD, the Provider can submit a new authorization request by providing **Requested Information**, **Auth Details**, **Diagnostic Code(s)**, and **Procedure Code(s)**. They may also attach any relevant authorization files.

Authorization

Requested

From: **Amount:**

Thru: **Units:**

Unit Type:

Auth Details

Member:

Ref. By:

DRG:

Diagnosis

Diag. 1:

Diag. 2:

Diag. 3:

Diag. 4:

Diag. 5:

Procedure

Proc. 1:

Proc. 2:

Proc. 3:

Proc. 4:

Proc. 5:

Upload File:

No file chosen

NOTE: Please upload a PDF or XLSX file.

Selecting the **Magnifying Glass** button next to either the **Diagnosis** field or the **Procedure** fields will open the **Diagnostic Code Lookup** and **Procedure Code Lookup** windows respectively.

Diagnostic Code Lookup

Please search for a diagnostic code, and select it, to proceed.

Diagnostic Code: **Diagnostic Code Type:**

Description:

DX Code	ICD Version	Description

⏪
⏩
0
⏪
⏩

Procedure Code Lookup

Please search for a procedure code, and select it, to proceed.

Procedure Code:

Description:

Procedure Code	Description

⏪
⏩
0
⏪
⏩

Change Address

The **Change Address** submenu button opens the **Change Provider Address** box. This box is used to update any of the Provider address information.

Change Provider Address

Address *

City/State/Zip *

Work Phone *

Fax *

CANCEL

Change Provider Codes

Prov.

Type

Specialties

Spec. 1

Spec. 2

Spec. 3

Spec. 4

Spec. 5

CANCEL

Change Provider Specialty

The **Change Provider Specialty** submenu button will open the **Change Provider Codes** box.

This box will allow the Provider to search and select a new **Provider Type** and up to five **Specializations** through their respective lookup boxes imaged below.

Provider Specialization Lookup

Specialty	Description
1000	Allergy
1001	Andrology
1002	Anesthesiology
1003	Cardiac Surgery
1004	Cardiology
1005	Cardiothoracic Surgery

⏪ ⏩ 1 2 3 4 5 6 7 8 9 10 ... ▶

CANCEL

Provider Type Lookup

Provider Type	Description
AM	Ambulance-Air or Water
AML	Ambulance-Land
ASC	Ambulatory Surgical Center
C	Clinic
CDR	Certified Dietitian
CNM	Certified Nurse Midwives

⏪ ⏩ 1 2 3 4 5 6 7 ▶ ⏩

CANCEL

Change NPI

This submenu button opens the **Change NPI** box. This box allows the Provider to update their NPI.

Change NPI

NPI *

CANCEL
SUBMIT

Change Federal ID

Federal ID *

CANCEL
SUBMIT

Change Federal ID

This submenu button opens the 'Change Federal ID' box. This box allows the Provider to update their Federal ID.

Update Payee Information

This submenu button opens the **Update Payee Information Box**. To change the Payee's information, the desired Payee must be chosen from the **Select Payee** drop down menu.

Update Payee Information

Select Payee

Select Payee... ▼

CANCEL
SUBMIT

After selecting a Payee from the drop menu, the Provider will be asked to enter information for that Payee. From here, the Provider may also upload any relevant documents by selecting the **Choose File** button.

Update Payee Information

Select Payee

Medicare ▼

Name *

Federal ID *

Address *

City/State/Zip *

-- ▼

Phone Number

Fax Number

Tax Address

Tax City/State/Zip

-- ▼

Tax Phone Number

Tax Fax Number

Upload File

Choose File

No file chosen

NOTE: Please upload a PDF or XLSX file.

CANCEL
SUBMIT

Update County Information

This submenu option opens the **Change County Information** box. This box will allow Providers to select and add counties to their **Counties Served**. They will also see a list of their currently served counties where they can remove any counties that they are no longer serving. Selecting **Submit** will send a request that must be accepted before the desired changes are implemented.

Change County Information

Choose new counties from the dropdown and click "Add" to add to the list.
To Remove, select a row and click "Remove Selected".
When finished, click Submit, and a Request will be created with the updates.


County: *

Select County...

ADD

REMOVE SELECTED

County Code	County_Name
OZAUKEE	Ozaukee County
HARTFORD	Hartford County


CANCEL SUBMIT

Change Specialty Information

Choose up to 3 Specialties from the dropdowns.
To Remove a Specialty, click the "Clear" button next to the dropdown.
When finished, click Submit, and a Request will be created with the updates.

Specialty 1:

Select Specialty...

CLEAR

Specialty 2:


Select Specialty...

CLEAR

Specialty 3:

Select Specialty...

CLEAR


CANCEL SUBMIT

Update Specialties




This submenu option will open the **Change Specialty Information** box. This box will allow Providers to add and remove any of up to 3 Provider Specialties from their profile. Selecting **Submit** will send a request that must be accepted before the desired changes will be implemented.

Message Center

Announcements

The **Announcements** POD displays announcement messages that are configured by the Plan Administrator.

Announcements

-  Open Enrollment
Critical Announcement, Expires 12/31/2099
-  Office Hours change
Common Announcement, Expires 12/31/2099
-  Stop Smoking
Common Announcement, Expires 12/31/2099

1 - 3 of 3 items

Messaging

Messaging

Message Status: All Statuses | Date Sort: Created Date - Latest First

Threads:

Thread ID	Sender	Subject	Status	Created	Last Post
1	Susan Snow	Test	Active	5/22/2023 2:30:02 PM	5/22/2023 2:30:02 PM
2	Susan Snow	I have a general question	Active	4/19/2023 2:38:00 PM	4/19/2023 2:39:45 PM
3	Susan Snow	Vision Coverage	Active	4/19/2023 1:59:29 PM	4/19/2023 2:01:16 PM
1	Susan Snow	Test	Active	4/17/2023 1:20:36 PM	4/17/2023 1:20:36 PM
4	Susan Snow	Claim Question	Active	3/20/2023 10:22:27 AM	3/20/2023 2:40:06 PM
3	Susan Snow	Claim Issue	Active	3/20/2023 9:24:55 AM	3/20/2023 3:22:05 PM

Thread Title: No Thread Selected

Select a Thread to View Messages

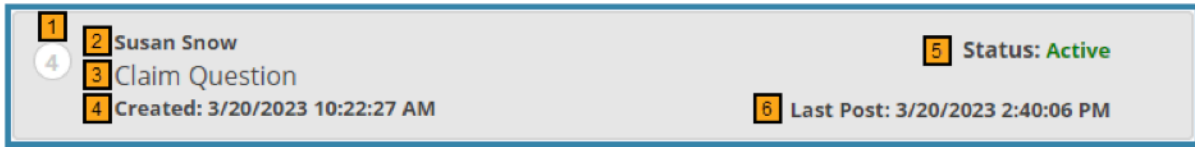
1 - 6 of 45 items

[NEW THREAD](#) [REPLY TO THIS THREAD](#)

The **Message Center** POD allows a Provider to create and respond to message threads associated with assigned Users. Any messages sent through the Message Center are instantly sent to both VBASoftware and the Plan Administrators Portal. After navigating to the **Message Center**, they will find a list of their associated threads. This list of threads may be filtered by the following criteria:

- **Message Status:** Will filter threads by being Closed, New, or Active.
- **Date Sort:** Will filter threads by their Created Date (either 'Latest First' or 'Earliest First') or simply by 'Latest First'.

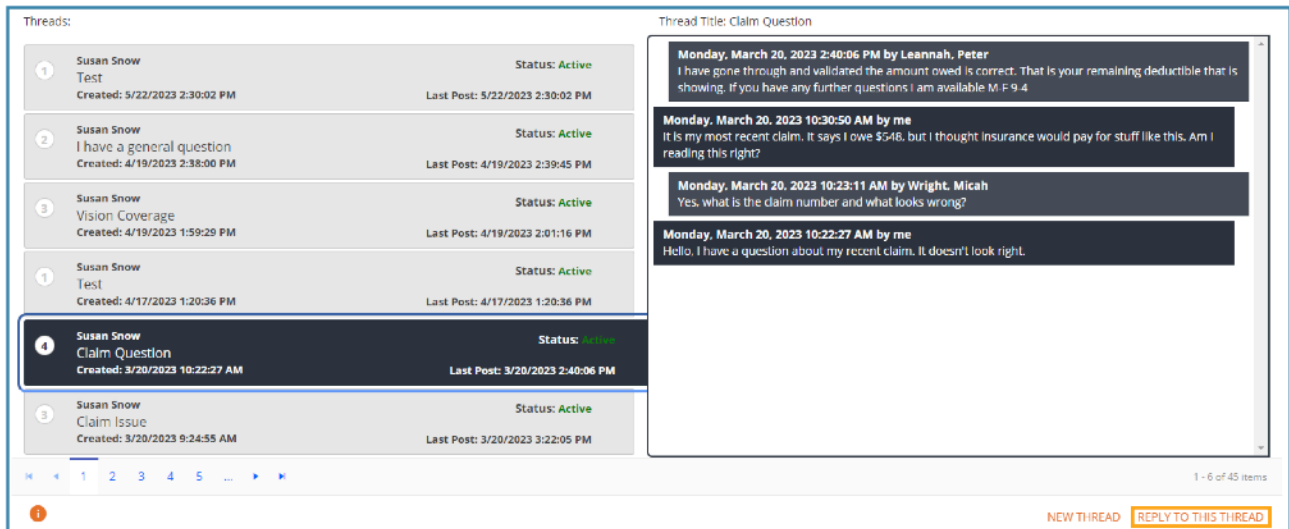
Each thread will be displayed with the following information:



1. Number of messages sent and received in this thread (4).
 2. Name of the User who sent the Message (Susan Snow).
 3. Title of the message thread (Claim Question).
 4. Date and time this message thread was created (Created: 3/20/2023 10:22:27 AM).
 5. Current status of the thread (Status: Active).
 6. Most recent date when a post was made to the thread (Last Post: 3/20/2023 2:40:06 PM).

1. The number of messages sent and received in this thread.
2. The name of the User who sent the Message.
3. The title of the message thread.
4. The date and time this message thread was created.
5. The current status of the thread (Closed, New, or Active).
6. The most recent date when a post was made to the thread.

Selecting a thread from the list will open that thread to the right of the thread list. This window will show the thread's messages as well as any attachments. Selecting an attachment will automatically download that attachment. Select **Reply to This Thread** to reply to the selected thread. This will navigate to the **Reply** screen.



The screenshot shows a 'Threads' list on the left and a 'Thread View' on the right. The selected thread is 'Susan Snow Claim Question'. The thread view shows a conversation with three messages from Leannah, Peter, Micah, and the user 'me'.

In the **Message** box, the Provider can write a message in response to the selected thread. The option of attaching a file and marking their reply as important is available here as well. Click on **Reply** to send the message to the thread or **Cancel** to return to the Message Center.



The 'Reply' form includes a text area for the message, a 'Mark as important' checkbox, an 'Add Attachment to Reply' button with a 'Choose Files' button, and 'CANCEL' and 'REPLY' buttons at the bottom right.

Selecting **New Thread** in the Message Center will navigate the Provider to the **Create New Message Thread** screen. Within this page you can select a **Message Type** ('General Inquiry', 'Claim Inquiry', 'Enrollment Inquiry', etc.), create a **Title** for the Message Thread, and write the **Message** body. There are also options to attach a file and mark the message as important. Click on **Create New thread** to post the message thread, or click **Cancel** to be taken back to the Message Center

Messaging

Create New Message Thread

Message Type *

Select a Message Type ▼

Title *

Title

Message *

Message

Mark as Important

Add Attachment to Message

Choose Files | No file chosen

 CANCEL CREATE NEW THREAD

Request

The **Request** POD keeps a record of all requests and their status. Requests can be filtered by ID, Type, Request Date, Response Date, and Description.

Users can use the **Dismiss** button to remove a request from view. The arrow in the leftmost column will toggle additional information for the request in that row.

Requests							
Drag a column header and drop it here to group by that column							
Req. ID	Status	Type	Request Date	Response Date	Description		
Req. ID ▾		Type ▾	Req. 📅 ▾	Res. 📅 ▾	Description ▾		
2216	★	Fillable Document	05/31/2023		Fillable Document		DISMISS
↕ 2207	✓	Request ID Card(s)	05/23/2023	05/23/2023	Requesting a New ID Card. Member: 00937...		DISMISS
5/23/2023 ✓	Response Type: Administrator Response Response Status: Finalized Response <i>VBA Gateway has processed this Request based on an automated subscription from the Administrator.</i>		Gateway has Auto-Processed this Request Your ID card request has been confirmed.				
Change Log							
2201	★	Update Member Info	05/05/2023		Change of Address		DISMISS

Provide Feedback

On the **Provide Feedback** screen, Users can share their experiences about VBA Gateway. Out of the 6 questions presented, only the first one must be answered to submit feedback. Begin by selecting the orange **Answer** button to the right of a question.

Portal Experience Feedback

Please answer the following questions (* Required):

* How satisfied are you with the portal experience today?	<input type="button" value="ANSWER"/>
What was your primary reason for visiting your portal?	<input type="button" value="ANSWER"/>
Were you able to achieve the purpose of your portal visit today?	<input type="button" value="ANSWER"/>
How likely are you to use the portal for future needs and requests?	<input type="button" value="ANSWER"/>
Please make any suggestions that would improve your portal experience.	<input type="button" value="ANSWER"/>
Would you like someone from our team to contact you?	<input type="button" value="ANSWER"/>

Selecting an **Answer** button will open an **Update Answer** window with options related to the corresponding question. Simply select the circle next to the desired answer (or fill out the suggestion box) and select **Update** in the bottom right corner. The **Cancel** button will close the window without updating the answer.

Update Answer

How satisfied are you with the portal experience today?

Answer:

- 1 Very Dissatisfied
- 2 Dissatisfied
- 3 Unsure
- 4 Satisfied
- 5 Very satisfied

After the initial Required question and any number of optional questions have been answered, select the **I'm Ready to Submit** button in the bottom right corner of the screen.

Portal Experience Feedback

Please answer the following questions (* Required):

* How satisfied are you with the portal experience today? **ANSWER**

- 1 Very Dissatisfied
- 2 Dissatisfied
- 3 Unsure
- 4 Satisfied
- 5 Very satisfied

To verify the benefits covered under my plan

To check the status of a claim paid on my behalf

To confirm I/my family members are enrolled

To help someone that I can do for my health insurance

Please share any suggestions or ideas you would like to see on the experience. **ANSWER**

I can't think of anything right now. If I think of something, I will come back to submit it.

Would you like someone from our team to contact you? **ANSWER**

I'M READY TO SUBMIT

If the Feedback was successfully submitted, the User will receive a notification with a reference number for their submission.

Your Member Feedback Request has been submitted. Your reference number is: 2278

Optional Features

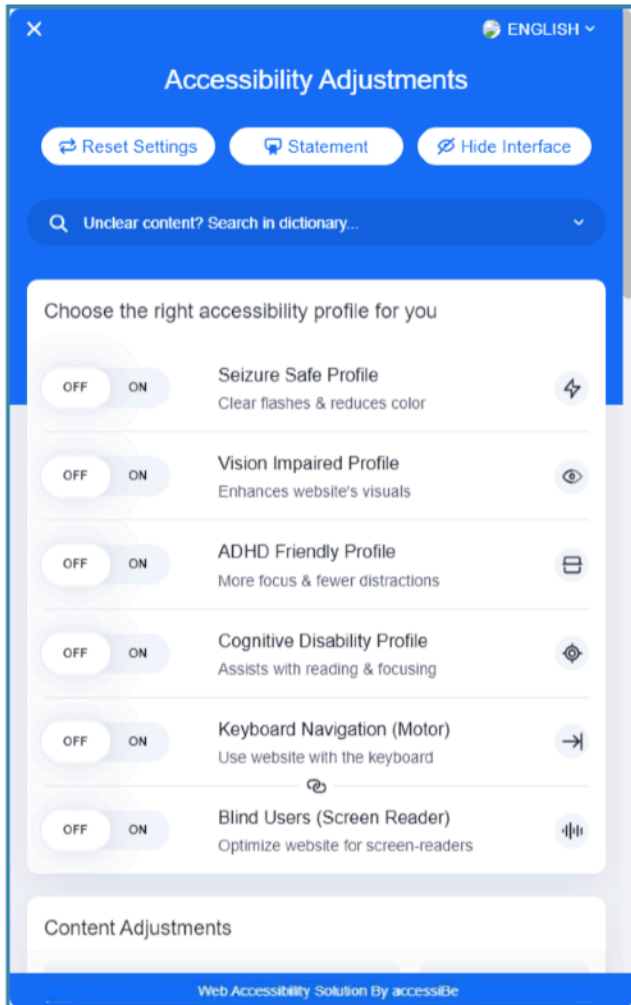
The following features are optional features that will incur additional fees to access. Reach out to your Account Executive to gain access to these features.

Support and Accessibility Settings



Regardless of where the Provider is within the Provider Portal, they will find these two icons in the bottom right-hand corner of the screen.

The first icon, the larger orange circle with a chat bubble, will launch **Chat Support**. This will be a popup window where the User may send and receive messages to and from their Plan Administrators.



The second icon, the smaller blue circle with a stick person, will open the **Accessibility Adjustments** window. This interface, provided by accessiBe, is a session-based design and UI adjustment tool that makes accessibility modifications based on a User's individual needs. All adjustments are compliant with WCAG 2.1 AA & AAA requirements. These options include accessibility profiles for specific disabilities such as vision impairment and motor impairment. They may also adjust specific settings such as text size, text color, contrast, cursor size, etc.



Please contact your dedicated Account Executive if there is any interest or questions about this optional feature.

Language Options

At the top of the login screen, above the VBAGateway banner, are hyperlinks for each language available. Selecting a new language from among these options will navigate to a new login screen in the desired language. If your account has been linked to the desired language, you will be able to login with the same User ID and password.



Please contact your dedicated Account Executive if there is any interest or questions about this optional feature.

Select a different language - Español 简体中文

Welcome to VBAGateway

Username

Password

[Forgot username or password?](#)

LOG IN

[Click here to register and/or enroll.](#)
 Unregistered Provider?
[Click here to find eligibility info.](#)

Download our member progressive web app:

ADD TO HOME SCREEN

The PWA is supported only for Member accounts.

Chat History

The **Chat History** POD contains a list of all previous Chat Sessions. Each chat session will display the following information, from top to bottom:

- **Topic of discussion**
- **Participants in the chat (Admin, User)**
- **Chat ID**
- **Date and Time the Chat was initiated.**

I need help locating information on the portal
Micah Wright, Teddy Williams
VBA46779661VBA
6/15/2023 9:13:22 AM

Please select a chat session to view details.

I have a general question
Micah Wright, Teddy Williams
VBA47367811VBA
6/15/2023 8:40:09 AM

Chat ID: VBA46779661VBA
6/15/2023 9:13:22 AM

I need help locating information on the portal

Micah Wright, Teddy Williams

Chat history cannot be loaded for this chat session.

Once a chat has been concluded, by either the User or the Administrator, only minimal information will be available. Any direct messages between a User and Administrator will not be made available.



It is possible to view and print a Chat Log, but it must be done before the Chat is closed (By either the User or the Administrator.) If the User would like to print out a Chat to keep for their own records, they should let the Administrator they are chatting with know.

To print out a Chat History, a User should navigate to the **Chat History** POD and select an open Chat from the list on the left side of the POD. This will open the entire Chat History on the right side of the POD, where the User can view all messages sent between them and their Administrator. They can click on the **Print This Chat** button in the top right corner of the POD. This will open a new window, containing all the information about the selected chat, as well as a **Print** button that will print out a copy of the current chat.



Please contact your dedicated Account Executive if there is any interest or questions about this optional feature.

Chat ID: VBA21063558VBA
6/15/2023 10:11:42 AM

[PRINT THIS CHAT](#)

I have a general question

Micah Wright, Teddy Williams

Twill 6/15/2023 10:13:50 AM
I lost my insurance card and need one today, since I will be seeing a new doctor. Is there anything I can do?

MWAdmin 6/15/2023 10:16:41 AM
Certainly! On the left side menu, there is an option called "View/Print ID Card". Clicking this will bring up a window with two dropdown menus. Choose the member and plan you need the Card for, and select "submit". This will open a new tab/window where a PDF of your Card will be automatically downloaded.

Twill 6/15/2023 10:17:23 AM
Then I can just print it?

MWAdmin 6/15/2023 10:19:16 AM
Precisely! If you need a new, non paper ID Card, you can find that option under "Create a Request -> Request New ID Card" to send a request to your Administrator for a new card to be sent in the mail.

Twill 6/15/2023 10:19:23 AM
Thank you!

MWAdmin 6/15/2023 10:19:36 AM
You're welcome. is there anything else I can assist you with?