

Help Guide: Member and Recipient Portal



Overview

This guide explains how to create and log in to your account in the Vaya Health (Vaya) Member and Recipient Portal.

Once you have created an account, you will be able to use the portal to:

- Update your account information
- Download and review forms
- Submit and update appeals
- File grievances or complaints
- Learn about your benefit plan
- Access handbooks and important resources

Click any section below for details:

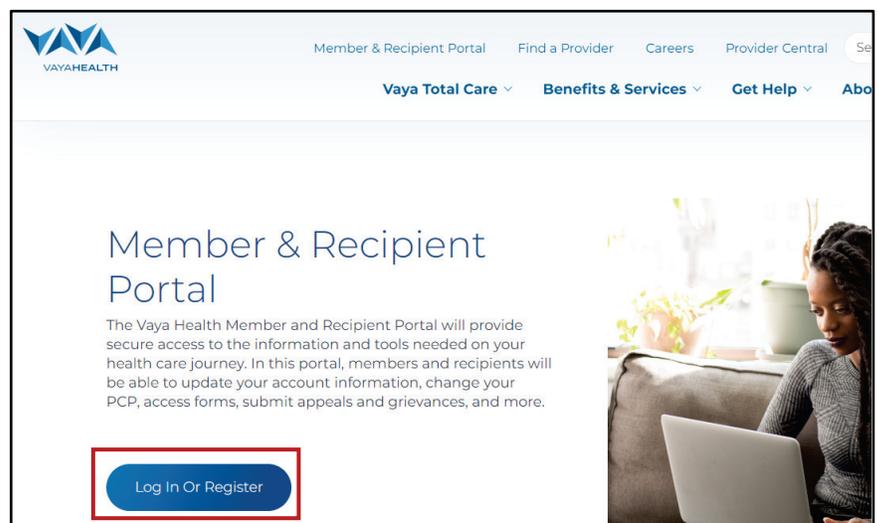
- [Creating an Account](#)
- [Logging in to Your Account](#)
- [Authenticating Your Account with a Phone Number](#)
- [Changing Account Information](#)
- [Grievances and Complaints](#)
- [Care Plan](#)
- [Medicaid Card](#)
- [Claims](#)
- [Assessments](#)
- [Benefits Review](#)
- [Care Needs Screening](#)
- [Service Referral and Authorization Lookup](#)
- [Appeals](#)

Creating an Account

Step 1

Visit www.vayahealth.com and click **“Member & Recipient Portal”** at the top of the page OR go directly to the portal at <https://memberportal.vayahealth.com>.

On the Member and Recipient Portal webpage, select **“Log In or Register.”**



Help Guide: Member and Recipient Portal

Page 2 of 14



Step 2

Select “Don’t have an account? Register now!”

Step 3

Complete all required fields, which are marked with an asterisk (*).

Please note: Either your Social Security Number (SSN) or Medicaid Number is required. Make sure your first and last name match your name as it appears on your Social Security/Medicaid ID card.

Step 4

Select “Register.”

Please note: If a parent or legally responsible person (LRP) is responsible for your health care, **both you and your parent/LRP can register for an account OR your parent/LRP can register for an account on your behalf.**

Regardless of who is registering the account, the information in the first few fields (First Name, Last Name, Date of birth (mm/dd/yyyy), and SSN or Medicaid Number) should be the member’s/recipient’s information.

After those fields are filled out, you will be asked, “Are you register for yourself (Self) or on behalf of a member (LRP)?”

Help Guide: Member and Recipient Portal

Page 3 of 14



- If you select “Self,” you will be asked to enter your email address and phone number.

Are you registering for yourself (Self) or on behalf of a member (LRP)?
Self

Self Registration

* Email
Enter a valid email address.

* Phone Number
Enter your valid phone number.

- If you select “LRP,” you will be asked to enter your first and last name, email address, and phone number.

Are you registering for yourself (Self) or on behalf of a member (LRP)?
LRP

LRP Registration

* First Name
Enter your first name.

* Last Name
Enter your last name.

* Email
Enter a valid email address.

* Phone Number
Enter your valid phone number.

Successful Registration

You will receive a message informing you if your registration is successful.

- If you create an account using a Gmail or Outlook email address, the portal will automatically use the password associated with that account and you also will receive an email confirming that your registration was successful.
- If you create an account using an email address that is not Gmail or Outlook, the portal will send a temporary password to your email address. Use the temporary password to log in to the portal and then reset your password.

Successful Registration Message:
Registration Successful.

Unsuccessful Registration

You will receive a message informing you if your registration is unsuccessful.

For help completing your registration, contact the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

Unsuccessful Registration Message:
Your registration was not successful. Please re-enter your information or contact our Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.) if you need help.



Minor Registration and Legally Responsible Person Registration

Vaya must provide validation for a parent or LRP to register on a member or recipient's behalf or for a member or recipient who is under the age of 13 to register.

After clicking "**Register**," if you are an LRP or minor, you will get the message, "Registration was successful, but to be able to log in, further validation is required. Please contact our Member and Recipient Service Line at 1-800-962-9003, and we will be glad to assist you with this."

When this happens, please call our Member and Recipient Service Line to complete your registration.

Logging in to Your Account

Step 1

Enter your email address and password to log in.

Step 2

If your login is unsuccessful, you will see a message stating that the username (email) or password is invalid.

- If you believe your password may be incorrect, click "**Forgot Password?**"

- Enter the email address you used for your account and click "**Send verification code.**"
- Check your email for the code.

Help Guide:

Member and Recipient Portal

Page 5 of 14



- Enter the code in the “**Verification Code**” box in the portal and click “**Verify code.**”
- If the code was unsuccessful, request a new code by clicking the “**Send new code**” button.
 - **Please note:** Common reasons for an unsuccessful code include taking too long to enter the code, entering an old code after requesting a new one, or internet connectivity issues. You can request a new code as many times as needed.

If you continue to have issues, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

- Once the code is successfully verified, click “**Continue**” to go to the password reset screen.
- Enter a new password and click “**Continue**” to log in with your new password.

If you need help during this process, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

Legally Responsible Person (LRP) Login

Please note: Your account will be deactivated if the information you provide does not match that of the LRP on file for the member or recipient associated with the account. If you need help with this issue or feel a member’s or recipient’s account has been deactivated in error, please contact our Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

A screenshot of a web form for verifying a code. At the top left is a "Cancel" link. The Vaya Health logo is centered at the top. Below the logo, it says "Please provide the following details." and "Verification code has been sent to your inbox. Please copy it to the input box below." There are two input fields: the first contains "admin@vayahealth.com" and the second is labeled "Verification code". Below the fields are two buttons: "Verify code" and "Send new code". At the bottom is a "CONTINUE" button and a link that says "Don't have an account? Register now!".

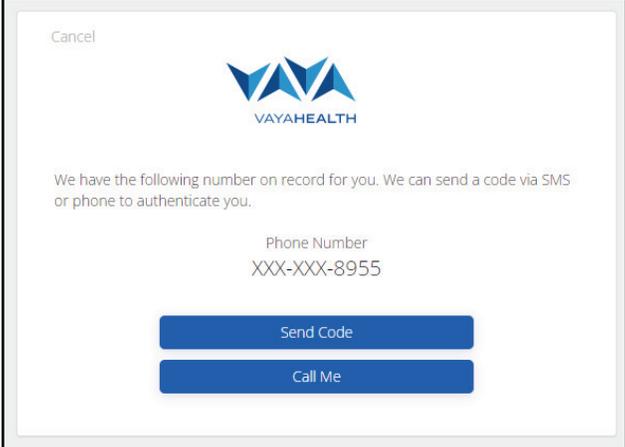
Authenticating Your Account with a Phone Number

If you register for the portal with an email account from a client other than Gmail or Outlook, the portal will require you to provide a phone number for multi-factor authentication, also known as two-factor authentication.

- In these cases, when you log in to the portal, it will prompt you to enter an authentication code. You can choose to receive the code by text message or phone call to the number you entered during registration. After you receive the code, enter it in the text field and select **“Verify Code.”**
- If the code is unsuccessful, you can request a new code.
- Once the code is verified, you will be able to log in.

Please note: Common reasons for an unsuccessful code include taking too long to enter the code, entering an old code after requesting a new one, or internet connectivity issues. You can request a new code as many times as needed.

If you continue to have issues, please contact our Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday 7 a.m.-6 p.m.) and we will be glad to help you.



Cancel



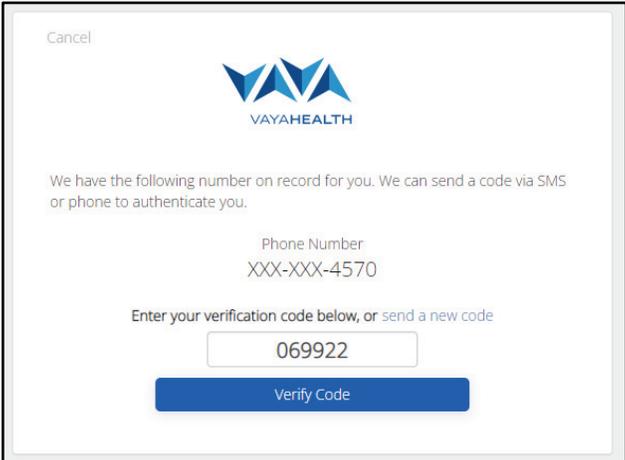
VAYAHEALTH

We have the following number on record for you. We can send a code via SMS or phone to authenticate you.

Phone Number
XXX-XXX-8955

Send Code

Call Me



Cancel



VAYAHEALTH

We have the following number on record for you. We can send a code via SMS or phone to authenticate you.

Phone Number
XXX-XXX-4570

Enter your verification code below, or send a new code

069922

Verify Code



Changing Account Information

To change account information, click the “**Account**” tab on the left side of the screen and select the appropriate option from the dropdown menu (options detailed below).

Requesting a Tailored Care Management (TCM) Change

If you would like to request a TCM change, select “**Request TCM Change**” from the dropdown menu and submit a preferred phone number and/or email address.

A Vaya Member and Recipient Services representative will use this information to contact you about making a TCM change.

Please note: You must check the box consenting to contact before you can submit the form.

If you would prefer to contact Vaya about a TCM change instead of asking us to contact you, call our Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday 7 a.m.-6 p.m.).

A screenshot of a web form titled "Account" with a sub-header "Request a Care Manager change". The form contains a paragraph of text: "If you are a Medicaid member participating in Tailored Care Management, your care manager works with you and all your health care providers to get you the care you need in or near your local community." Below this are two input fields: "Preferred Phone Number" and "Preferred Email Address" (with a placeholder "Enter a valid email address."). There is a checked checkbox with the text "I would like to be contacted regarding changing my Tailored Care Management Entity or Provider." and a blue "SUBMIT CHANGE REQUEST" button at the bottom.

Requesting a Primary Care Provider (PCP) Change

The PCP Change Request Tool allows you to see which provider is currently listed as your PCP, look up other possible PCPs, and submit a request to change to a new PCP. A PCP is the doctor or clinic where you get your primary care (immunizations, well-visits, sick visits, visits to help you manage an illness like diabetes, etc.). Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it.

Some reasons you may change your PCP include:

- Your PCP does not provide accessible and proper care, services or supplies (for example, does not set up hospital care or consults with specialists when required for treatment).
- You disagree with your treatment plan.
- Your PCP moves to a different location that is not convenient for you.
- Your PCP changes the hours or days patients are seen.
- You have trouble communicating with your PCP because of a language barrier or another issue.
- Your PCP is not able to accommodate your special needs.

Help Guide: Member and Recipient Portal

Page 8 of 14



- You and your PCP agree that a new PCP is what is best for your care.

Select the “Account” option in the menu on the left side of the page. A list of options under the account heading will appear. Click “Request PCP Change.” The area to the right of the menu will open the “Request a primary care provider (PCP) change” page.

The top portion of the page labeled “Current Primary Care Provider” will display the provider listed in your health record as your PCP. If you do not have a current PCP, the fields in this section will be blank.

Help Guide: Member and Recipient Portal

Page 9 of 14



To search for a different PCP, click in the box to the right of the words “Search for a Primary Care Provider” and type the name of the provider you want to find, then click the blue “Search” button.

The screenshot shows the 'Account' section of the Member and Recipient Portal. The main heading is 'Request a primary care provider (PCP) change'. Below this, there are fields for 'Current Primary Care Provider' (Provider Name, Office Name, Office Location). A search box is highlighted in yellow, containing the text 'Search for a Primary Care Provider:'. Below the search box is a table with columns for Provider Name, DBA Name, and Office Address. The table currently shows 'No items to display'. Below the table, there are fields for 'Please verify your Primary Care Provider selection', including 'Primary Care Provider selected:', 'Select type of change:', and 'Select reason for change:'. A 'SUBMIT ASSIGNMENT' button is at the bottom.

A list of PCPs you are eligible to visit and that match the search you entered will appear. If no PCPs are listed, check your spelling. Also, your PCP may be listed under the office name and not their personal name.

The screenshot shows the 'Account' section of the Member and Recipient Portal. The main heading is 'Request a primary care provider (PCP) change'. Below this, there are fields for 'Current Primary Care Provider' (Provider Name, Office Name, Office Location). A search box contains the text 'Nova'. Below the search box is a table with columns for Provider Name, DBA Name, Office Address, and a 'Select' button. The table lists several providers, including FORSYTH MEDICAL GROUP LLC, NOVANT MEDICAL GROUP INC, and NOVANT HEALTH MEDICAL GROUP COASTAL. Below the table, there are fields for 'Please verify your Primary Care Provider selection', including 'Primary Care Provider selected:', 'Select type of change:', and 'Select reason for change:'. A 'SUBMIT ASSIGNMENT' button is at the bottom.

Help Guide: Member and Recipient Portal

Page 10 of 14



If the list is long and you want to narrow down the options, you may use filters to add more details for your search. Filters are marked with the funnel icon.

- Available filters include:
- Provider Name
- DBA (Doing Business As) Name
- Office Address

The screenshot shows the 'Account' page in the Member and Recipient Portal. The main heading is 'Request a primary care provider (PCP) change'. Below this, there are fields for 'Current Primary Care Provider' (Provider Name, Office Name, Office Location). A search bar is present with the text 'Rain' entered. Below the search bar is a table of providers:

Provider Name	DBA Name	Office Address	
BLUE RIDGE COMMUNITY HEALTH SERVICE	RAINBOW PEDIATRICS	220 5TH AVE E, HENDERSONVILLE, NC 28792	Select
BLUE RIDGE COMMUNITY HEALTH SERVICE	RAINBOW PEDIATRICS	220 5TH AVE E, HENDERSONVILLE, NC 28792	Select

Below the table is a section titled 'Please verify your Primary Care Provider selection'. It includes a dropdown for 'Primary Care Provider selected' with the selected value 'BLUE RIDGE COMMUNITY HEALTH SERVICE', 'RAINBOW PEDIATRICS', and '220 5TH AVE E, HENDERSONVILLE, NC 28792'. There are also dropdowns for 'Select type of change' and 'Select reason for change'.

When the name of the PCP you want appears in the list, click the blue “Select” button to the right of that PCP’s name. When you do, the name of that PCP will appear in the “Please verify your Primary Care Provider selection” section.

Review to be sure the information in the “Please verify your Primary Care Provider selection” section matches the PCP you want. Click the blue “Submit Assignment” button to request that PCP. You will see a confirmation message to verify your request was submitted.

Once the change request is received, it may take up to 72 hours for the change to be reflected in the portal. If you do not see the change within 72 hours, please call Member and Recipient Services at 1-800-962-9003.

Update Contact Information

If you would like to update your contact information, select “**Contact Information Maintenance**” from the dropdown menu and enter your preferred phone number and/or email address.

The screenshot shows the 'Account' page with the heading 'Update your contact information'. Below the heading is a paragraph: 'Make sure your email and phone number are up to date. Your providers will use this information to contact you about appointments, results, and updates. You can also let us know if you would like to receive notifications about your care via text or email. You can choose to opt out of these notifications at any time.' Below this are two input fields: 'Preferred Phone Number' with the value '(555) 555-5555' and 'Preferred Email Address' with the value 'email@gmail.com'. There are two checkboxes: 'I would like to receive email updates regarding my membership.' (checked) and 'I would like to receive SMS (text message) updates regarding my membership.' (checked). At the bottom is a blue button labeled 'UPDATE CONTACT INFORMATION'.

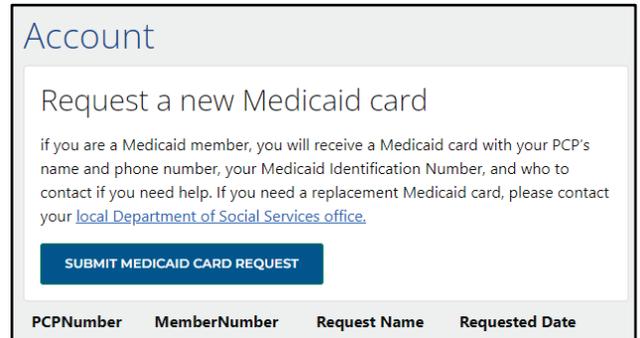


Requesting a New Medicaid Card

Before Tailored Plan launch, all members must contact their local Department of Social Services (DSS) office to acquire a new Medicaid card.

After Tailored Plan launch, Vaya Total Care (Tailored Plan) members will be able to request a new Medicaid card through the Vaya portal rather than through DSS. If it is after the Tailored Plan launch and you are a Vaya Total Care member, you can select “Request Medicaid Card” from the dropdown menu, click “Submit Medicaid Card Request,” and submit a request.

NC Medicaid Direct members will still be required to contact their local DSS office for a new card on and after the Tailored Plan launch.



Grievances and Complaints

To file a grievance or complaint about the registration process or another concern, please call the Vaya Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

For more information about member grievances or recipient complaints, visit us online:

- Member Grievances: vayahealth.com/vaya-total-care/medicaid-nc-health-choice/member-grievances
- Recipient Complaints: vayahealth.com/vaya-total-care/state-funded-services/recipient-complaints

Care Plan

If there is an error or missing information in your care plan, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

Medicaid Card

If there is an error or missing information related to your Medicaid ID card, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).



Claims

If there is an error or missing information related to a claim, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

If you are accessing the portal as a minor's LRP, claims information will not display to protect the member's or recipient's privacy.

Assessments

If there is an error or missing information related to an assessment, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

If you are accessing the portal as a minor's LRP, assessment information will not display to protect the member's or recipient's privacy.

Benefits Review

If there is an error or missing information related to your benefits review, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

Care Needs Screening

If there is an error or missing information related to a care needs screening, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

If you are accessing the portal as a minor's LRP, care needs screening information will not display to protect the member's or recipient's privacy.

Service Referral and Authorization Lookup

The Service Referral and Authorization Lookup tool allows you to find out whether a referral or authorization is required for the health care service you want to get:

- An authorization is the official approval you get to use or continue using a specific service.
- A referral is when one health care provider directs you to or recommends another service or provider who can help with your specific needs. For example, you might get a referral to a specialist for help with a health issue.

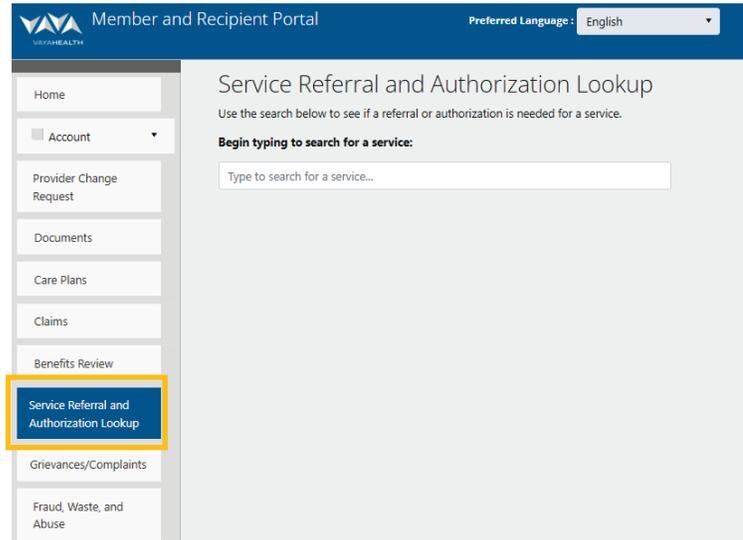
Help Guide: Member and Recipient Portal

Page 13 of 14



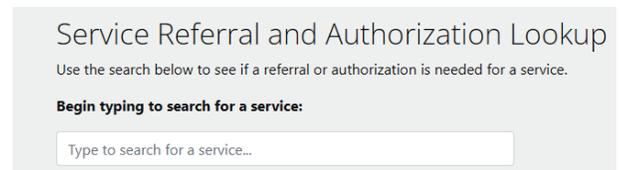
Step 1

First, click the “Service Referral and Authorization Lookup” option in the menu on the left side of the screen.



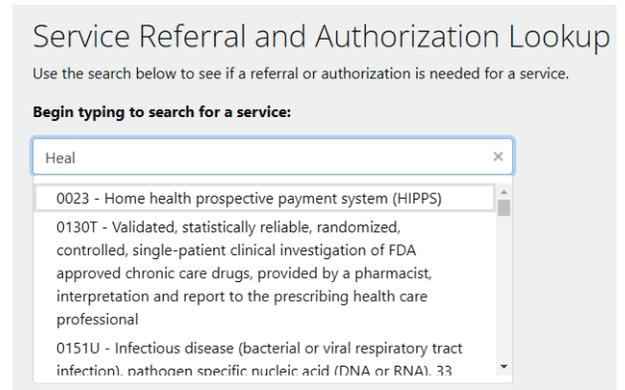
Step 2

A search box will open. Click inside the white bar and begin typing the name of the service you want. The tool searches for any service that includes the letters you type.



Step 3

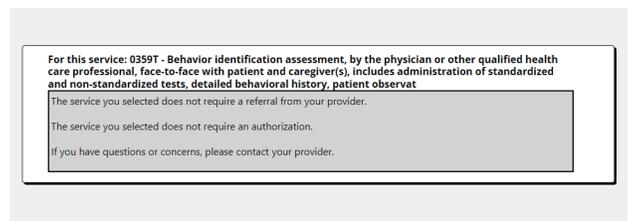
Click the item in the search list that matches the service you want.



Step 4

A new box will appear with a heading that matches the name of the service you clicked in the search list. Below, there are notes about whether the service requires a referral or an authorization.

If the service you select **requires** a referral, authorization, or both, please contact your health care provider to request the referral or authorization.





Appeals

To submit an appeal, click the **“Appeals”** tab on the left side of the screen.

You must fill in all required fields before you can submit an Appeal form. Required fields include:

- First name
- Last name
- Do you have a guardian?
 - Guardian name (only required if you answered “Yes” to the previous question)
- Is someone else representing you in this appeal?
 - Representer name (only required if you answered “Yes” to the previous question)
- Authorization request ID
- Service appealing
- Appeal details
- Supporting file

For help, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

Updating an Appeal

All fields are required.

When updating an appeal, the first name, last name, and authorization request ID must match a previously submitted appeal exactly to update the existing appeal information.

For help, call the Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.).

A screenshot of the "Create An Appeal" web form. The form is titled "Create An Appeal" in a blue font. It contains several input fields: "First Name" (with a red error message "The First Name field is required."), "Last Name" (with a red error message "The Last Name field is required."), "Do you have a guardian?" (with radio buttons for "Yes" (selected) and "No"), "Guardian Name" (text input), "Is someone else representing you in this appeal?" (with radio buttons for "Yes" (selected) and "No"), "Representer Name" (text input), "Authorization Request ID" (text input), "Service Appealing" (text input), and "Appeal Details" (text input). At the bottom, there is a "Select File:" section with a "Choose Files" button and "No file chosen" text, and a blue "CREATE" button.A screenshot of the "Update An Appeal" web form. The form is titled "Update An Appeal" in a blue font. It contains several input fields: "First Name", "Last Name", and "Authorization Request ID". At the bottom, there is a "Select File:" section with a "Choose Files" button and "No file chosen" text, and a blue "UPDATE" button.