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

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

Help Guide:

Overview

- Submit and update appeals
- File grievances or complaints
- Learn about your benefit plan
- Access handbooks and important resources

Click any section below for details:

- <u>Creating an Account</u>
- Logging in to Your Account
- <u>Authenticating Your Account</u> with a Phone Number
- <u>Changing Account Information</u>
- Grievances and Complaints
- Care Plan
- Medicaid Card
- <u>Claims</u>
- <u>Assessments</u>
- Benefits Review
- <u>Care Needs Screening</u>
- Appeals

Creating an Account

Step 1

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

On the Member and Recipient Portal webpage, select "Log In or Register."





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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)?

| New Member Registration | | | |
|--|--|--|--|
| Velcome to the Vaya Health Member and Recipient Portal. To get started, sign up for an account lease provide the following information: | | | |
| * Required fields Note: Either SSN or Medicaid Number is required | | | |
| * First Name | | | |
| Enter your first name. | | | |
| * Last Name | | | |
| Enter your last name. | | | |
| * Date of birth (mm/dd/yyyy) | | | |
| Enter your valid date of birth. | | | |
| SSN | | | |
| Enter your SSN. | | | |
| Medicaid Number | | | |
| Enter your Medicaid Number. | | | |
| | | | |



If you select "Self," you will be asked to enter your •

email address and phone number.

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VAYAHEALTH If you select **"LRP,"** you will be asked to enter your first and last name, email address, and phone

| Self | | | |
|--------------------------|----------------|--|--|
| Self Reg | gistration | | |
| * Email | , , | | |
| * Email | email address. | | |
| * Email Enter a valid | email address. | | |

 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 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.

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.).

Successful Registration Message: Registration Successful.

number.

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.



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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.

| Cancel | |
|---|--|
| Please provide the following details. | |
| CONTINUE Don't have an account? Register now! | |

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?"

| | VAYAHEALTH |
|-------------|---|
| Sign in v | vith your existing account |
| The userna | me or password provided in the request are invalid. |
| admin@ | vayahealth.com |
| | |
| Forgot your | password? |
| | SIGN IN |

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

| Cancel | VAVA |
|-------------|--|
| | VAYAHEALTH |
| Please prov | ide the following details. |
| | Verification is necessary. Please click Send button. |
| Email Ac | idress |
| | Send verification code |
| | |
| CON | TINUE |

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- 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.).

| Cancel | |
|--------------------|---|
| | VAVA |
| | VAYAHEALTH |
| Please provide the | following details. |
| Verification code | has been sent to your inbox. Please copy it to the input box below. |
| admin@vayahe | alth.com |
| | |
| Verification coc | e. |
| Verify code | Send new code |
| | |
| CONTINUE | |
| Don't have an acco | unt? Register now! |



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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 multifactor 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 t or phone t | ne following number on record for you. We can send a code via SMS to authenticate you. |
| | Phone Number |
| | XXX-XXX-4570 |
| | Enter your verification code below, or send a new code |
| | 069922 |
| | Verify Code |
| | |



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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.).

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.







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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

Account Request a new Medicaid card if you are a Medicaid member, you will receive a Medicaid card with your PCP's name and phone number, your Medicaid Identification Number, and who to contact if you need help. If you need a replacement Medicaid card, please contact your local Department of Social Services office. SUBMIT MEDICAID CARD REQUEST PCPNumber MemberNumber Request Name Requested Date

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.

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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.).

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VAYAHEALTH

| Create An Appeal | | |
|--|--|--|
| First Name | | |
| | | |
| The First Name f | ield is required. | |
| Last Name | | |
| | | |
| The Last Name f | ield is required. | |
| Do you have a gu | Jardian? | |
| ONo | | |
| Guardian Name | | |
| | | |
| Is someone else •Yes No Representer Nar | representing you in this appeal? ne | |
| Authorization Re | equest ID | |
| | | |
| Service Appealin | g | |
| Appeal Details | | |
| | | |
| Select File: | | |
| Choose Files | No file chosen | |
| CREATE | | |

| Update An Appeal | | | |
|------------------|----------------|--|--|
| First Name | | | |
| Last Namo | | | |
| Last Name | | | |
| Authorization Re | equest ID | | |
| Colort File: | | | |
| Choose Files | No file chosen | | |
| UPDATE | | | |
| | | | |