



Vantage Provider Portal User Guide

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The Vantage Provider Portal is your one-stop electronic resource for eligibility, benefits, claims, checks, remittance advices, authorizations, and more! The Vantage Provider Portal has a feature called Vantage Connect, which allows our providers to electronically request a variety of requests for authorization.

The Vantage Provider Portal is now available for all providers.

This guide is designed to provide detailed instructions on how to access and register for the portal and use its features. This guide is available on the Vantage Provider Portal underneath the “Documents” section.

For technical questions relating to registration or login access, please call Vantage’s Provider Services Department at (318) 361-0900 (Option 3).

Please Note:

This guide contains general instructions. It is provided for informational purposes only. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent.

All patient data included in this document is fictitious. Information in this document is subject to change without notice.

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Levels of Portal Access

There are two levels of access that a user can have to the Vantage Provider Portal:

- **Group Moderator:**

Person within the provider organization who is designated to complete the initial group registration and thereafter grants access of the user(s) to the Vantage Provider Portal. Vantage requires that each group designates at least one Group Moderator to self-manage user access to the provider portal for your organization.

The Group Moderator role will have access to the Administration Center (“Admin Center”) within the portal, whereas the Provider role will not. Within Admin Center, the Group Moderator can approve or deny user requests for portal access and view/update user data for the group. Group Moderators can also send out portal invites to users.

- **Provider:**

Person(s) at the provider organization who has been granted security access by the Group Moderator and thereafter can self-manage their own portal access only.

How to Access the Portal

Vantage’s Provider Portal is located at <https://providers.vantagehealthplan.com>.

We recommend using Google Chrome to access the Vantage Provider Portal.

Vantage Portal Homepage

- If you already have a portal account, click **I Have an Account** or **Log In** on the homepage to log into your account.
- If the group you are affiliated with is not currently registered, please refer to the **Portal Registration - Register a New Group** section of this guide.
- If the group you are affiliated with has already been registered and you need to join the group, please refer to the **Portal Registration - Join an Existing Group** section of this guide.



Portal Registration – Register a New Group

Vantage requires that each group self-designates at least one Group Moderator to self-manage user access to the provider portal for your organization. **New group registration must be completed by the Group Moderator.** If you will not be the Group Moderator, please reach out to that person to have them complete this registration.

To gain portal access, the Group Moderator must first register the group by completing the steps below:

1. Go to <https://providers.vantagehealthplan.com>.
2. Click **Register a New Group**.



3. We will need the following information to complete the group registration process:

- Your contact information (Name, Email Address & Phone Number)
- The name of your group
- A list of the Tax IDs that your group needs access to

NOTE: If you need to add or remove a Tax ID number from your group after registration is complete, you must contact Provider Services at (318) 361-0900 (Option 3).

Once you have gathered all of the information listed above, click **Next**.

The screenshot shows a progress bar at the top with four steps: 1 Group Registration Form (active), 2 Contact Information, 3 Group Information, and 4 Review & Submit. Below the progress bar is a blue header with the text "Group Registration Form". A red note reads: "NOTE: Please check with your supervisor before filling out this form. Your group may already have access to the portal." Below the note, it says: "If your group has already been registered, you may request access for yourself by clicking [here](#)." Under the heading "What We Will Need", there is a bulleted list: "Your contact info (Name, Email, & Phone)", "The name of your group", and "A list of the Tax IDs that your group needs access to". At the bottom left, there are two buttons: "Back" and "Next", with the "Next" button highlighted by a yellow border.

4. Fill in the required contact information: First Name, Last Name, Email, & Phone Number. Click **Next**.

The screenshot shows a progress bar at the top with four steps: 1 Group Registration Form, 2 Contact Information (active), 3 Group Information, and 4 Review & Submit. Below the progress bar is a blue header with the text "Contact Information". There are three input fields for "First Name", "Middle Name (Optional)", and "Last Name". Below these is an "Email" field with an example: "Ex: portaluser@gmail.com". Below that is a "Phone Number" field with an example: "Ex: (111)222-3333 OR 1112223333". At the bottom left, there are two buttons: "Back" and "Next", with the "Next" button highlighted by a yellow border.

5. Fill in the required group information: Company Name & Tax IDs. Multiple Tax IDs may be separated by a comma or a space. Click **Next**.

The screenshot shows a progress bar at the top with four steps: 1. Group Registration Form, 2. Contact Information, 3. Group Information (highlighted), and 4. Review & Submit. Below the progress bar is a blue header with the text 'Group Information'. The form contains two input fields: 'Company Name' and 'Add Tax ID(s) Ex: 11-2222222,22-3333333,... OR 112222222 223333333 ...'. At the bottom, there are two buttons: 'Back' and 'Next', with the 'Next' button highlighted by a yellow border.

6. Review your information. If all information is correct, check the “I’m not a robot” checkbox & click **Submit** to submit the registration for approval.

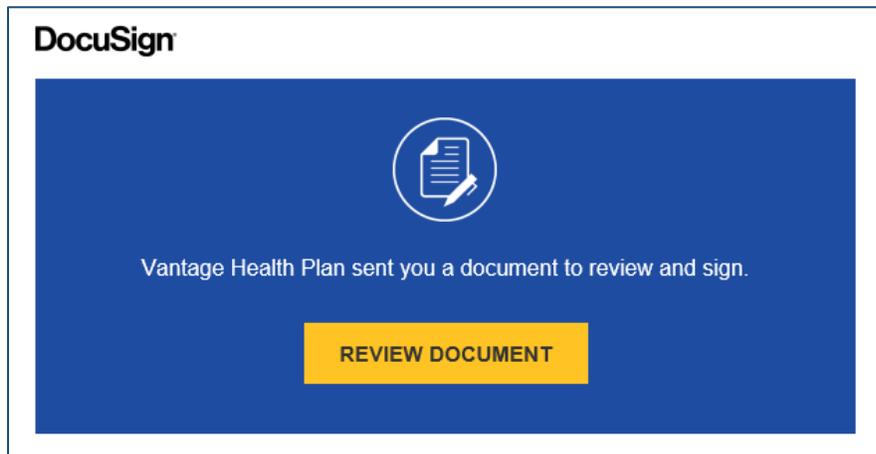
The screenshot shows a progress bar at the top with four steps: 1. Group Registration Form, 2. Contact Information, 3. Group Information, and 4. Review & Submit (highlighted). Below the progress bar is a blue header with the text 'Review & Submit'. The form displays a summary of the entered information in a table-like format:

Name	FirstName MiddleName LastName
Email	email@email.email
Phone	(111) 222-3333
Group Name	Company Name
Tax IDs	11-2222222, 22-3333333, 33- 4444444, 44-5555555

Below the summary is a checkbox labeled 'I'm not a robot' and a reCAPTCHA logo with links for 'Privacy' and 'Terms'. At the bottom, there are two buttons: 'Back' and 'Submit', with the 'Submit' button highlighted by a yellow border.

Next Steps After Submitting the Group Registration Form:

- Once the registration form has been submitted, the Group Moderator will receive an email from Vantage Health Plan via DocuSign (dse_NA3@docusign.net) containing Vantage's Portal User Agreement. Click **Review Document** in the email to review and sign this document via DocuSign.



- **Once you have signed the agreement**, your request is then reviewed by Vantage before portal access is granted. You may be contacted by a Vantage employee to verify the information you have provided.
 - **If Vantage approves the request**, the Group Moderator will receive an email from Auth0 Mail (auth0mail@vhpla.com) to reset their password. Once reset, the Group Moderator can now access the Vantage Provider Portal.
 - **If Vantage denies the request**, the Group Moderator will receive an email from Vantage Health Plan (noreply@automailer.vhpla.com) notifying them that the request was denied and the reason for the denial. The Group Moderator may call Vantage Provider Services at (318) 361-0900 (Option 3) if they need further assistance or believe their request was denied in error.

IMPORTANT: Once the group registration has been approved, the user who submitted the registration request will be granted Group Moderator access.

Need to set up additional users within your group?

- Refer to the **Portal Registration – Join an Existing Group** section in this guide for more information.

Need to set up additional Group Moderators for your group?

- Refer to the **Account Details** section in this guide for more information.

Did not receive a password reset email?

- Refer to the **Troubleshooting** section in this guide for more information.

Portal Registration – Join an Existing Group

If you need to join a group that has already been registered on Vantage’s Provider Portal, you must complete user registration. To begin the user registration process, there are two options:

Option 1: The Group Moderator can invite additional users to join their group on the portal by clicking **View My Group** at the top of the portal screen. On the Group Profile page, click **Send Portal Invite**. Enter the user’s email address & click **Send Email**. The user will receive an email containing a link to the user registration form as well as the group code they will need to complete registration.

The image shows two screenshots from the Vantage Provider Portal. The left screenshot is the 'Group Profile' page, which includes fields for Name, Owner, Owner Phone, Owner Email, Provider Group Code, and Tax IDs. At the bottom, there are buttons for 'EMAIL', 'CALL', and 'SEND PORTAL INVITE'. A yellow box highlights the 'SEND PORTAL INVITE' button, and a yellow arrow points from it to the right screenshot. The right screenshot is the 'Send Portal Invite' form, which prompts the user to 'Send an email with a link to request portal access.' It features an 'Email Address' input field with a checkmark icon on the right, and two buttons at the bottom: 'CANCEL' and 'Send Email'.

Option 2: Users may initiate the request themselves to join an existing group on Vantage’s Provider Portal by going to <https://providers.vantagehealthplan.com> & clicking **Join an Existing Group**.

The image shows the Vantage Provider Portal homepage. At the top left is the 'VANTAGE PROVIDER PORTAL' logo. At the top right is a 'Log In' link. Below the logo is a yellow banner that says 'Looks like you aren't logged in' with two buttons: 'I HAVE AN ACCOUNT' and 'I NEED AN ACCOUNT'. The main content area features the large 'VANTAGE' logo and 'PROVIDER PORTAL' text. Below this are three blue buttons: 'Register a New Group' with a building icon, 'Join an Existing Group' with a person and checkmark icon (highlighted with a yellow border), and 'Visit the Vantage Main Site' with a document icon.

Completing either Option 1 or Option 2 above will take you to the User Registration Form. To complete user registration, follow the steps below:

1. We will need the following information to complete the user registration process:
 - Your contact information (Name, Email Address, & Phone Number)
 - The Portal Group Code for your company/group (NOTE: The Group Moderator for your group will be able to provide the Portal Group Code.)

Once you have gathered all of the information above, click **Next**.

The screenshot shows a three-step progress bar at the top: 1 User Registration Form (active), 2 Contact Information, and 3 Review & Submit. Below the progress bar is a blue header with the text "User Registration Form". A red note states: "Note: You will need a Portal Group Code ('group code') to proceed. This group code can be found in the invite email you received. Check with your supervisor if you did not receive an email or cannot locate the group code." Below the note is a section titled "What We Will Need" with a bulleted list: "Your contact info (Name, Email, & Phone)" and "The Portal Group Code for your company". At the bottom left are two buttons: "Back" and "Next", with the "Next" button highlighted by a yellow border.

2. Fill in the required contact information: First Name, Last Name, Email, Phone Number & Portal Group Code. Click **Next**.

The screenshot shows the same three-step progress bar, but step 2 "Contact Information" is now active. Below the progress bar is a blue header with the text "Contact Information". The form contains five input fields: "First Name", "Middle Name (Optional)", "Last Name", "Email" (with an example "portaluser@gmail.com"), "Phone Number" (with an example "(111)222-3333 OR 1112223333"), and "Portal Group Code" (with a note "Please enter the code provided by your employer."). At the bottom left are two buttons: "Back" and "Next", with the "Next" button highlighted by a yellow border.

3. Review your information. If all information is correct, check the “I’m not a robot” checkbox & click **Submit** to submit the registration for approval.

User Registration Form Contact Information **3** Review & Submit

Review & Submit

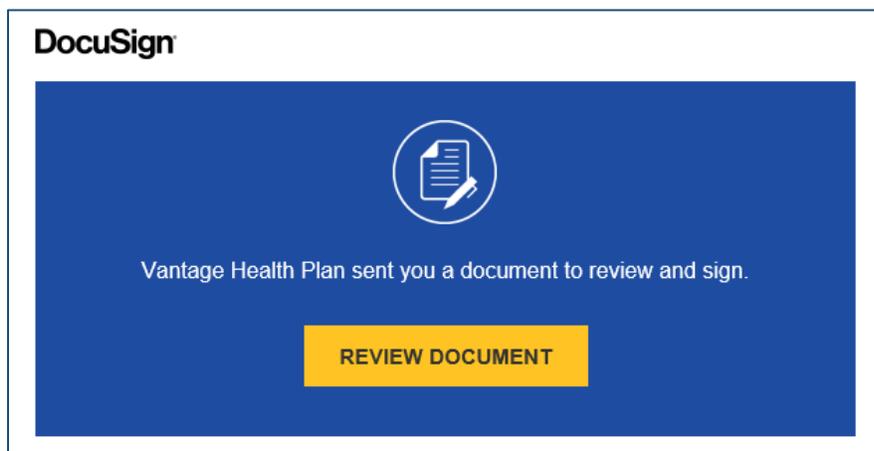
Name	FirstName MiddleName LastName
Email	email@email.email
Phone	(222) 333-4444
Provider Code	12345678

I'm not a robot reCAPTCHA
Privacy - Terms

Back **Submit**

Next Steps After Submitting the User Registration Form:

- Once the user registration form has been submitted, you will receive an email from Vantage Health Plan via DocuSign (dse_NA3@docusign.net) containing Vantage’s Portal User Agreement. Click **Review Document** in the email to review and sign this document via DocuSign. You will need to review and sign this document before your request can be approved.



- **Once you have signed the agreement**, your request must be reviewed by the Group Moderator before you are granted access to the portal. (Group Moderators: refer to the **Admin Center** section in this guide for how to approve or deny requests for portal access.)
 - **If the Group Moderator approves your request**, you will receive a notification email that access was approved. You will also receive an email from Auth0 Mail (auth0mail@vhpla.com) to reset your password. Once reset, you can now access the Vantage Provider Portal. Users will **not** receive a password reset email until the Group Moderator has approved the user's request to join the group.
 - **If the Group Moderator denies your request**, you will receive an email from Vantage Health Plan (noreply@automailer.vhpla.com) notifying you that the request was denied. You should contact your Group Moderator if you believe your request was denied in error.

Account Details

To view your personal portal profile, click the  icon at the top right of the portal screen and then select **My Profile**. This will open the **Account Details** screen where you can review & update your profile information.

Request Group Change

You can submit a request to join a different group from this screen by selecting **Request Group Change**. You will need the group code associated with the group you are joining in order submit this request. The Group Moderator for your group will be able to provide the Group Code.

Once you've submitted the group change request, the Group Moderator for the group you are requesting to join must approve the request before you can join the group.

Request Group Moderator Access

If your group has more than one Group Moderator, additional users within your group may request Group Moderator access by selecting **Request Moderator Access** on the Account Details screen.

Account Details		
Name		
Email		
Company		
Access Level		
UPDATE PROFILE	REQUEST GROUP CHANGE	REQUEST MODERATOR ACCESS

Group Profile

To view your group's profile information, click **View My Group** at the top right of the portal screen.

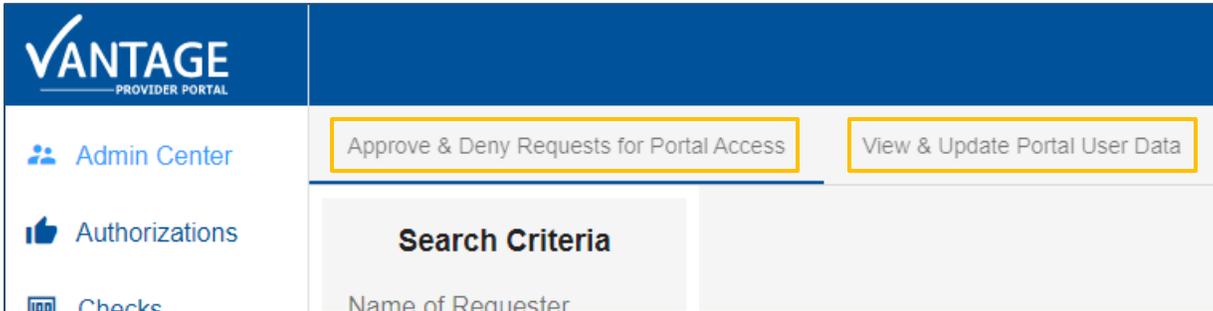


Only Group Moderators will have the option to send portal invites from this screen.

Group Profile		
Group and group owner info		
Name:	Provider Accounting Services	
Owner:	Holly Manager	
Owner Phone:	(111) 222-3333	
Owner Email:	hmanager@pas.fake	
Provider Group Code:	30775463	
Tax IDs:	43-5492892, 26-1517214, 33-4444444, 22-3333333, 11-2222222	
EMAIL	CALL	SEND PORTAL INVITE

Admin Center

Admin Center is only visible & accessible for Group Moderators. Within Admin Center, Group Moderators have access to **Approve and Deny Requests for Portal Access** and **View & Update Portal User Data**.

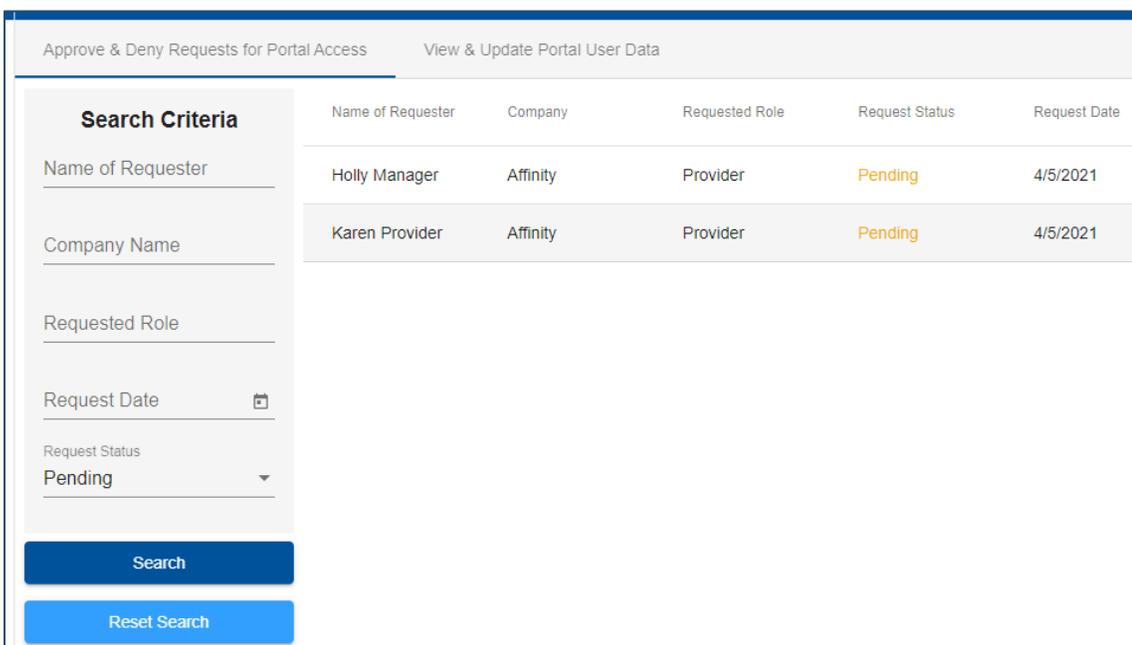


Approve and Deny Requests for Portal Access

Within Admin Center, Group Moderators can approve or deny user requests to join their portal group. To view all requests for portal access for your group, click **Admin Center** and then click **Approve & Deny Requests for Portal Access**.

If you don't enter in any search criteria, by default, you will see just the pending access requests. You can search for additional requests (such as those that have already been approved or denied) or narrow down the list of requests by entering in a Name, Company Name, Requested Role, Request Date, or Request Status. All requests, meeting the criteria entered, will appear on the screen.

Click on a request within the list to view the request details.



You can approve or deny the request on the Request Details page by clicking either **Approve** or **Deny**.

Notice in the example below that the **Approve** button is grayed out. This is because the user has not yet signed Vantage's Portal User Agreement, which is indicated by the alert message in red (NOTE: user has not signed DocuSign documents). The user should have received an email containing the portal user agreement. The user must review and sign this document before their access request can be approved. Once the user has signed the agreement, the alert in red below will be removed and the Approve button will become available.

Request Details

Details about the user account being requested

NOTE: user has not signed DocuSign documents

Status	Pending
First Name	[REDACTED]
Middle Name	[REDACTED]
Last Name	[REDACTED]
Role	GroupModerator
Date Requested	8/20/2020
Group Name	[REDACTED]
Date of Last Update	No Record
Last Updated By	No Record

Contact User

Contact information for this user

Email	[REDACTED]
Phone	
New User	Yes

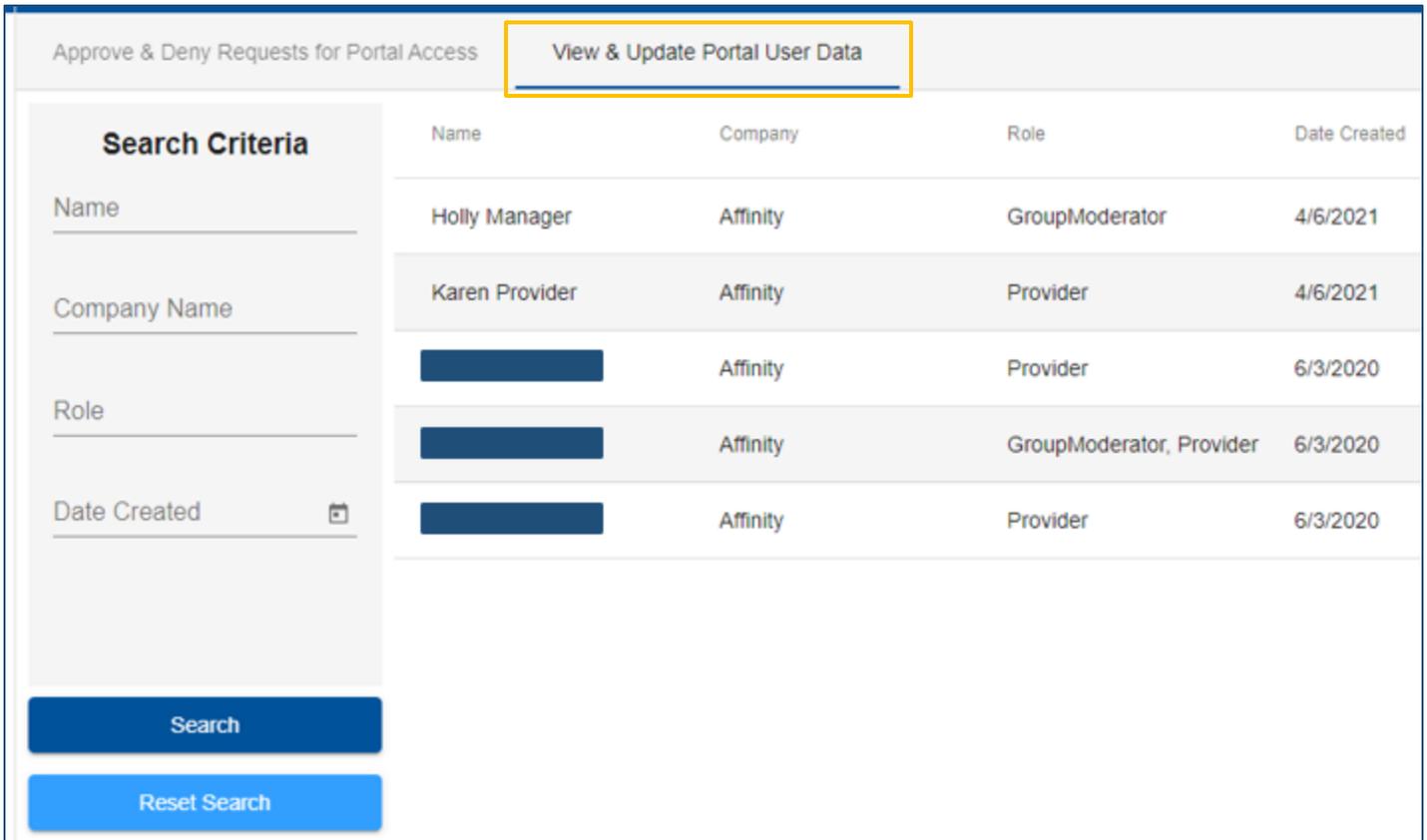
Once the Group Moderator approves the request, the user will receive a notification email that their access request was approved. The user will also receive an email from Auth0 Mail (auth0mail@vhpla.com) requesting that they reset their password. Once reset, the user will be able to access the provider portal.

[View & Update Portal User Data](#)

Within Admin Center, Group Moderators can view and update user data for the users within their portal group.

To view a list of the users within your group, click **Admin Center** and then click **View & Update Portal User Data**. If you don't enter in any search criteria, you will see the full list of users within your group. You can narrow down the user list by entering in a Name, Company Name, Role, or Date Created. All users, meeting the criteria entered, will appear on the screen.

Click on a user within the list to view more details (see next page).



Approve & Deny Requests for Portal Access		View & Update Portal User Data		
Search Criteria				
Name	Company	Role	Date Created	
Holly Manager	Affinity	GroupModerator	4/6/2021	
Karen Provider	Affinity	Provider	4/6/2021	
[Redacted]	Affinity	Provider	6/3/2020	
[Redacted]	Affinity	GroupModerator, Provider	6/3/2020	
[Redacted]	Affinity	Provider	6/3/2020	

Group Moderators are responsible for promptly revoking user access when an employee changes roles or terminates employment.

- To revoke user access completely, click **Revoke Access**. This user will no longer be able to access the provider portal.
- To remove a user’s Group Moderator access only, click **Demote**. This user will still have access to the Vantage Provider Portal, but they will no longer be a Group Moderator for this group.

Provider Info Information administrators need to know about this user	
First Name	
Middle Name	
Last Name	
Email	
Phone	
Group	
Access Level	
Date Created	
REVOKE ACCESS	DEMOTE
EDIT USER	EMAIL
CALL	

Employer Info Information about this provider's employer	
Name	
Email	
Phone	
EMAIL EMPLOYER	CALL EMPLOYER

Authorizations

On the left-side of the portal screen, there are two authorization-related sections:

- **Authorizations** – this is where you can look up and view authorization information.
- **Vantage Connect** – this is where you can inquire about an authorization or submit a new authorization. Please refer to the **Vantage Connect** section in this guide for more information.

Within the **Authorizations** section of the portal, you may search for authorizations by entering in any of the following criteria: Auth ID, Member ID, Member Name, Effective Date, or Status. Then click **Search**. All authorizations meeting the criteria entered will appear on the screen.

Authorization status options are as follows:

- Approved: the authorization has been approved
- Processing: member in an inpatient facility and has not been discharged
- Pending: a decision is still pending
- Denied: the authorization has been denied
- Closed: no decision was rendered

The results can be sorted by clicking the column headers at the top of the table.

Search Criteria		Auth ID	Name	Status	Effective Date
Auth ID				Approved	3/15/2021
Member ID				Approved	1/22/2021
Member First Name				Approved	1/18/2021
Member Last Name				Closed	11/23/2020
Effective Date				Closed	10/23/2020
Status				Approved	10/23/2020
				Approved	10/22/2020
				Approved	10/22/2020
				Approved	10/22/2020
				Approved	10/22/2020
				Approved	10/22/2020
				Approved	10/22/2020
				Approved	10/22/2020

Click on a specific authorization within the results table to view additional details for that authorization. The **Authorization Details** screen will display additional details surrounding the authorization, as well as diagnosis details and service groups, as shown below.

Authorization Detail

Authorization	
Auth#:	713739
Member Name:	████████████████████
Status:	APPROVED
Card #:	████████████████████
Refer From:	████████████████████
Refer To:	████████████████████ ████████████████████
Effective Date:	1/14/2021
Term Date:	2/13/2021
Auth Description:	Outpatient Services at Facility PAR

Diagnosis Details

Diagnosis Code	Description
G47.33	Obstructive sleep apnea (adult) (pediatric)

Items per page: 15 1 - 1 of 1 |< < > >|

Service Groups

Service Group	Status
A: Sleep Study	APPROVED

Items per page: 15 1 - 1 of 1 |< < > >|

Checks

Users can view provider payment registers within the **Checks** section of the portal. You may search by entering in any of the following criteria: Check #, Print Date, Tax ID, or Printed Within time period. Then click **Search**. All checks meeting the criteria entered will appear on the screen.

The results can be sorted by **Check #** or **Print Date** by clicking the column headers at the top of the table.

Clicking the Check Number within the results table will take you to the **Claims** page where you can see all claims associated with that check number.

To download a PDF version of the remittance advice and check, click **View Check PDF** within the results table.

Claim #:		Provider:		Account #:									
Patient:		Group:		Member ID #:									
Date(s) of Service	Procedure	Units	Total Billed	Not Allowed	Eligible Charges	Not Covered	Co-pay	Patient Deductible	Coinsurance	Discount/Interest	Explanation Code(s)	Payment Amount	
06/02/21-06/02/21	OCCUPATIONAL THERAPY EVAL LOW 97165	1	\$153.00	\$40.51	\$112.49	\$0.00	\$0.00	\$0.00	\$22.50	\$0.00	A	\$89.99	
06/02/21-06/02/21	THER FX 1+ AREAS EA 15 MIN THE 97110	1	\$63.00	\$35.76	\$27.24	\$0.00	\$0.00	\$0.00	\$5.45	\$0.00	A	\$21.79	
06/02/21-06/02/21	LIST CUR MEDS WIDOSAGES DOC BY 08427	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IG	\$0.00	
06/02/21-06/02/21	NEO SCR CLIN DEPRESSN PT NOT E 08510	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IG	\$0.00	
06/02/21-06/02/21	CURRENT TOBACCO NON-USER CAD C 1036F	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IG	\$0.00	
06/02/21-06/02/21	ELDER MALTREATMENT SCREENING D 08734	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IG	\$0.00	
06/02/21-06/02/21	DOC FUNC ASSESS & CARE PLAN ID 08539	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	IG	\$0.00	
Column Totals			\$216.00	\$76.27	\$139.73	\$0.00	\$0.00	\$0.00	\$27.95	\$0.00		\$111.78	
										COB Savings	\$0.00		

To determine if a check payment was an electronic or paper check, look at the first three digits of the check number:

Check Number Starts With...	Check Type
111	Commercial – Paper Check
122	Commercial – Electronic Check
911	Metal Tier – Paper Check
922	Metal Tier – Electronic Check
411	Louisiana Medicare – Paper Check
422	Louisiana Medicare – Electronic Check
711	Arkansas Medicare – Paper Check
722	Arkansas Medicare – Electronic Check
811	Mississippi Medicare – Paper Check
822	Mississippi Medicare – Electronic Check

Claims

Users can view claims associated with their group within the **Claims** section of the portal. You may search by entering in any of the following criteria: Member ID, Member Name, Claim ID, NPI, Check #, Within Time Period, or Claim Status. Then, click **Search**. All claims meeting the criteria entered will appear on the screen.

The results can be sorted by Claim ID, Member Name, Provider Name, or Service Date by clicking the column headers at the top of the table.

Click on a specific claim within the results table to view additional details for that claim. The **Claim Details** screen will display additional information including the claim, provider, financial and diagnosis details.

The screenshot shows the Vantage Provider Portal interface. On the left is a navigation sidebar with options: Admin Center, Authorizations, Checks, Claims (highlighted), Documents, Member Lookup, and Vantage Connect. The main area is divided into a search criteria panel and a results table. The search criteria panel includes fields for Member ID, Member First Name, Member Last Name, Claim ID, NPI, and Check #, along with a 'Within (default 1 year)' dropdown set to '1 Year'. There are 'Search' and 'Reset Search' buttons. The results table has columns for Claim ID, Status, Member Name, Provider Name, Check Number, and Service Date. It displays 10 rows of data, all with a 'Pending' status and a service date of 9/22/2020. At the bottom right, there is a pagination control showing 'Items per page: 20' and '1 - 20 of 92741'.

Claim ID	Status	Member Name	Provider Name	Check Number	Service Date
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/23/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020
[REDACTED]	Pending	[REDACTED]	[REDACTED]	[REDACTED]	9/22/2020

Documents

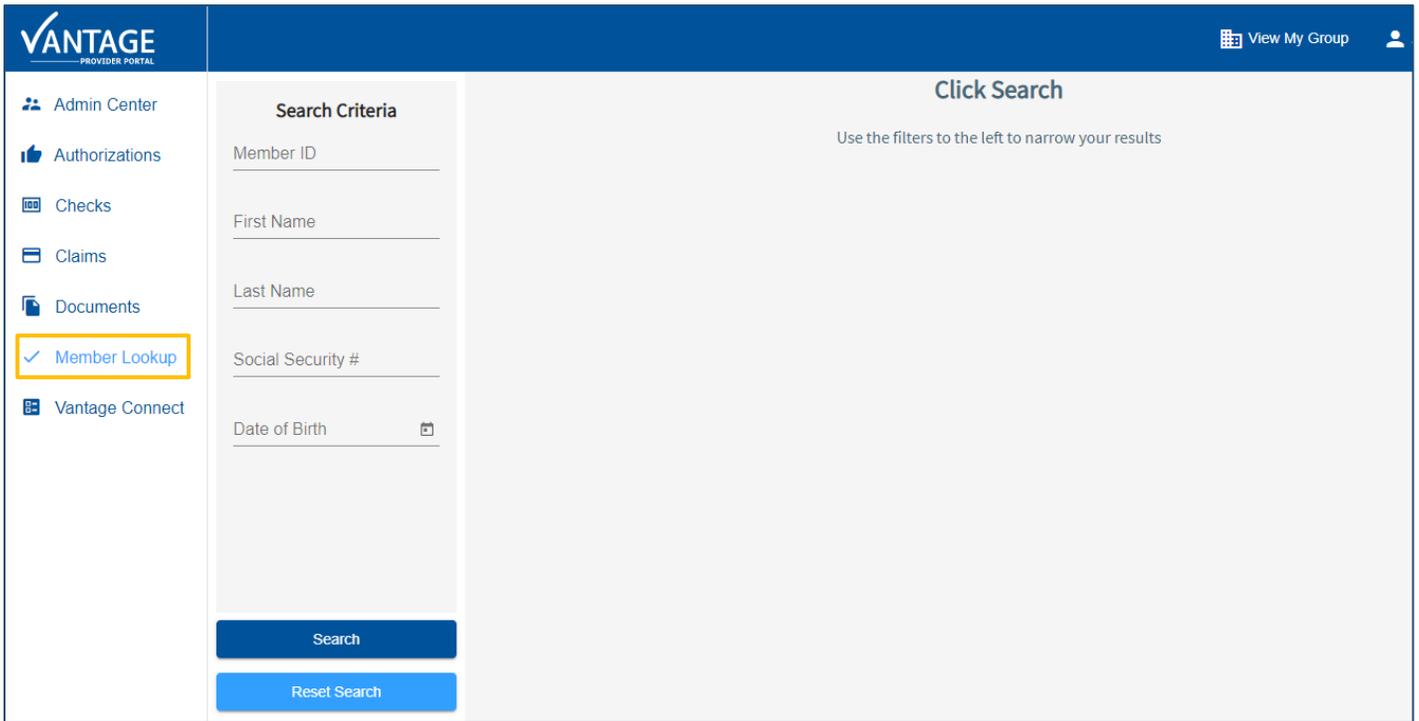
The **Documents** section is designed to give users access to the most current Vantage resources, such as manuals, guides, forms, newsletters, & more.

The screenshot shows the Vantage Provider Portal interface. On the left is a navigation sidebar with the following items: Admin Center, Authorizations, Checks, Claims, Documents (highlighted with a yellow box), Member Lookup, and Vantage Connect. The main content area is titled "Provider Documents" and contains a list of "Medical Documents":

- Add Practice Location Form
- Arkansas Medicare Advantage Member ID Card Examples
- Behavioral Health Authorization Request
- Behavioral Health Service Authorization Guidelines
- Clinical Practice Guidelines
- Commercial & Metal Tier Member ID Card Examples
- DSNP Annual Training
- First Tier, Downstream, and Related Entities ("FDR") Medicare Compliance Program Guide
- Home Health Prior Authorization - Commercial & Exchange
- Home Health Prior Authorization - Medicare
- Inpatient Prior Authorization Fax Form
- Outpatient Prior Authorization Fax Form

Member Lookup

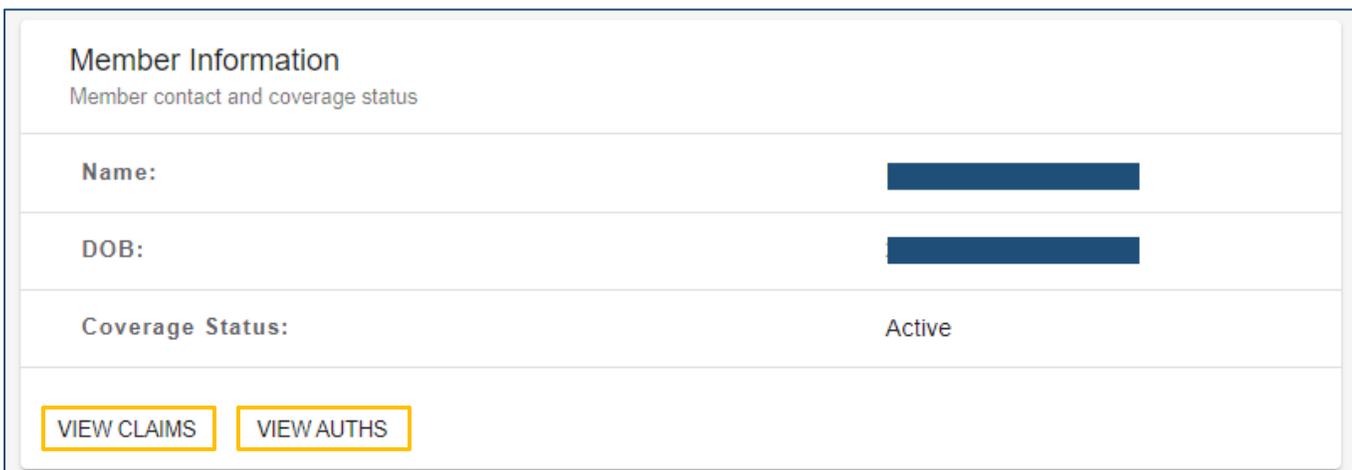
Users can search for a member in the **Member** section of the portal. You may search for a member by entering in any of the following criteria: Member ID, First Name, Last Name, Social Security Number, or Date of Birth. Then, click **Search**. The results can be sorted by Name and Date of Birth by clicking the column headers at the top of the table.



The screenshot shows the Vantage Provider Portal interface. On the left is a navigation menu with items: Admin Center, Authorizations, Checks, Claims, Documents, Member Lookup (highlighted with a yellow box), and Vantage Connect. The main area is titled "Click Search" and contains a "Search Criteria" section with input fields for Member ID, First Name, Last Name, Social Security #, and Date of Birth. Below these fields are "Search" and "Reset Search" buttons. A message says "Use the filters to the left to narrow your results".

Click on a member within the results table to view additional details for that member, as shown below.

Member Information - Users can view a member's name, date of birth (DOB) and coverage status, as well as view claims and authorizations associated with a member.



The screenshot shows the "Member Information" details page. It includes the title "Member Information" and subtitle "Member contact and coverage status". Below are three rows of information: "Name:" with a redacted value, "DOB:" with a redacted value, and "Coverage Status:" with the value "Active". At the bottom are two buttons: "VIEW CLAIMS" and "VIEW AUTHS", both highlighted with yellow boxes.

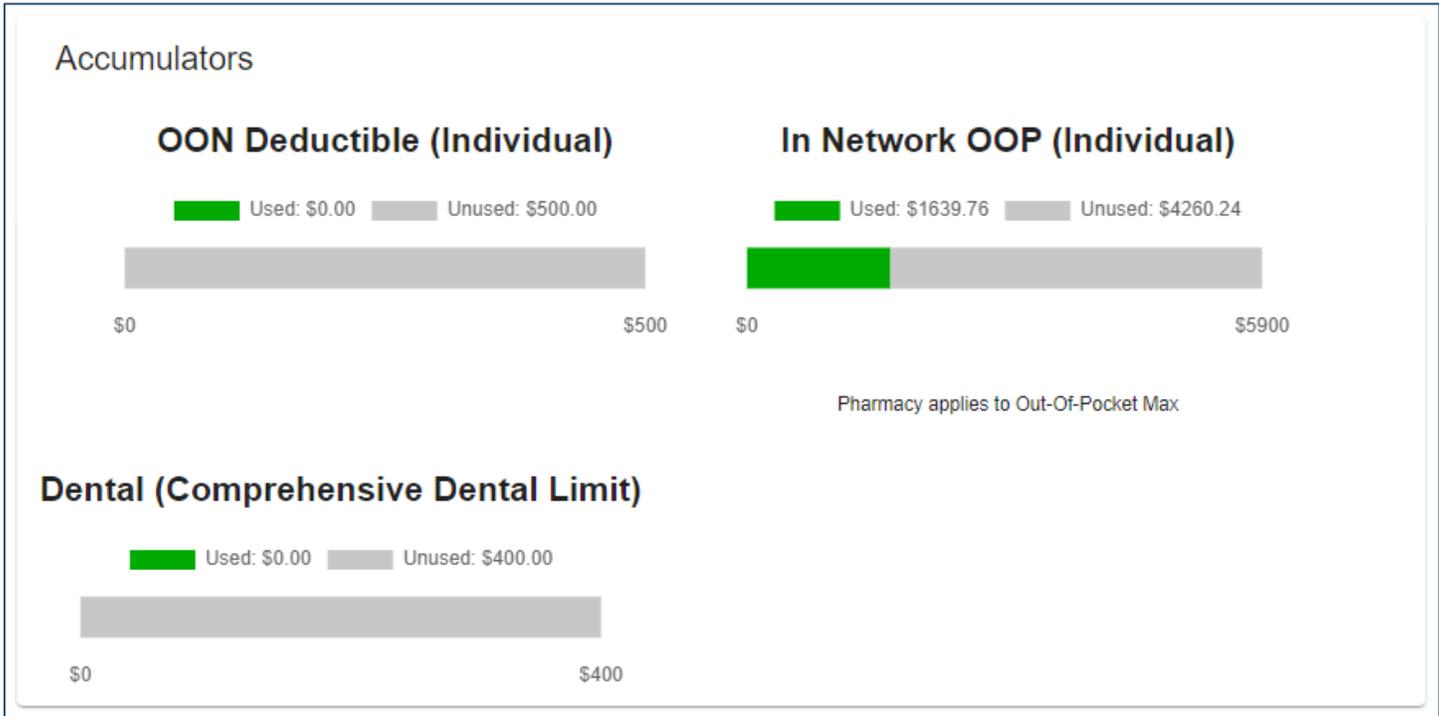
Plan Snapshot - Users can view a summary of a member's enrollment information including: Plan, Member ID Number (Card #), Plan Year, Program, Effective Date and Term Date.

Plan Snapshot A quick summary of this enrollment	
Plan:	Basic Affinity - Medicare Advantage
Card #:	[REDACTED]
Plan Year:	2021
Program:	MAPD
Effective Date:	1/1/2021
Term Date:	12/31/2078

Documents - Users can view plan-specific documents for a member.

Documents	
2021 Medicare Provider Directory_Louisiana	View File
2021 Pharmacy Directory_LA	View File
2021 SJP Mail Order and Diabetes Flyer	View File
2021 Transportation Flyer	View File
2021 Evidence of Coverage	View File
2021 Formulary	View File
Annual Notice of Change	View File
Annual Notice of Change (NonAffinity to Affinity)	View File
Cost Share Schedule	View File

Accumulators – Users can view accumulator amounts for a member. Accumulator amounts are updated as claims are received and processed.



Benefits – Users can view member benefits.

Benefits

Filter _____

Benefit ID	Name
4192	Abdominal Aortic Aneurysm Screening
4297	Acupuncture for Chronic Low Back Pain
4247	Acute Rehabilitation Services
4260	Air Evacuation
4167	Allergy Services

Items per page: 5 | 1 - 5 of 102 | << < > >>

Coinsurance and Copays - Users can view member's coinsurance or copayment (copays) amounts.

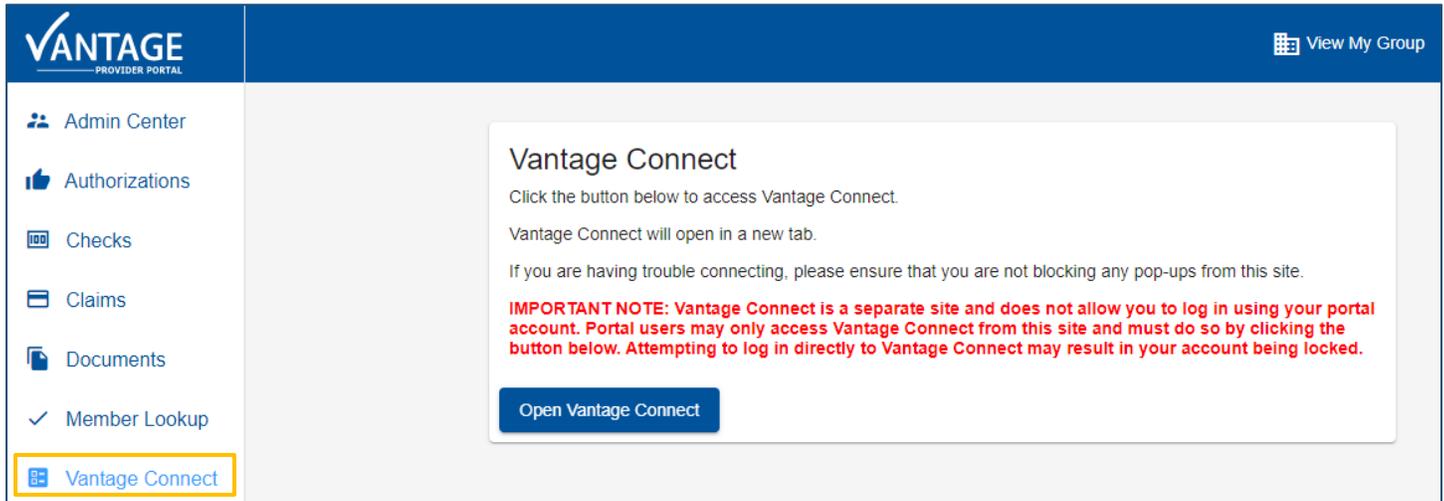
Coinsurance and Copays	
Affinity Health Network (AHN)	
Preferred PCP (AHN)	\$0
Preferred Specialist (AHN)	\$35
Preferred MDX (AHN)	\$100
Preferred ASU (AHN)	\$200
Preferred Mental Health (AHN)	\$0
Preferred Physical/Speech Therapy (AHN)	\$5
Physician Office Services	
PCP	\$0
Specialist	\$50
Inpatient Hospital Services	
Cardiac Rehab Therapy	\$50
Outpatient Services	

Previous Enrollments – Any previous enrollments of the member will show at the bottom of the member details page. Click on a previous enrollment to expand it & view additional details.

2020	Plan: 201011 - Ess Bronze 6500 OFF -- [REDACTED] -- Eff. Date: Jan 1, 2020 -- Term Date: Dec 31, 2020	▼
2019	Plan: Essential Bronze 6500 IND (OFF) - 191011-D2 -- [REDACTED] -- Eff. Date: Apr 1, 2019 -- Term Date: Dec 31, 2019	▼
2018	Plan: Freedom Group Platinum (OFF) - 7120 D2 -- [REDACTED] -- Eff. Date: Apr 1, 2018 -- Term Date: Mar 31, 2019	▼
2017	Plan: Platinum - Group (2017) -- [REDACTED] -- Eff. Date: Apr 1, 2017 -- Term Date: Mar 31, 2018	▼
2016	Plan: Platinum - Group -- [REDACTED] -- Eff. Date: Apr 1, 2016 -- Term Date: Mar 31, 2017	▼

Vantage Connect

Vantage Connect is an online authorization portal where you can submit a new authorization or inquire about an existing authorization. Vantage Connect may be accessed by clicking **Vantage Connect** on the left-side of the provider portal screen and then clicking **Open Vantage Connect**. Vantage Connect will open in a new window.



The screenshot shows the Vantage Provider Portal interface. On the left is a navigation sidebar with the following items: Admin Center, Authorizations, Checks, Claims, Documents, Member Lookup, and Vantage Connect (highlighted with a yellow box). The main content area displays a modal window titled "Vantage Connect" with the following text: "Click the button below to access Vantage Connect. Vantage Connect will open in a new tab. If you are having trouble connecting, please ensure that you are not blocking any pop-ups from this site." Below this text is a red "IMPORTANT NOTE" in bold: "IMPORTANT NOTE: Vantage Connect is a separate site and does not allow you to log in using your portal account. Portal users may only access Vantage Connect from this site and must do so by clicking the button below. Attempting to log in directly to Vantage Connect may result in your account being locked." At the bottom of the modal is a blue button labeled "Open Vantage Connect".

Note: Authorizations that are submitted through Vantage Connect may not be visible in the Authorizations search immediately. Providers should allow time for authorizations to show through the search feature.

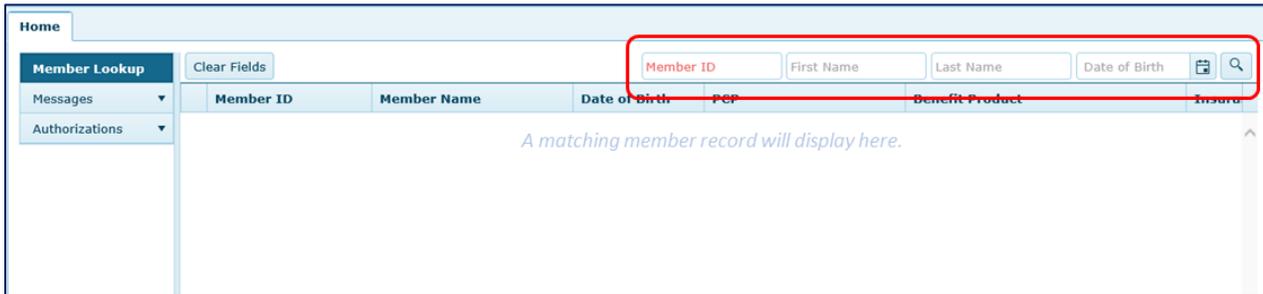
Vantage Connect Tips

- Use **Google Chrome** as your browser to log into the Provider Portal/Vantage Connect.
- The following authorization types cannot be entered through Vantage Connect. Please call 318-361-0900 or fax these types of requests to 318-361-2170.
 - Inpatient
 - Wound Care
 - Therapy
 - Durable Medical Equipment
 - Home Health
 - Part D Drugs
 - Transplants
 - Ambulance Transports

Creating a New Outpatient Authorization Request

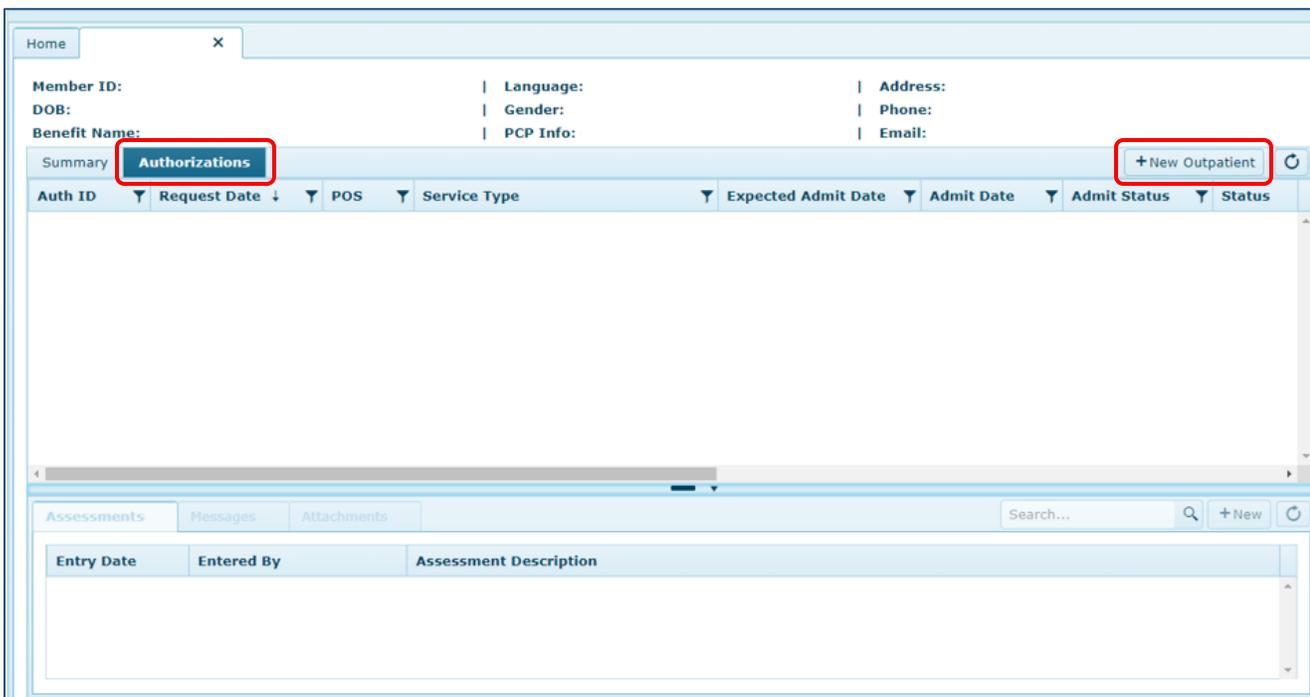
(Inpatient services cannot be submitted through the portal at this time. For behavioral health services, see the *Creating a New Outpatient Behavioral Health Authorization Request* section of this guide.)

- To request an outpatient authorization, locate the member record by entering the **Member ID** and either the member's **First and Last Name** or the member's **Date of Birth**.



The screenshot shows a web application interface for member lookup. At the top, there is a search bar with four input fields: "Member ID", "First Name", "Last Name", and "Date of Birth". A red box highlights these fields. Below the search bar is a table with columns: "Member ID", "Member Name", "Date of Birth", "PCP", "Benefit Product", and "Status". The table is currently empty, displaying the message "A matching member record will display here." On the left side, there is a sidebar with a "Member Lookup" button and a "Clear Fields" button. Below the sidebar, there are dropdown menus for "Messages" and "Authorizations".

- Click on the desired **Member** record to display the **Member Summary** screen. It is imperative you only choose a **P** record indicating an Active, Primary member.
- Click on the second tab, labeled **Authorizations**.
- Click on the button labeled **+ New Outpatient**.



The screenshot shows the "Member Summary" screen. At the top, there is a "Home" tab. Below it, there are several fields for member information: "Member ID:", "DOB:", "Benefit Name:", "Language:", "Gender:", "PCP Info:", "Address:", "Phone:", and "Email:". Below these fields, there are two tabs: "Summary" and "Authorizations". The "Authorizations" tab is selected and highlighted with a red box. To the right of the tabs, there is a button labeled "+ New Outpatient" with a refresh icon, also highlighted with a red box. Below the tabs, there is a table with columns: "Auth ID", "Request Date", "POS", "Service Type", "Expected Admit Date", "Admit Date", "Admit Status", and "Status". Below the table, there is a section for "Assessments" with a search bar and a "+ New" button. Below the search bar, there is a table with columns: "Entry Date", "Entered By", and "Assessment Description".

Users must complete the **New Outpatient Authorization** form and include all necessary documentation. **Red** fields are required and must be completed to successfully complete the authorization request.

The screenshot shows a web form titled "New Outpatient Authorization". The form is organized into several sections. At the top, there is a "Primary Coverage" dropdown menu with "PRIMARY" selected, highlighted by a green box. Below this are "Service Status" and "Request Type" dropdowns, "Setting" dropdown, and "Request Date/Time" field showing "08/11/2021 14:02". The "Service" section includes "Requested Service", "Service Type" dropdown, "# of Services" field with "1", "Requested Start Date" field with "08/12/2021", and "Procedure" field. The "Requestor Contact Info" section has "Entered By" field with "Allison" and "Phone" field with a masked number. The "Providers" section has "Requesting Provider" dropdown and "Role" dropdown with "REFERFROM - Referring Provi...". At the bottom right are "Submit" and "Cancel" buttons.

Required Fields

Service Status: Select initiated or expected.

- Initiated indicates that the service has already been performed
- Expected indicates that the request is prior to the service being performed

Request Type: Select standard or expedited.

- Standard - request can be processed within the standard timeframe of 14 days
- Expedited - request to be processed within the 72 hours because applying the standard review timeframe may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Setting:

- BH – Behavioral Health
- Non-BH – Non-Behavioral Health

Request Date & Time: This is a required field but it will automatically populate for you.

Service Type: This is the setting in which the service will be performed. See the **Service Types** section below for additional information.

of Services: This reflects the number of units that will be billed for each CPT code.

Request Start Date: This is the date the service will be performed. This field will default to the present day but should be changed to the actual date that the service will be performed.

Procedure: Enter the appropriate CPT codes into this field. If you have multiple CPT codes for one request, use the  button to enter up to nine additional codes.

Entered By: This will automatically populate the name of the person entering the authorization.

Phone #: Number to contact users if Vantage Medical Management team has additional questions

Requesting Provider: Name of provider who is ordering the service

Servicing Provider: Name of provider/facility where the service will be performed

ICD-10 Diagnosis Code: Enter the ICD-10 diagnosis associated with the request

Additional Fields

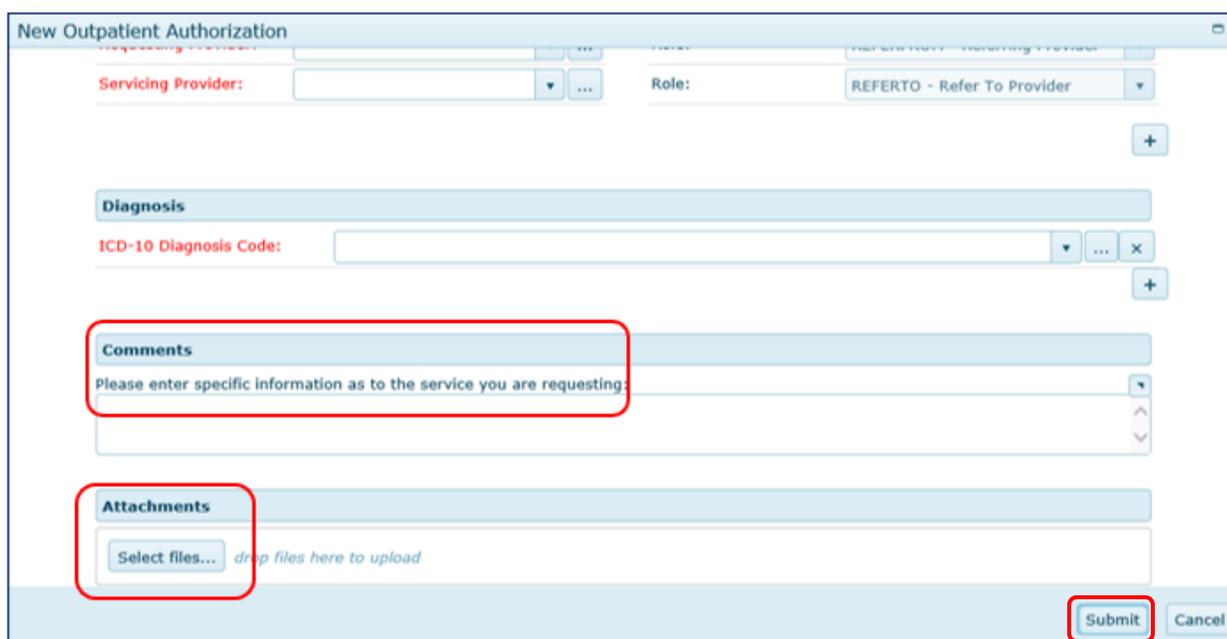
Comments: is not a mandatory field. Users can provide additional information about the authorization request in this field.

- Example: MRI of right knee, EMG of bilateral upper extremities

Attachments: any additional documentation about the authorization request. This field is not mandatory but should be included if available.

- For example, clinical files such as: office visit notes, labs, x-rays, or MRIs. Users may select files from their file system or drag and drop files from their computer. There is no limit on the number of attachments that can add to a request. Attachments can also be viewed by the Vantage Medical Management team.

Once the authorization request has been submitted, based on the criteria included for the services, the request may be automatically approved. If the request is not approved, it will be suspended to the Vantage Medical Management team for review. Users may return to the **Authorization** browse screen to check on the status of the request.



The screenshot shows a web form titled "New Outpatient Authorization". At the top, there are dropdown menus for "Servicing Provider" and "Role" (set to "REFERTO - Refer To Provider"). Below this is a "Diagnosis" section with an "ICD-10 Diagnosis Code" field. The "Comments" section is a text area with a red box around it, containing the text "Please enter specific information as to the service you are requesting:". Below that is an "Attachments" section with a "Select files..." button and a red box around it. At the bottom right, there are "Submit" and "Cancel" buttons, with "Submit" highlighted by a red box.

Outpatient Service Types

- **OPMD** - a procedure performed in the office setting, including Behavioral Health services (see the **Creating a New Outpatient Behavioral Health Authorization Request** section of this guide)
- **OPFAC** - a procedure performed in an outpatient facility setting, including Behavioral Health services (see the **Creating a New Outpatient Behavioral Health Authorization Request** section of this guide)
- **ASU** - a procedure performed in an ambulatory surgical setting
- **SPEOV** - specialist office visits
- **POC** - authorization for post op care for surgeries with 90-day global periods

Date of Service Ranges

- **OPMD/OPFAC** - These auth types will have a 30-day date range. If the dates of service need to be extended, please send a message or add this information to the **Comments** section on the authorization.
- **ASU** - This authorization type will have a 30-day date range. **Dates cannot be extended.** However, if the date of service for the procedure needs to be changed, please send a message to the Vantage Medical Management team.
- **SPEOV** - The dates of service on this authorization type will be good through the end of the calendar year (12/31/XX).
- **POC** - This authorization type will have a 90-day date range

Examples

- **Diagnostic Imaging**
 - If performed in office
 - Service Type = OPMD (Services performed in MD office)
 - Requesting Provider = Name of ordering provider
 - Servicing Provider = Name of provider rendering services
 - If performed in facility
 - Service Type = OPFAC (Services performed in Outpatient Facility)
 - Requesting Provider = Name of ordering provider
 - Servicing Provider = Name of facility
- **Office Visits**
 - Performed in office
 - Service Type = SPEOV (Specialist Office Visits)
 - # of Services = the amount of visits you are requesting
 - Requested Start Date = Today or the date of the member's next appointment. This authorization will be good through the end of the current calendar year.
 - Procedure = CPT codes are not required for this type of authorization
 - Requesting Provider = Name of ordering provider

- Servicing Provider = Name of provider rendering services
- **Outpatient Surgeries**
 - If performed in **facility**
 - Service Type = ASU (Services performed in Outpatient/Surgical Unit)
 - Requested Start Date= Date of surgery
 - Requesting Provider = Name of provider rendering services
 - Servicing Provider = Name of facility
 - **POC**
 - Post-op care in the office for surgeries that have a 90-day global period
 - Service Type = POC
 - # of Services = Will default to 1, but this is not required for this type of authorization
 - Requested Start Date = Date of the member’s surgery. This authorization will be good for 90 days.
 - Requesting Provider = Name of MD/surgeon
 - Servicing Provider = Name of MD/surgeon

[Additional Tips](#)

For any injections (Part B) being administered in the office/facility, but the member is obtaining the medication from the pharmacy, send a message on the online authorization portal to inform the Medical Management team.

[Creating a New Outpatient Behavioral Health Authorization Request](#)

In addition to the steps outlined in the previous section **Creating a New Outpatient Authorization Request**, users must complete the following additional steps to submit a Behavioral Health authorization request.

- **Comments** – this is not a mandatory field but can be used to submit the following information:
 - A working fax number
 - List of service types being requested (e.g., IOP, PHP, ABA or Psychological testing)
- **Attachments** – please include additional documentation about the authorization request. This field is not mandatory but should be completed when details are available.

For example, intensive outpatient program (IOP) or partial hospitalization program (PHP) clinical files such as: psychosocial evaluation, psychiatric evaluation, MD progress notes, treatment plan and group notes should be included. Referrals, initial evaluation and number of units needed for testing for psychological testing can also be reported here.

Users may select and upload files or drag and drop them from their computer. There is no limit on the number of attachments that can add to a request. Attachments can be viewed by the Vantage Medical Management team.

Once the authorization request has been submitted, it will be suspended to the Vantage Medical Management team for review. If medical necessity criteria are met, the request will be approved. Users will be contacted via phone or fax with the decision. If additional information is needed, you will receive specific instructions. Users may return to the **Authorization** browse screen to check on the status of the request.

The screenshot shows a web form titled "New Outpatient Authorization". At the top, there are fields for "Servicing Provider" and "Role" (set to "REFERTO - Refer To Provider"). Below these is a "Diagnosis" section with an "ICD-10 Diagnosis Code" dropdown. The "Comments" section is highlighted with a red box and contains the text "Please enter specific information as to the service you are requesting:". Below that is an "Attachments" section with a "Select files..." button, also highlighted with a red box. At the bottom right, there are "Submit" and "Cancel" buttons, with "Submit" highlighted by a red box.

Behavioral Health Outpatient Service Types

- **OPFAC** – services performed in an outpatient facility setting
 - Intensive Outpatient Program (IOP)
 - Partial Hospitalization Program (PHP)
- **OPMD** – services performed in the office setting
 - Psychological Testing

Date of Service Ranges

- **OPFAC** – Services are reviewed every 1-2 weeks. Concurrent review during the episode of care is required.
- **OPMD** – Typically, one month. If longer is needed, users may request the appropriate time frame using the **Comments** section.

Messages

Users can communicate back and forth with the Vantage Medical Management team about a specific member or member service by using the **Messages** feature.

For example, as you submit an Authorization request for your member, Vantage Health Plan may need additional information from you about that request. A **Message** will be sent to you from Vantage Health Plan about needing additional information. You can also send a **Message** to Vantage if you have a question about an authorization or if you need to change something on that authorization such as the place of service or the date the service will be performed.

****Messages should be checked on a routine basis by you or your staff****

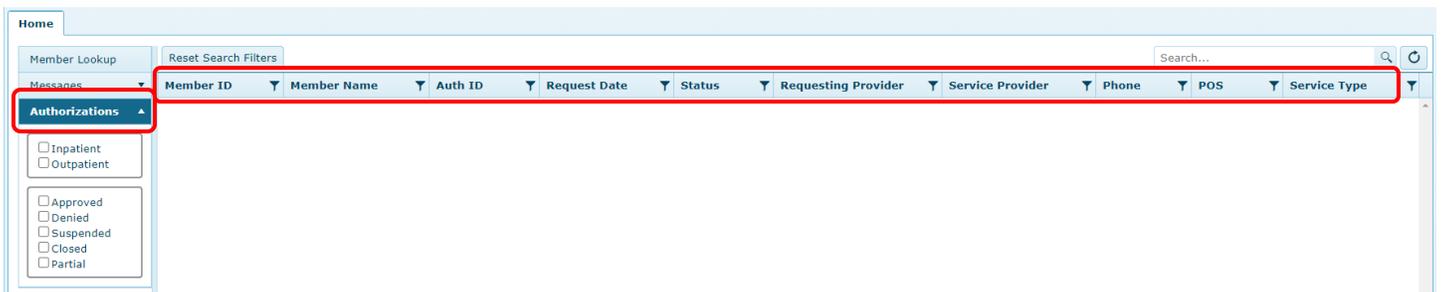


This screen shows the provider's **Messages** screen. You can see the default checkbox filters of **My Messages** and **Not Completed** are selected as the default view.

[Creating a New Message](#)

Users can create a new message by completing the following steps:

1. Click the **Authorizations** tab to search for a specific authorization (users can enter any of the criteria listed at the top of the screen such as Member ID, Member Name, Auth ID, etc., to locate an authorization)



2. Click on the desired authorization in the results list.
3. Click **Messages** & then click **New**.

Home X

Member ID: | Language: | Address: |
 DOB: | Gender: | Phone: |
 Benefit Name: HMO NGF | PCP Info: | Email: |

Back Outpatient Authorization # []

Primary Coverage: PRIMARY

Service Status: INITIATED - Initiated

Authorization Decision: Approved

Request Type: Standard - Standard

Request Date/Time: 11/19/2020 14:59

Services

Requested	Authorized
Service Type: OPFAC - Outpatient Service in Facility	Decision 1: Approved
# of Services: 1	Authorized Service Type 1: OPFAC - Outpatient Service in Facility
Procedure: 70544 - MR ANGIOGRAPHY HEAD W/D DYE	Authorized # of Services 1: 1
	Authorized Procedure 1: 70544 - MR ANGIOGRAPHY HEAD W/D DYE

Notes Assessments **Messages** Attachments

Search... + New

Reply	From	To	Message	Date Sent	Next Review Date

4. Enter message and add all needed attachments. Then click **Send**.

New Message

Attachments

Select files...

Message

Send Close

ACH/ERA

Group Moderators will have access to enroll, disenroll and/or make changes for electronic payments and remittance advices.

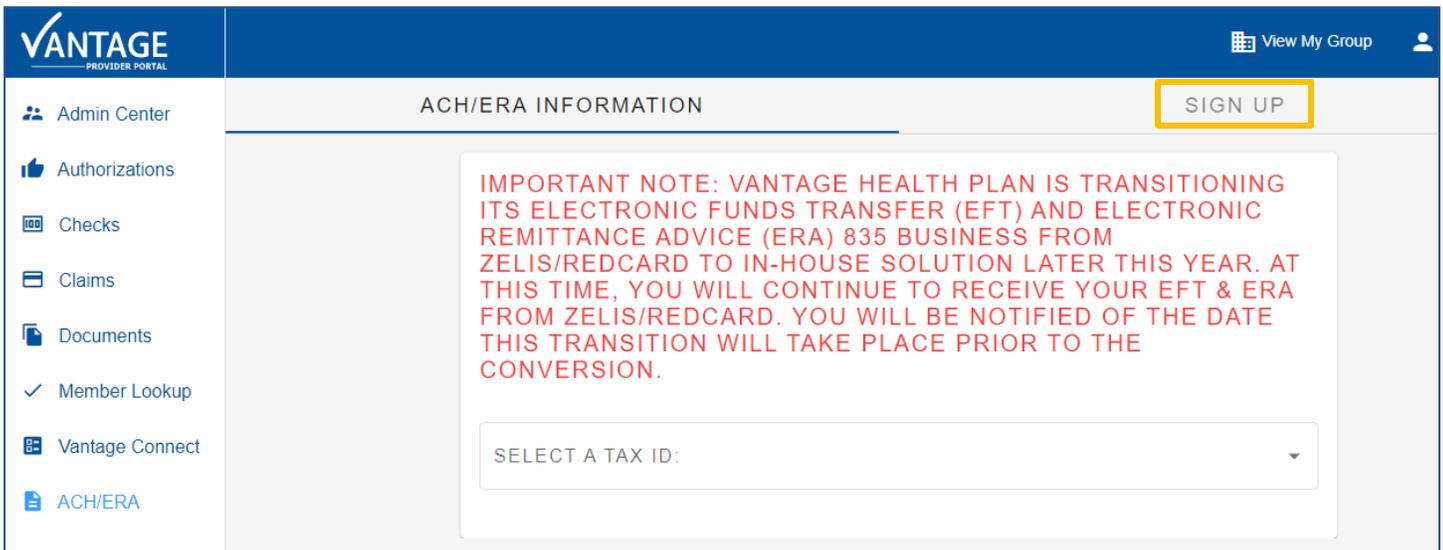
ACH/ERA Enrollment

To enroll for ACH/ERA services:

1. Click the **ACH/ERA** button on the left-side of the Provider Portal screen.



2. Click **Sign Up** in the top right-hand corner of the screen.



3. Select applicable Tax ID.

- o Please note, if you are the Group Moderator for multiple TINs, you MUST follow the sign-up steps for each TIN number.

ACH/ERA INFORMATION SIGN UP

SIGN UP FOR ACH/ERA SERVICE

IMPORTANT: IF YOU SIGN UP FOR ACH, BUT NOT ERA SERVICES, VANTAGE HEALTH PLAN WILL NO LONGER PRINT AND MAIL YOUR REMITTANCE ADVICE. YOU WILL HAVE TO DOWNLOAD IT FROM THE PROVIDER PORTAL

(REQUIRED)

GROUP NPI NOT REQUIRED UNLESS THERE IS MORE THAN ONE BANK ACCOUNT NUMBER.

4. Enter applicable Group NPI.

- o Please note, you will only need to enter the NPI # if you utilize different banking accounts for the same TIN # with different NPI #s.

ACH/ERA INFORMATION SIGN UP

SIGN UP FOR ACH/ERA SERVICE

IMPORTANT: IF YOU SIGN UP FOR ACH, BUT NOT ERA SERVICES, VANTAGE HEALTH PLAN WILL NO LONGER PRINT AND MAIL YOUR REMITTANCE ADVICE. YOU WILL HAVE TO DOWNLOAD IT FROM THE PROVIDER PORTAL

(REQUIRED)

GROUP NPI NOT REQUIRED UNLESS THERE IS MORE THAN ONE BANK ACCOUNT NUMBER.

5. Select “ACH”, “BOTH” or “ERA”

- o Please note, if you sign up for ACH payments only, you will NOT receive a paper RA in the mail. You will have to log in to the Provider Portal to access RAs.

ACH/ERA INFORMATION SIGN UP

SIGN UP FOR ACH/ERA SERVICE

IMPORTANT: IF YOU SIGN UP FOR ACH, BUT NOT ERA SERVICES, VANTAGE HEALTH PLAN WILL NO LONGER PRINT AND MAIL YOUR REMITTANCE ADVICE. YOU WILL HAVE TO DOWNLOAD IT FROM THE PROVIDER PORTAL

SELECT A TAX ID: (REQUIRED)

GROUP NPI

GROUP NPI NOT REQUIRED UNLESS THERE IS MORE THAN ONE BANK ACCOUNT NUMBER.

CONFIRM GROUP NPI

ACH **BOTH** ERA

6. Select the account type: **Checking** or **Savings**.

BANK ACCOUNT INFORMATION

ACCOUNT TYPE **Checking** Savings

BANK NAME

BANK ACCOUNT NUMBER

7. Enter bank account information: Bank Name, Bank Account Number, & Routing Number.

BANK ACCOUNT INFORMATION

ACCOUNT TYPE Checking Savings

8. Select a Trading Partner.

TRADING PARTNER INFORMATION

9. Click **Submit**.

TRADING PARTNER INFORMATION

SELECT A TRADING PARTNER: ▼

Submit

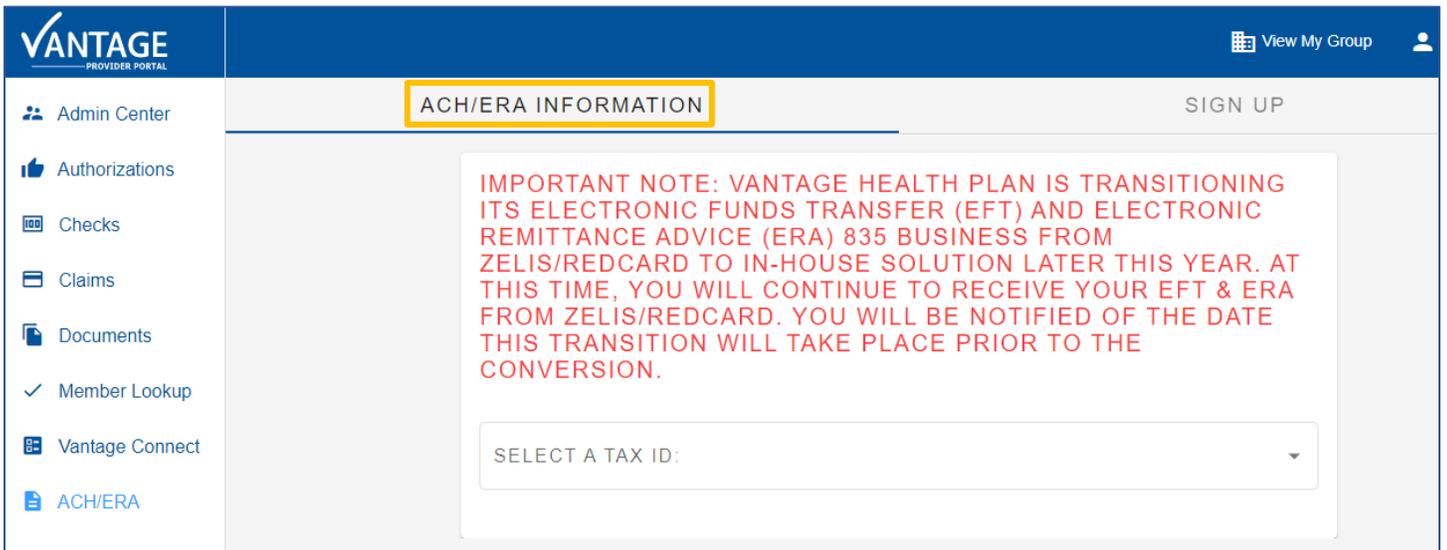
ACH/ERA Changes/Disenrollment

To disenroll or make changes:

1. Click the **ACH/ERA** button on the left-side of the Provider Portal screen.



2. Click **ACH/ERA Information** in the top left-hand corner of the screen.



3. Select the applicable Tax ID from the dropdown list.

VANTAGE
PROVIDER PORTAL

View My Group

ACH/ERA INFORMATION SIGN UP

IMPORTANT NOTE: VANTAGE HEALTH PLAN IS TRANSITIONING ITS ELECTRONIC FUNDS TRANSFER (EFT) AND ELECTRONIC REMITTANCE ADVICE (ERA) 835 BUSINESS FROM ZELIS/REDCARD TO IN-HOUSE SOLUTION LATER THIS YEAR. AT THIS TIME, YOU WILL CONTINUE TO RECEIVE YOUR EFT & ERA FROM ZELIS/REDCARD. YOU WILL BE NOTIFIED OF THE DATE THIS TRANSITION WILL TAKE PLACE PRIOR TO THE CONVERSION.

SELECT A TAX ID:

4. Click **edit** next to the information to be updated.

ACH/ERA INFORMATION SIGN UP

IMPORTANT NOTE: VANTAGE HEALTH PLAN IS TRANSITIONING ITS ELECTRONIC FUNDS TRANSFER (EFT) AND ELECTRONIC REMITTANCE ADVICE (ERA) 835 BUSINESS FROM ZELIS/REDCARD TO IN-HOUSE SOLUTION LATER THIS YEAR. AT THIS TIME, YOU WILL CONTINUE TO RECEIVE YOUR EFT & ERA FROM ZELIS/REDCARD. YOU WILL BE NOTIFIED OF THE DATE THIS TRANSITION WILL TAKE PLACE PRIOR TO THE CONVERSION.

SELECT A TAX ID:

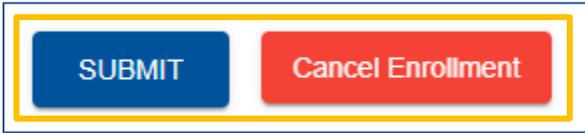
ACH INFORMATION

TAX ID: [REDACTED]
NPI: [REDACTED] **Edit**

ERA INFORMATION

TAX ID: [REDACTED]
NPI: [REDACTED] **Edit**

5. Update the existing information as needed and then click **Submit** to save any changes. Or click **Cancel Enrollment** at the bottom of the screen to disenroll.

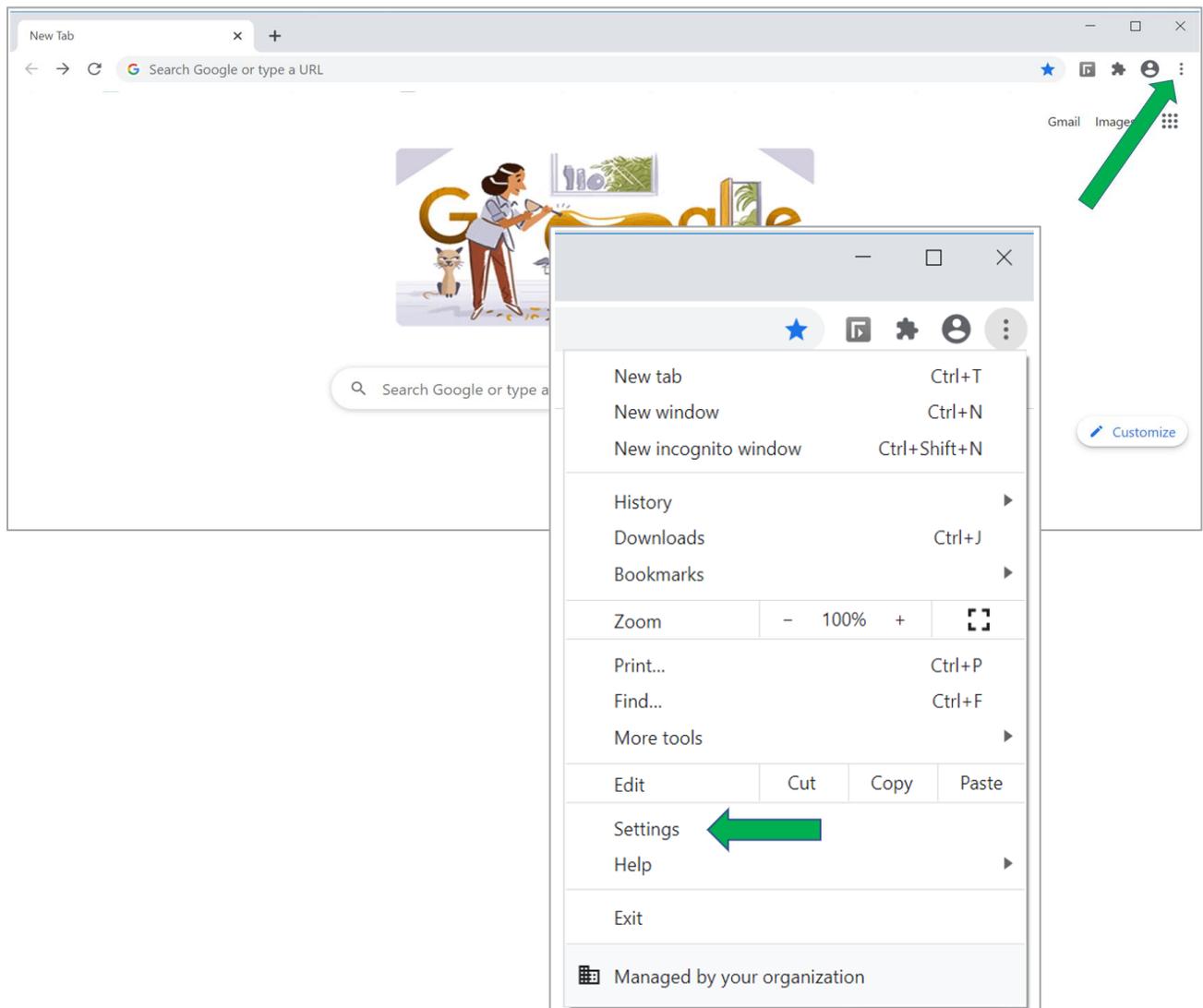


Troubleshooting

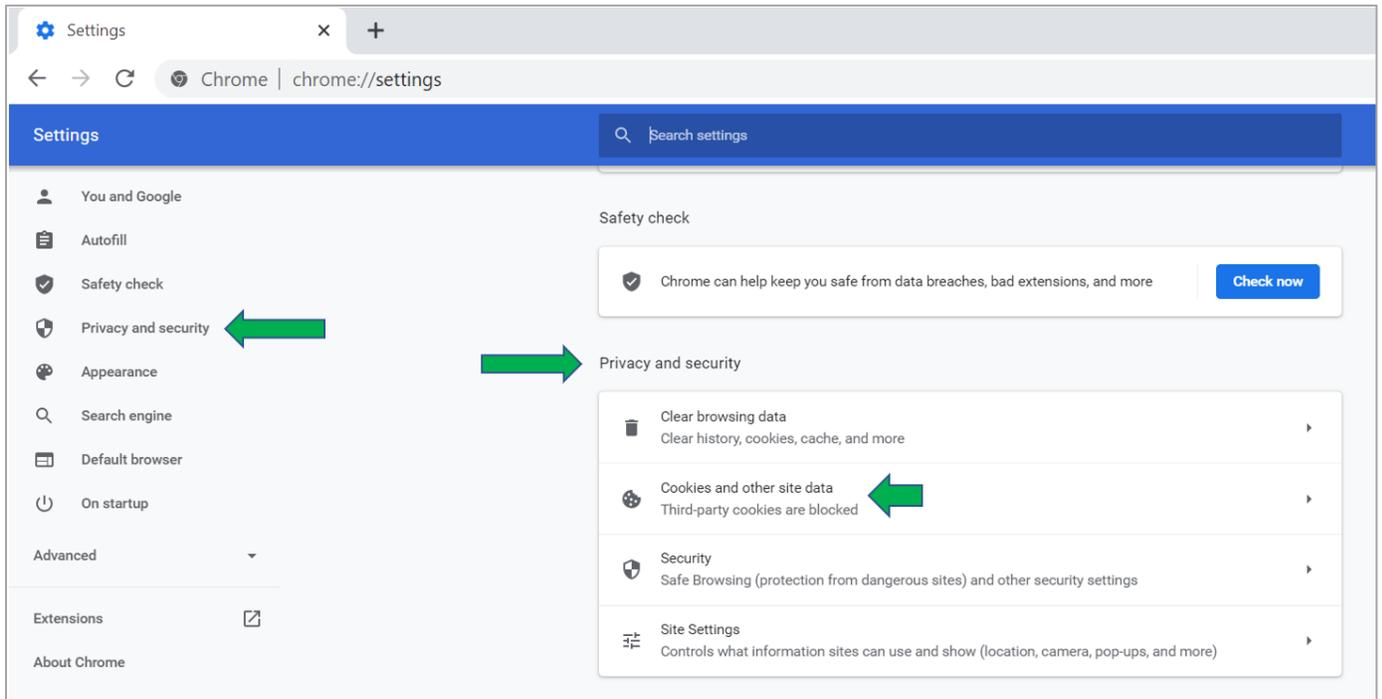
The Vantage Provider Portal site uses cookies to remember your login information. You must enable cookies for our portal site in order to log in and access all its features.

If you are accessing the Vantage Provider Portal via **Google Chrome**, your browser settings must allow the use of cookies on our portal site. To update your settings, follow the instructions below:

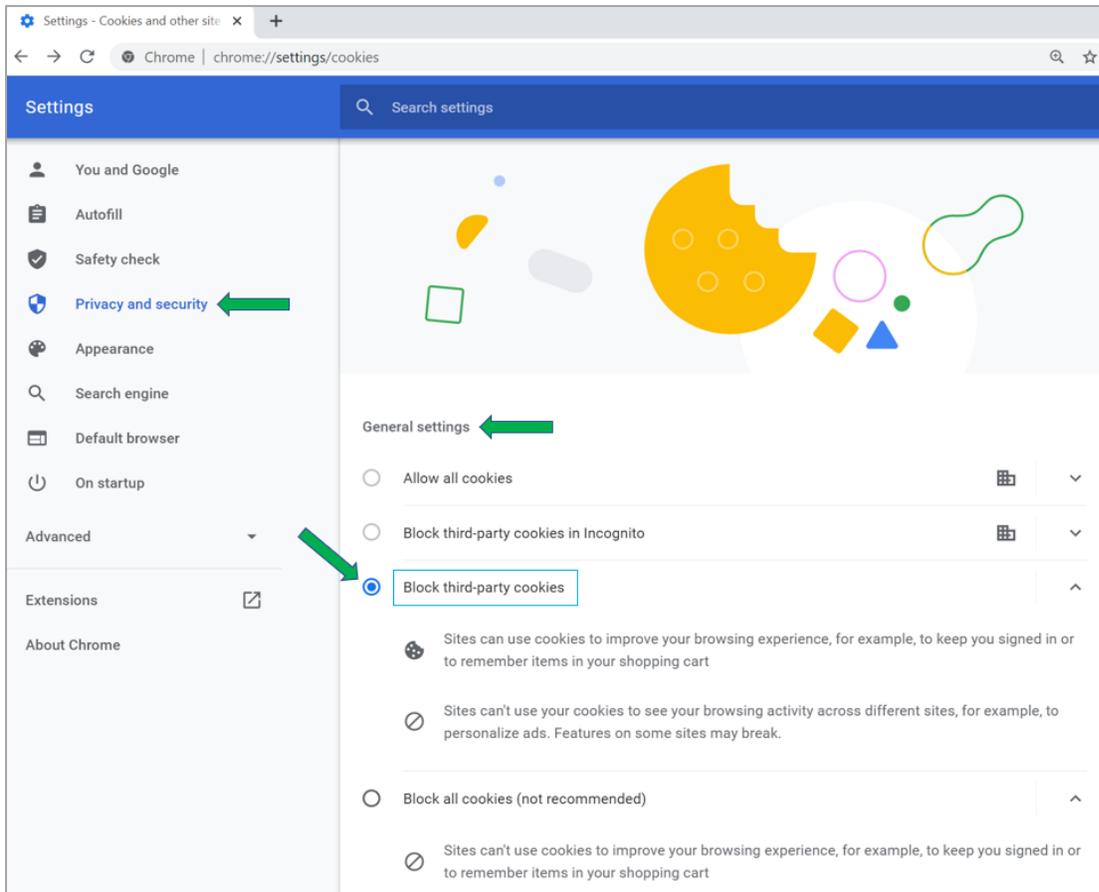
1. On your computer, open **Google Chrome**.
2. Click the  icon at the top right of the screen and then click **Settings**.



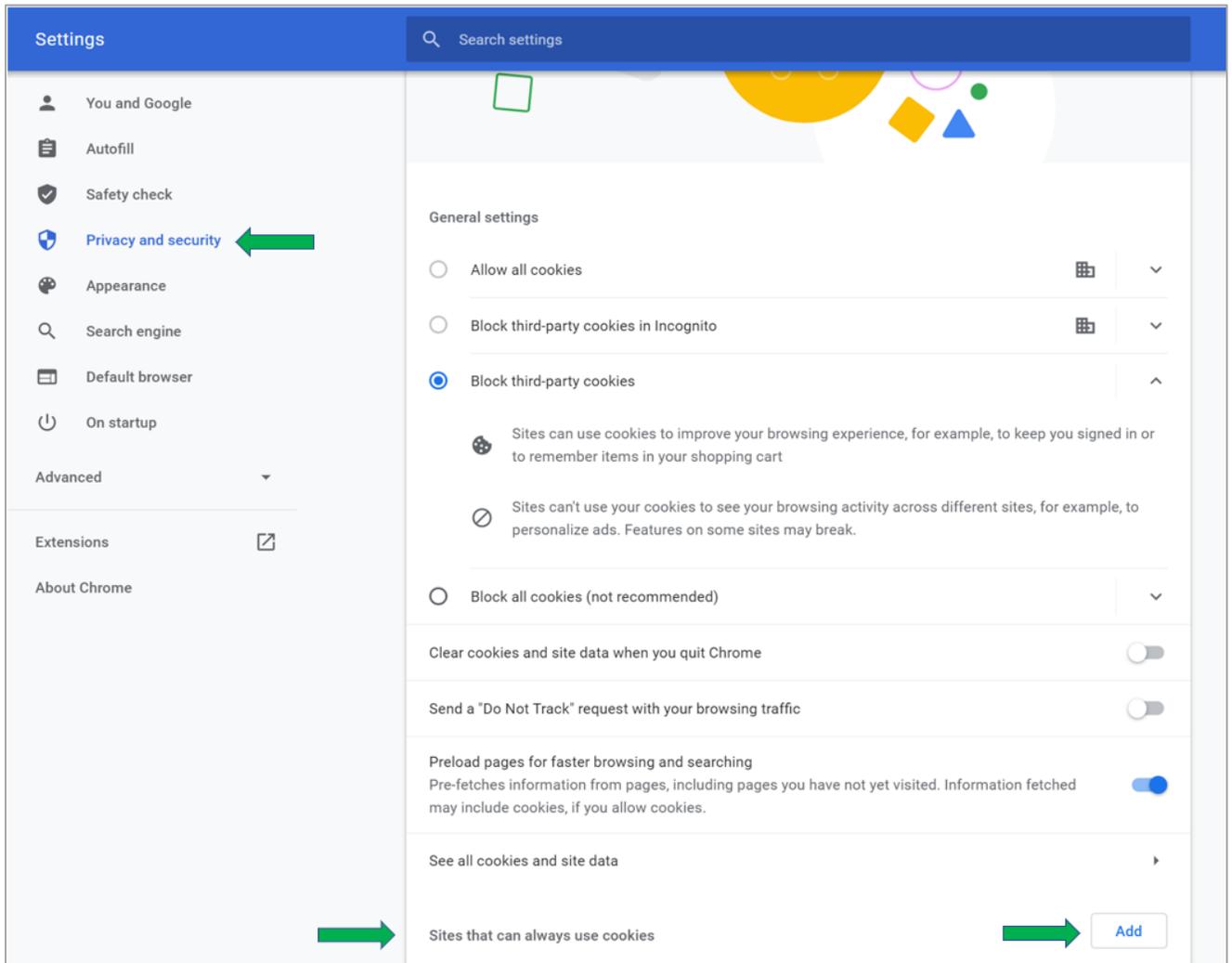
3. Click **Privacy and security** and then click **Cookies and other site data**.



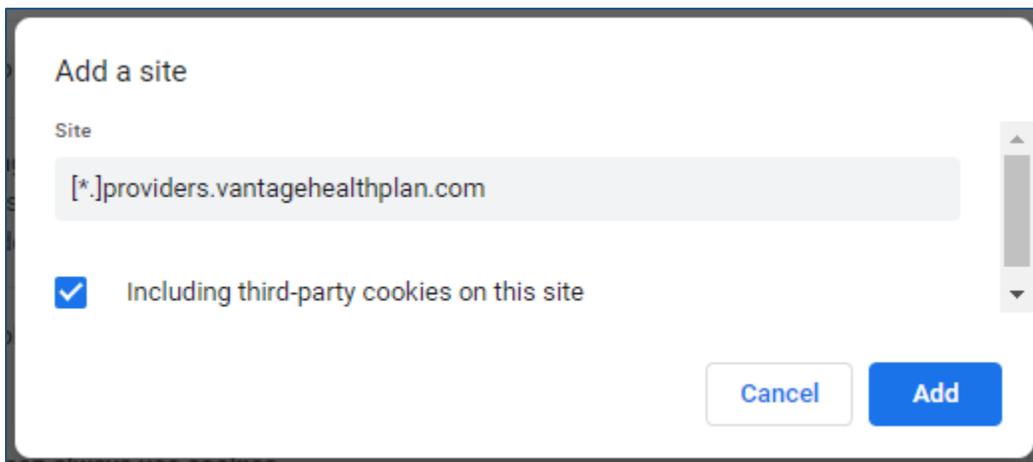
4. Underneath “General settings” click **Block third-party cookies**.



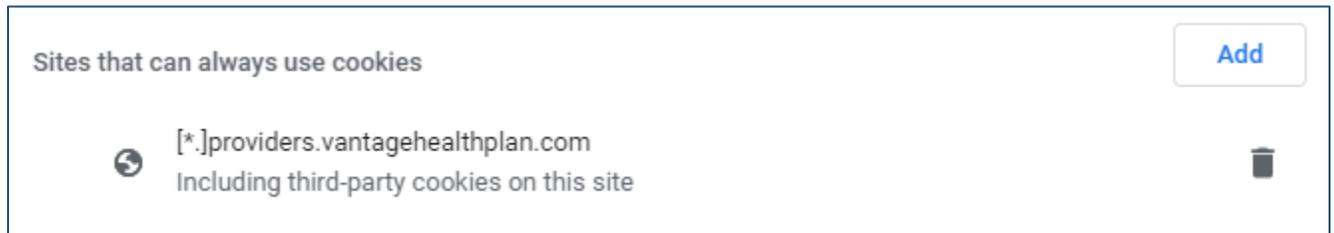
5. Scroll down the page until you see “Sites that can always use cookies” and click Add.



6. Copy and paste this web address into the **Site** field: [\[*.\]providers.vantagehealthplan.com](http://[*.]providers.vantagehealthplan.com). (Please do not include any leading or trailing blanks.) Then, check the “Including third-party cookies on this site” checkbox and then click **Add**.



7. Your site settings should look similar to the image below. (If it does not look the same, delete the item you just added and go back to Step 6.) Your setting updates are now complete. Please close all Google Chrome browser windows. You can now log into the provider portal site.



Did Not Receive a Password Reset Email?

If you did not receive a password reset email from auth0mail@vhpla.com, please check your spam/junk folder. If you are still unable to locate the email, return to the provider portal and reset your password by clicking **Login** then **Forgot Password?**

If you do not receive a new email, you may need to contact your organization's IT department:

- To whitelist **both** of the following Auth0 email addresses in the organization's email security platform: auth0mail@vhpla.com & auth0mail@vhpla.onmicrosoft.com; or
- Run a message trace to investigate what is blocking the email.

Multiple Users Logging into the Same Computer

When multiple users share the same computer, they must complete the following steps to successfully login to the Vantage Provider Portal.

- Clear the browser cache. Once the first user has logged out of the portal, the browser cache must be cleared before the next user can complete the login process. Complete the following steps to clear the browser cache.
 - Open Chrome and click the  in the top right corner
 - Select "More tools" then click "Clear browsing data..."
 - Choose the time range from the top menu and select "Cookies and other site data"
 - Then click "Clear data"

OR

- Each user has a unique Windows account on the same computer. The current user who is logged in under their account must logout of the portal and then their Windows account before the next user can log in using their own Windows account and thereafter access the portal under their own portal user ID and password.

For Additional Assistance Not Outlined in this Guide

For additional assistance not outlined in this guide, please call Vantage's Provider Services Department at (318) 361-0900 (Option 3).

Frequently Asked Questions

Q: How do I get access to the provider portal?

A: Check with your Group Moderator to see if they have already created a group for the portal.

- If so, you can submit a request to join the group at <https://providers.vantagehealthplan.com/request-form>. Refer to the **Portal Registration - Join an Existing Group** section of this guide for more information.
- If not, your Group Moderator can submit a request for group creation at <https://providers.vantagehealthplan.com/group-registration>. Refer to the **Portal Registration - Register a New Group** section of this guide for more information.

Q: I submitted my request for portal access. What is next?

A: You should have received an email from Vantage Health Plan via DocuSign (dse_NA3@docusign.net) containing Vantage's Portal User Agreement. You will need to review and sign this document before your request can be approved.

Q: What if I do not receive the DocuSign document?

A: Check your inbox and spam folders for an email from Vantage Health Plan via DocuSign (dse_NA3@docusign.net) with the subject line Vantage Portal [User or Moderator] Agreement. If you are still unable to locate the agreement, you can re-submit your request to have a new one sent to you.

Q: My group was approved, and I can log in to the provider portal. How do I get access for my employees?

A: Refer to the **Portal Registration - Join an Existing Group** section of this guide.

Q: How do I get access to a different group once I've signed up?

A: You can submit a request to join a different group by visiting your profile page (<https://providers.vantagehealthplan.com/profile>) and selecting **Request Group Change**. You will need the group code associated with the group you are joining in order submit this request.

Q: How can I become a Group Moderator for my provider portal group?

A: You can submit a request for Group Moderator access by visiting your profile page and selecting **Request Moderator Access**.

Q: How do I reset my password?

A: From the home page of the provider portal, select **Log In**, then select **Forgot password?** Enter the email address used to sign into your account and select **Continue**. You should receive an email from Auth0 Mail (auth0mail@vhpla.onmicrosoft.com) requesting that you reset your password.