

HTA Provider Portal User Guide

Last Updated: December 2022

You can access all your provider information through the Provider Portal.
To begin, please click htaprd-provider.nirvanahealth.com to login.

Table of Contents

LOG IN PROCESS	3
HOME PAGE	32
MY INFORMATION	32
PRIOR AUTHORIZATION.....	35
CLAIMS & PAYMENTS	35
BENEFITS AND ELIGIBILITY	37
ADMINISTRATION	39
DOCUMENTS	40
REGISTRATION/LOCK OUTS	40

Health Team Advantage Provider Portal Users

Providers will receive the email below on steps regarding the Health Team Advantage provider portal log in process.

- **Note: Emails might go to the Spam or Junk folders based on the settings – It is suggested that providers check their spam and junk folders.**

From: no-reply@rxadvance.com

Subject: Health Team Advantage Provider
Portal Access

Hi <Provider Name>,

This e-mail includes important information you will need to access Health Team Advantage Provider Portal.

You will be receiving a separate email from nirvanahca.microsoft.com with an invitation link, once you accept the invitation on that email you will be able to access your provider portal.

Please use <provider email> as the sign in email once you have accepted the invitation.

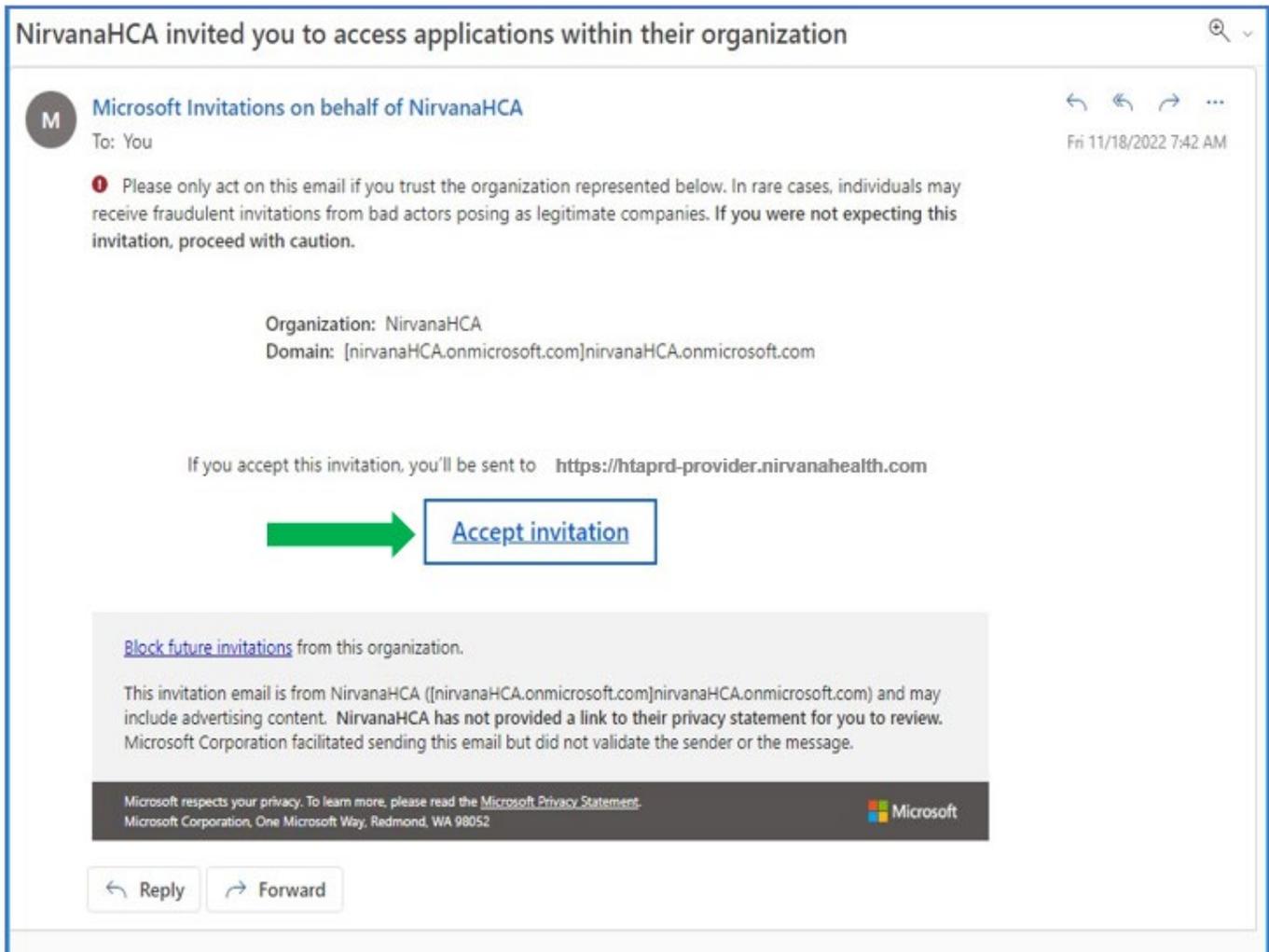
If you have any concerns or problems accessing your account, please contact provider support at 1-844-806-8217.

Thank you!

Health Team Advantage Provider Portal Users

The next email will be an invite from Microsoft on behalf of Nirvana HCA. Providers will then click the **'Accept Invitation'** button.

- **Note: Emails might go to the Spam or Junk folders based on the settings – It is suggested that providers check their spam and junk folders.**



Health Team Advantage Provider Users: Experience Options

User Experience 1

If a provider's registered email address is not a Microsoft (office365.com, outlook.com, live.com or hotmail.com) email or they don't have an Azure account associated with it, they will receive an OTP (one time password) code on their registered email which they will have to enter to access their Provider Portal Account. After the provider logs out, they will have to repeat the process with a new OTP code sent to their registered email each time.

User Experience 2

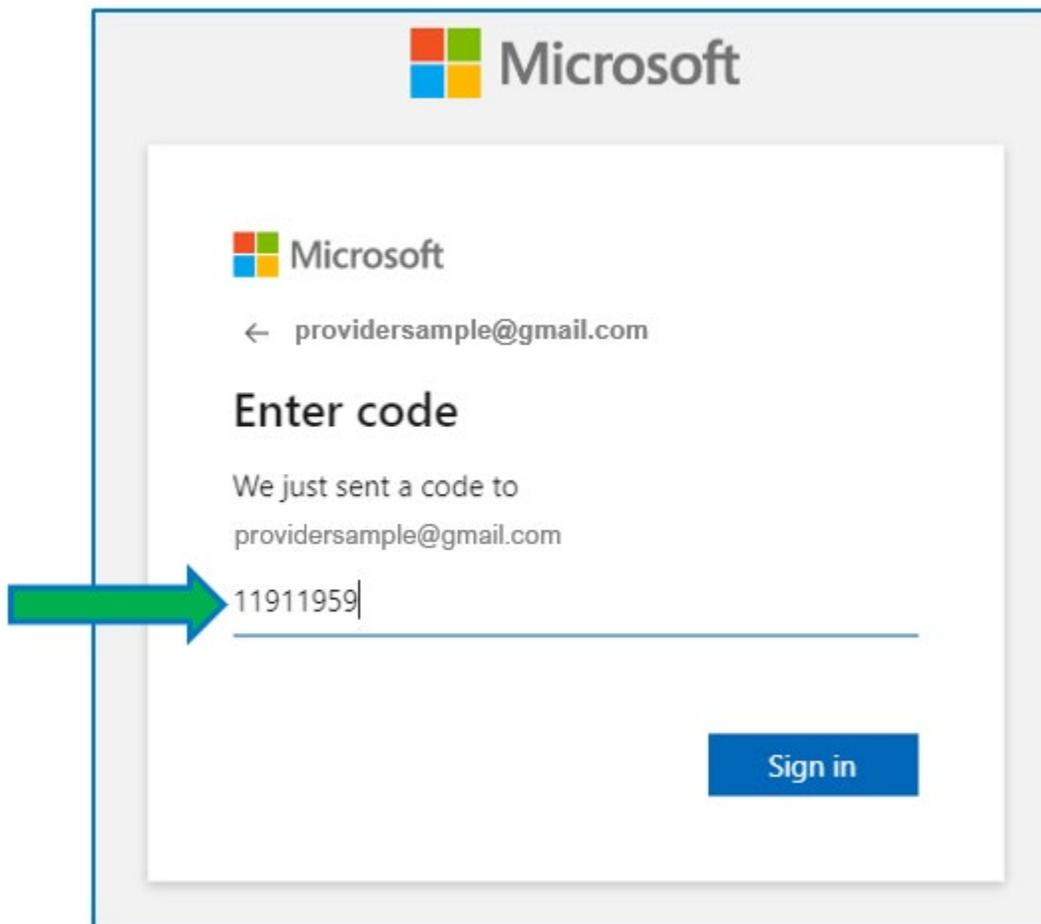
If a provider's registered email address is a Microsoft (office365.com, outlook.com, live.com or hotmail.com) email or they have an Azure account associated it with, they will have to enter the password associated with their registered account or they can choose to receive an OTP on their registered email to access the Provider Portal Account. Every time the provider wants to login, they will have to use their Microsoft or Azure email address and password, or a new OTP code will be sent to their registered email on the Provider Portal URL.

Health Team Advantage Provider Users: Experience Options

User Experience 1

If a provider's registered email address is not a Microsoft (office365.com, outlook.com, live.com or hotmail.com) email or they don't have an Azure account associated with it:

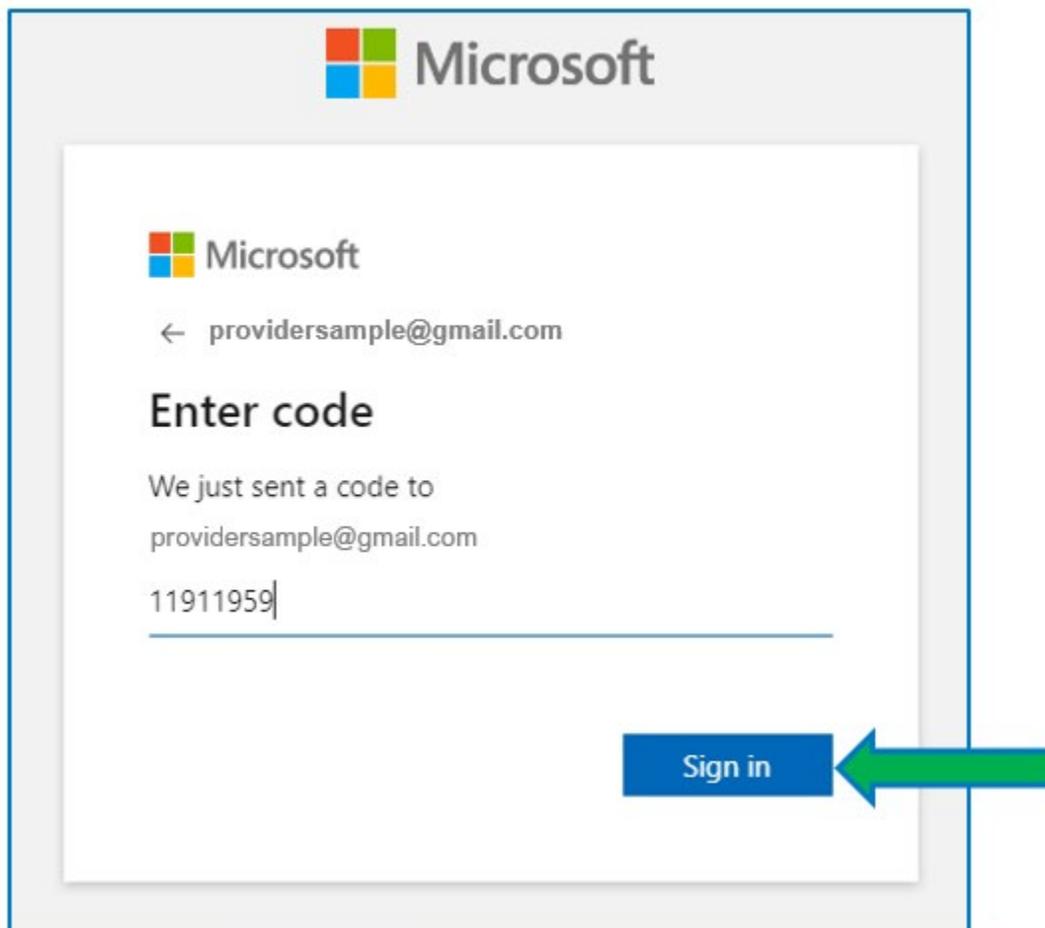
- Providers will then need to **enter the code** received with their registered email address.



The screenshot displays a Microsoft sign-in interface. At the top, the Microsoft logo is visible. Below it, the email address 'providersample@gmail.com' is shown with a back arrow. The main heading is 'Enter code'. A message states 'We just sent a code to providersample@gmail.com'. Below this, there is an input field containing the code '11911959'. A green arrow points to this input field. At the bottom right, there is a blue 'Sign in' button.

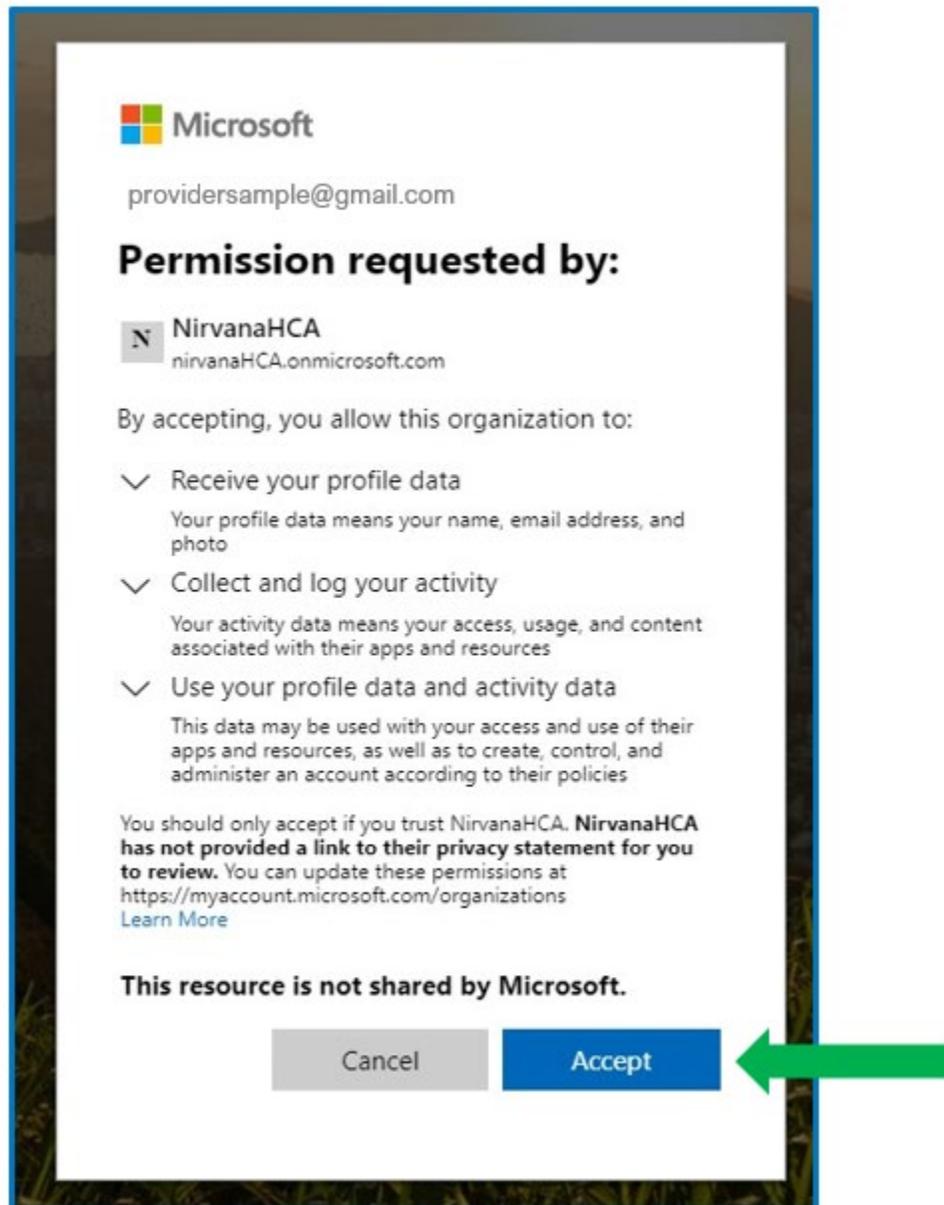
User Experience 1

- Once they enter the code, they will have to click on the **'Sign in'** button.



User Experience 1

- The providers will then be presented with a Permission page after clicking the 'Sign In' button where they will then have to click on the 'Accept' button.



User Experience 1

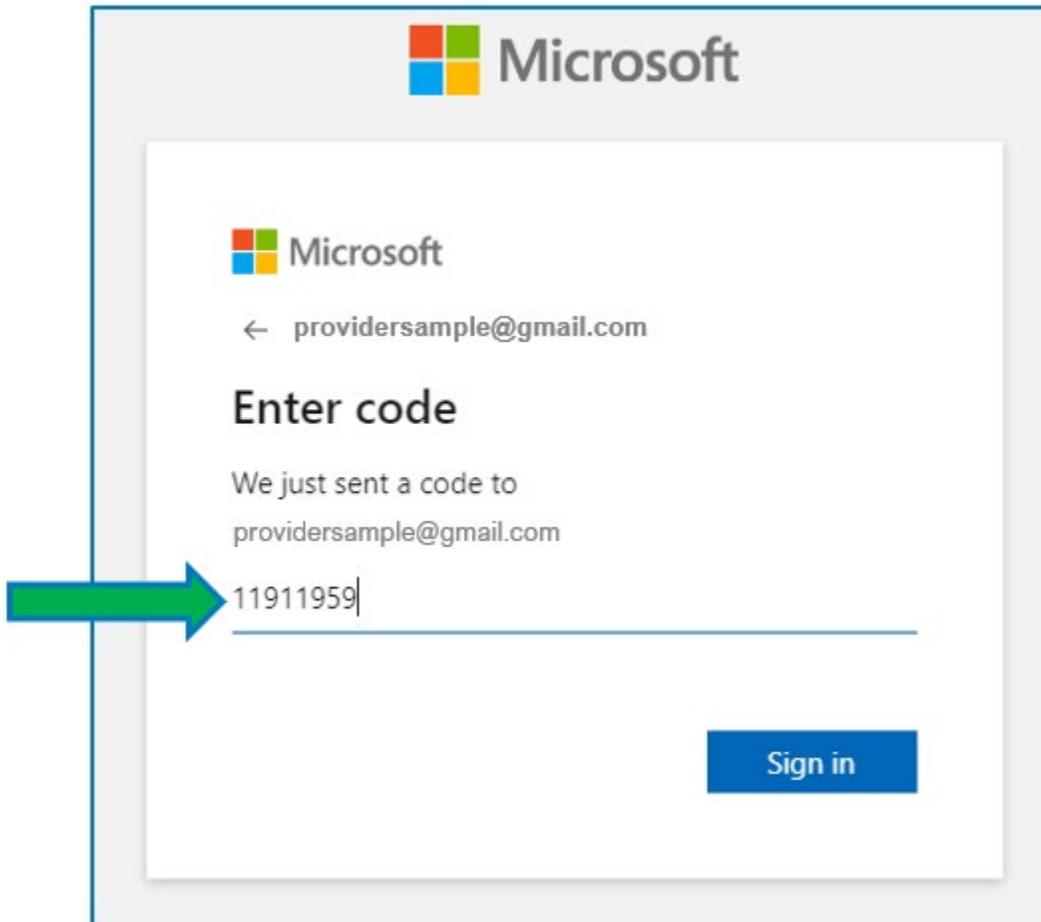
Once the providers click on the Accept button, they will be logged onto the provider portal successfully and land on the home page.

- This provider will remain logged in until they **sign out** or it has been **7 days**, whichever is earliest.



User Experience 1

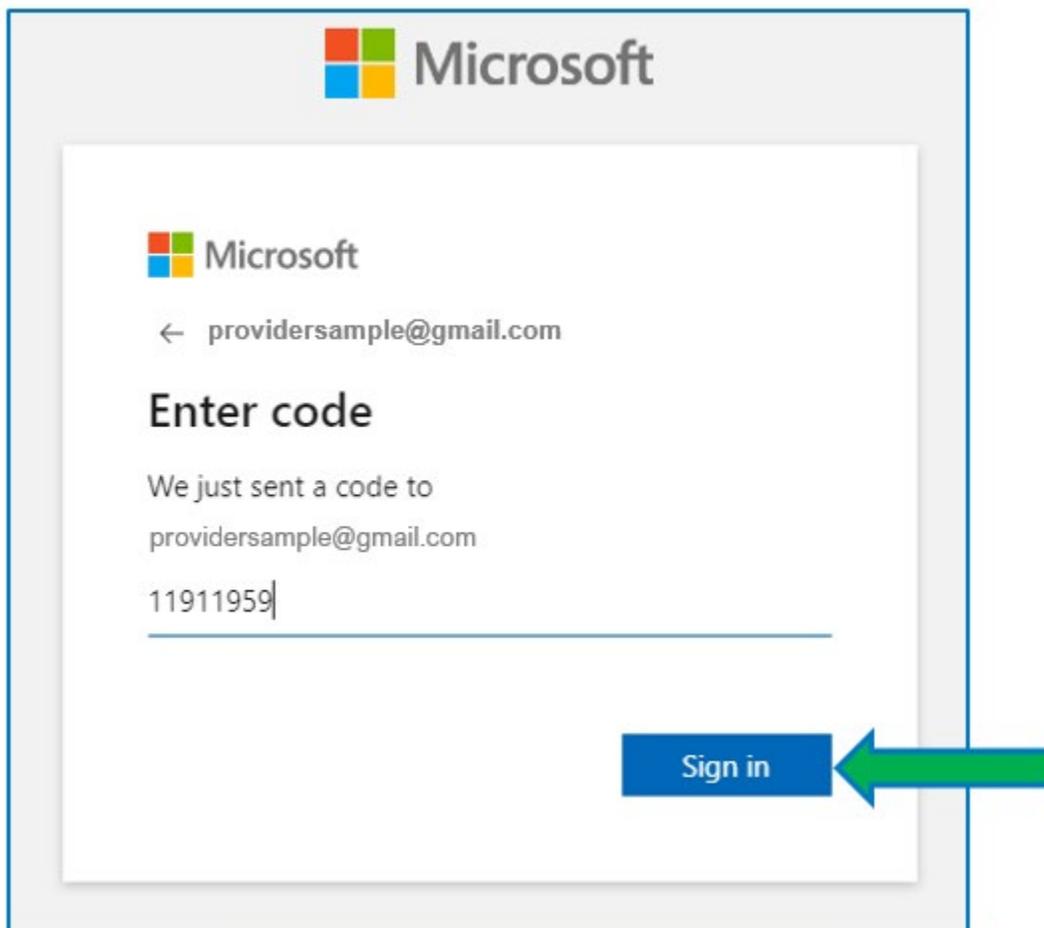
When providers want to log back in, they will be sent a different code to their registered email address. They will then have to **enter that code**.



The image shows a Microsoft sign-in interface. At the top, the Microsoft logo and name are displayed. Below that, the Microsoft logo and name are repeated. A back arrow and the email address "providersample@gmail.com" are shown. The main heading is "Enter code". Below this, a message states "We just sent a code to providersample@gmail.com". A text input field contains the code "11911959" with a green arrow pointing to it from the left. A blue "Sign in" button is located at the bottom right of the form.

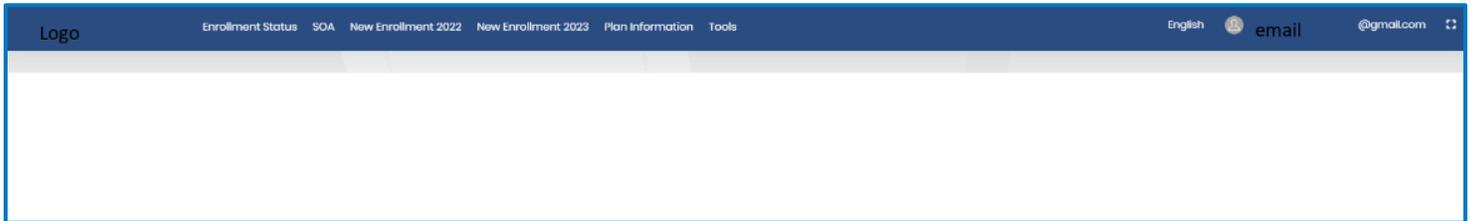
User Experience 1

- Once they enter the code, they will have to click on the **'Sign in'** button.



User Experience 1

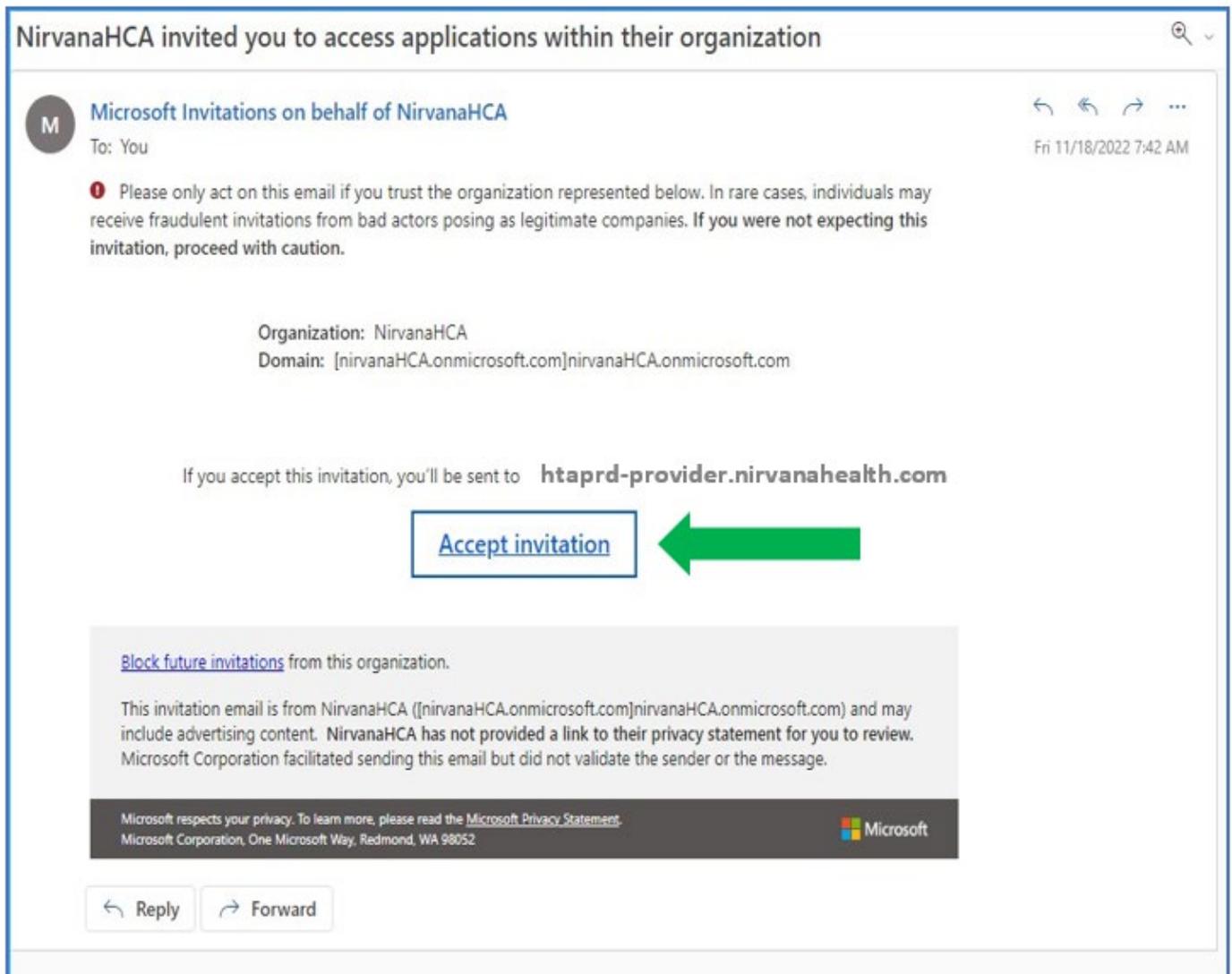
Once the providers click on the Accept button, they will be logged onto the provider portal successfully and land on the home page.



User Experience 2

If a provider's registered email address is a Microsoft (office365.com, outlook.com, live.com or hotmail.com) email or they have an Azure account associated it with it:

- The provider clicks the 'Accept Invitation' button on the email.

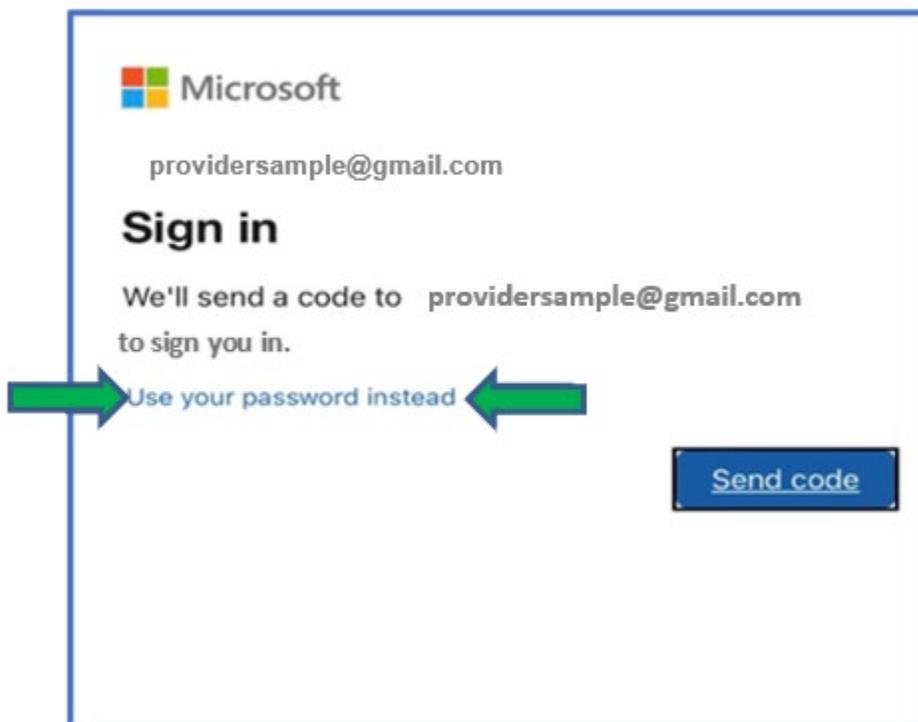


User Experience 2

Once the provider clicks the Accept Invitation button on the email, they will be directed to the following screen. From here they have two options

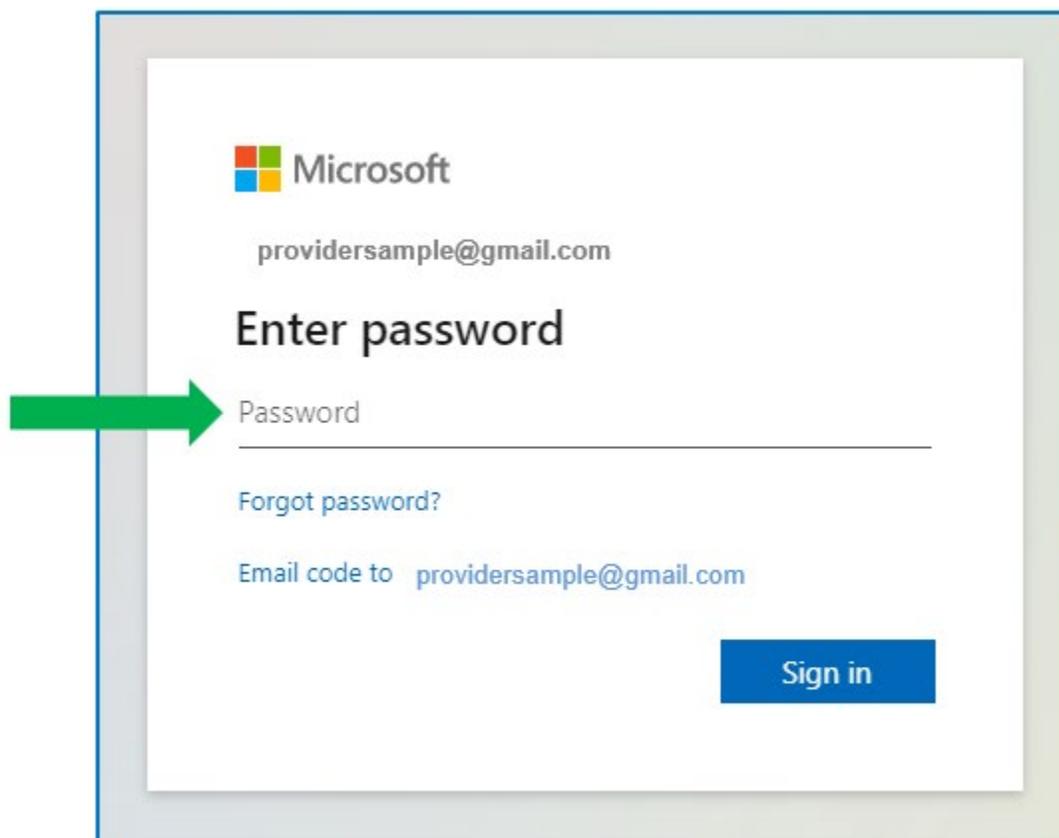
Use your password instead:

- If a provider wants to login through password, they will have to click on **'Use your password instead'**.



User Experience 2

- Once the provider clicks 'Use your password instead', they will be prompted to enter their **Password**.



Microsoft

providersample@gmail.com

Enter password

Password

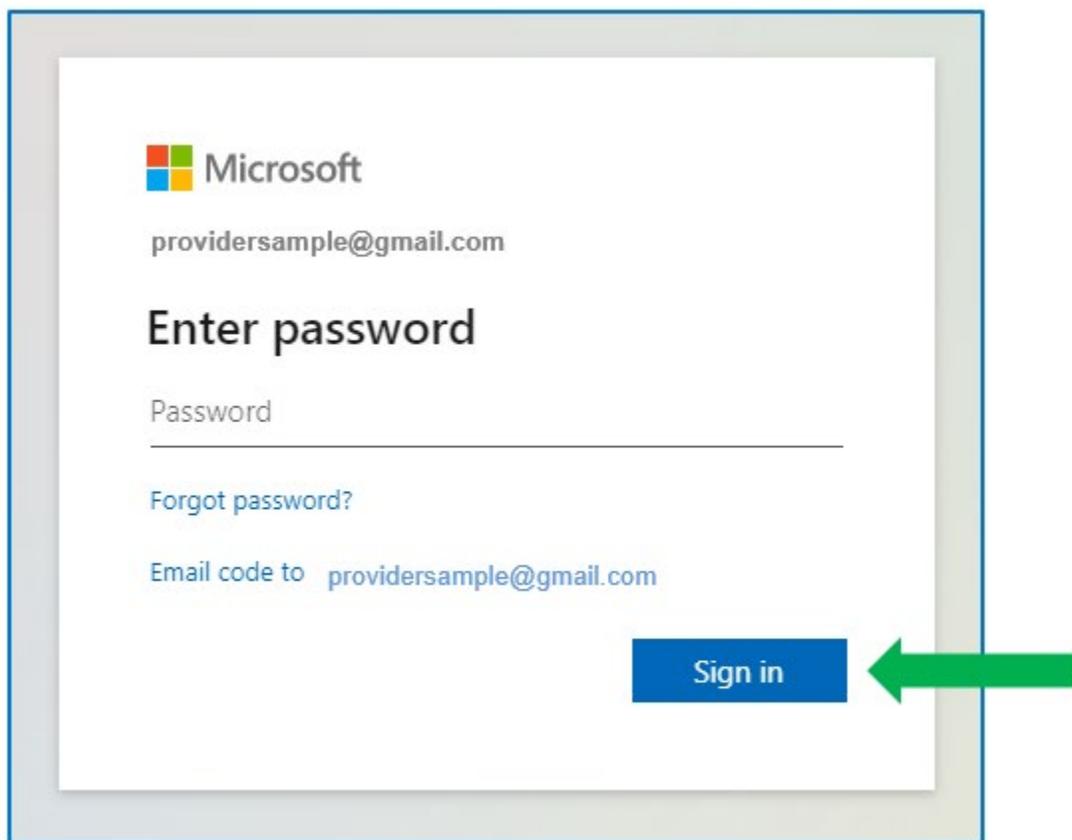
[Forgot password?](#)

Email code to [providersample@gmail.com](#)

[Sign in](#)

User Experience 2

- Once the provider enters the Password, they will have to click the **'Sign In'** button.



Microsoft

providersample@gmail.com

Enter password

Password

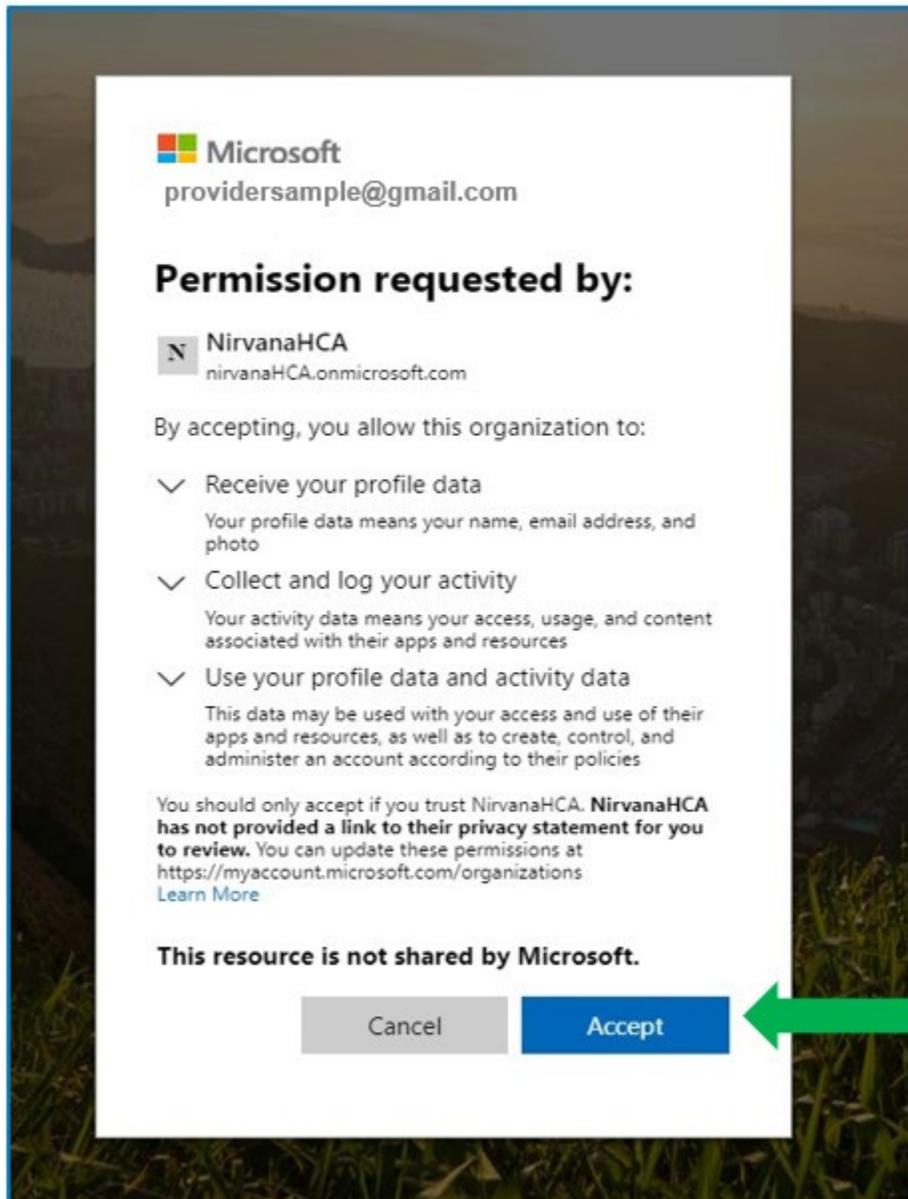
[Forgot password?](#)

Email code to providersample@gmail.com

[Sign in](#)

User Experience 2

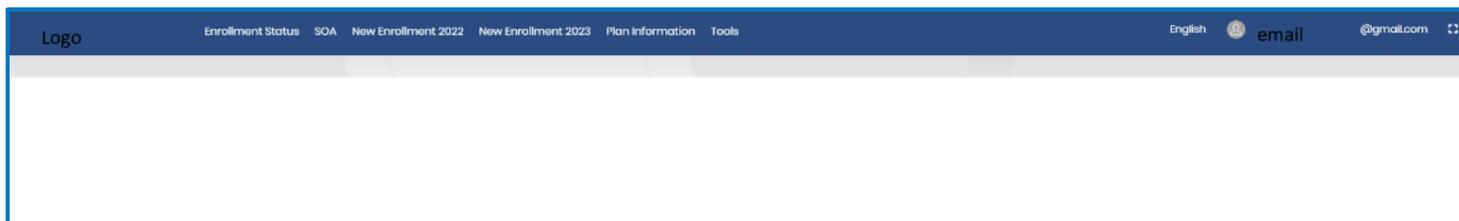
- Once the provider clicks 'Sign In ', they will be directed to the permission screen where they will have to click the 'Accept' button.



User Experience 2

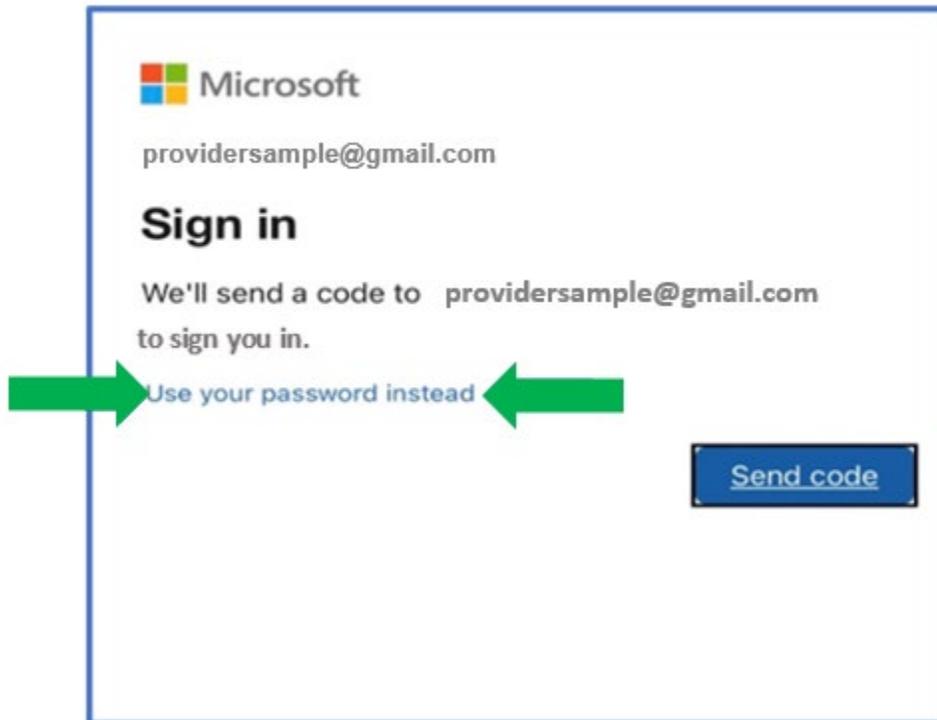
Once the provider clicks the 'Accept' button and if the provider has an Azure login, they will be redirected to the provider portal home screen.

- This provider will remain logged in until they **sign out** or it has been **7 days**, whichever is earliest.



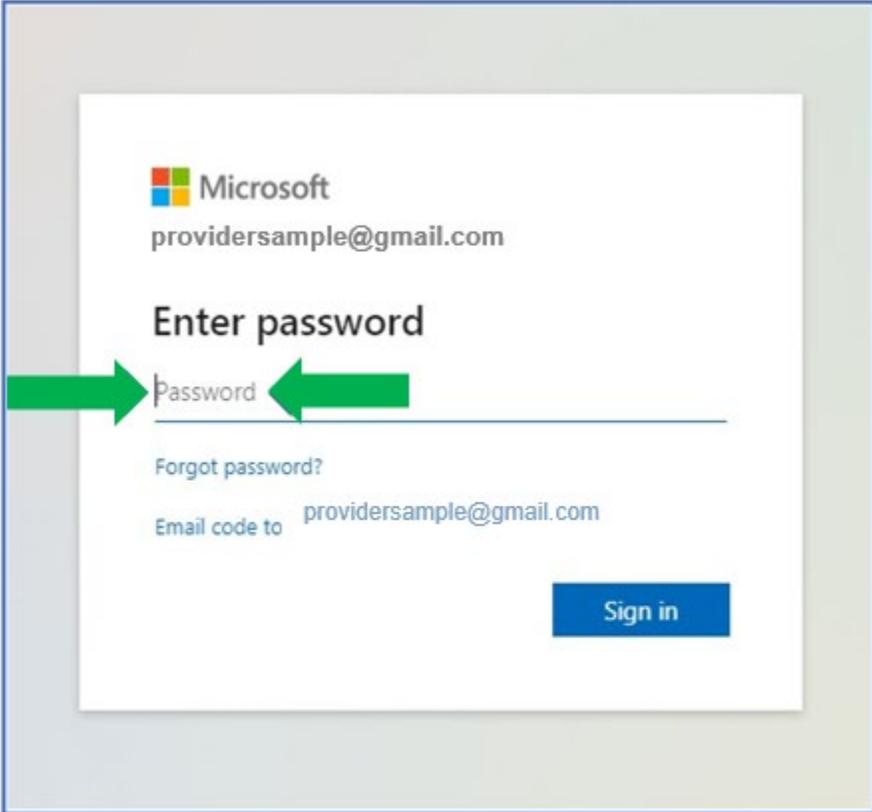
User Experience 2

When the provider wants to come back to the provider portal by using their password, they can do so by clicking on **'use password instead'**.



User Experience 2

- Once the provider clicks the 'Use your password instead', they will be prompted to enter their **Password**.



Microsoft
providersample@gmail.com

Enter password

Password

[Forgot password?](#)

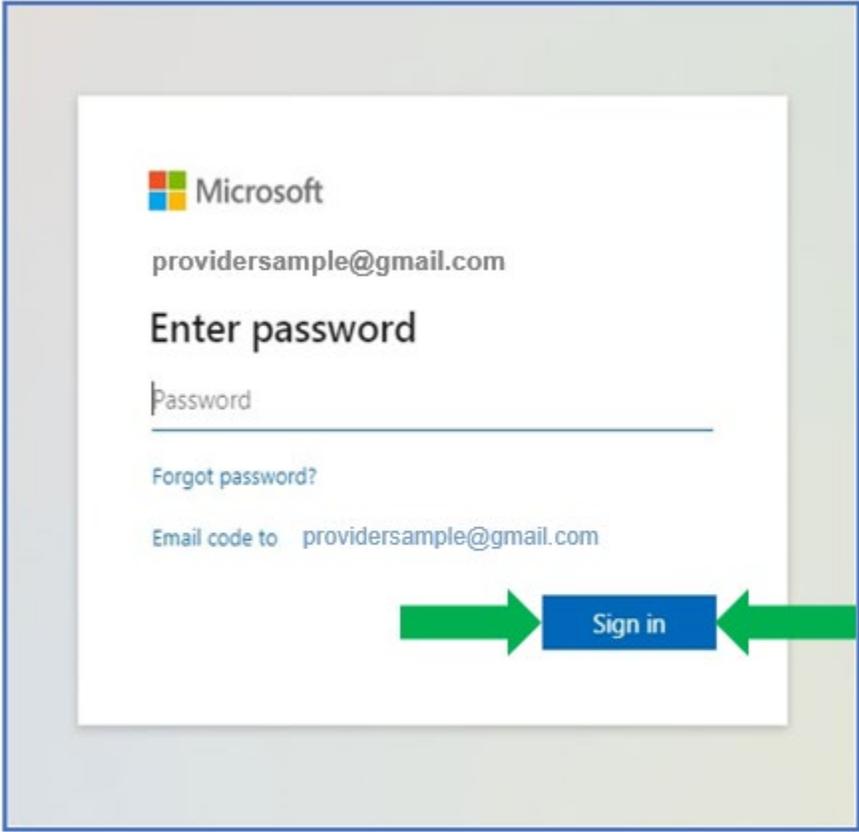
Email code to providersample@gmail.com

[Sign in](#)

|

User Experience 2

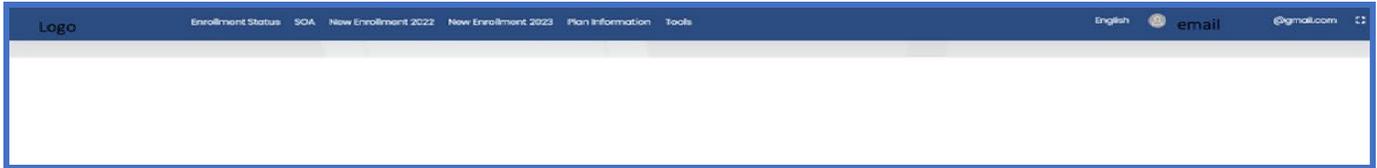
- Once the provider enters the password, they will have to click the **'Sign In'** button.



The image shows a Microsoft sign-in interface. At the top left is the Microsoft logo. Below it, the email address 'providersample@gmail.com' is displayed. The main heading is 'Enter password'. There is a password input field with the placeholder text 'Password'. Below the input field are two links: 'Forgot password?' and 'Email code to providersample@gmail.com'. At the bottom right, there is a blue 'Sign in' button. Two green arrows point towards this button from the left and right sides, indicating it is the next step in the process.

User Experience 2

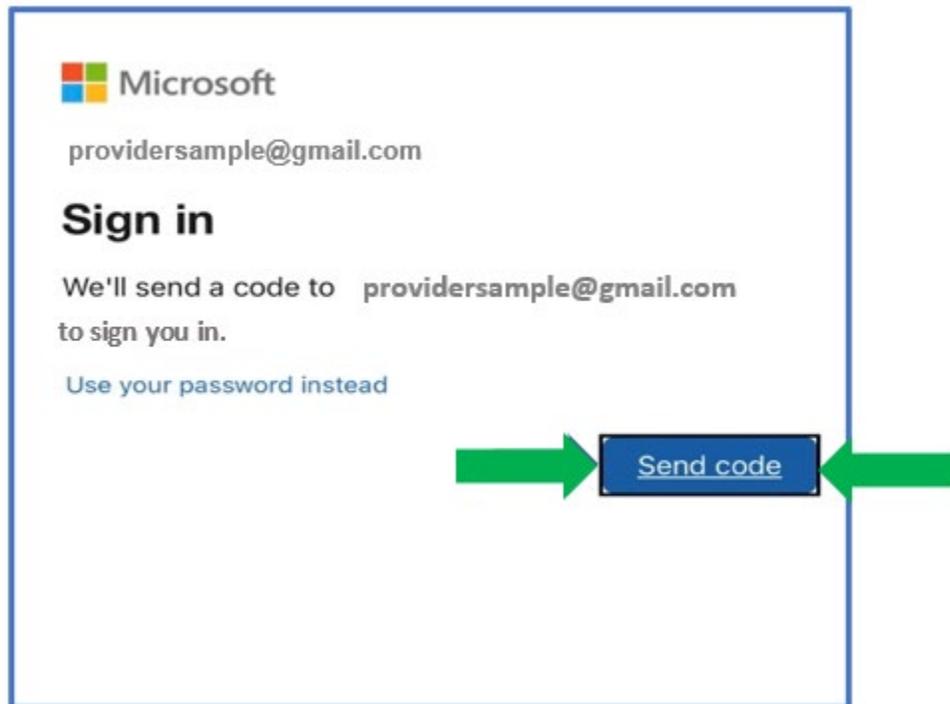
Once the providers click on the Sign in button, they will be logged onto the provider portal successfully and land on the home page.



User Experience 2

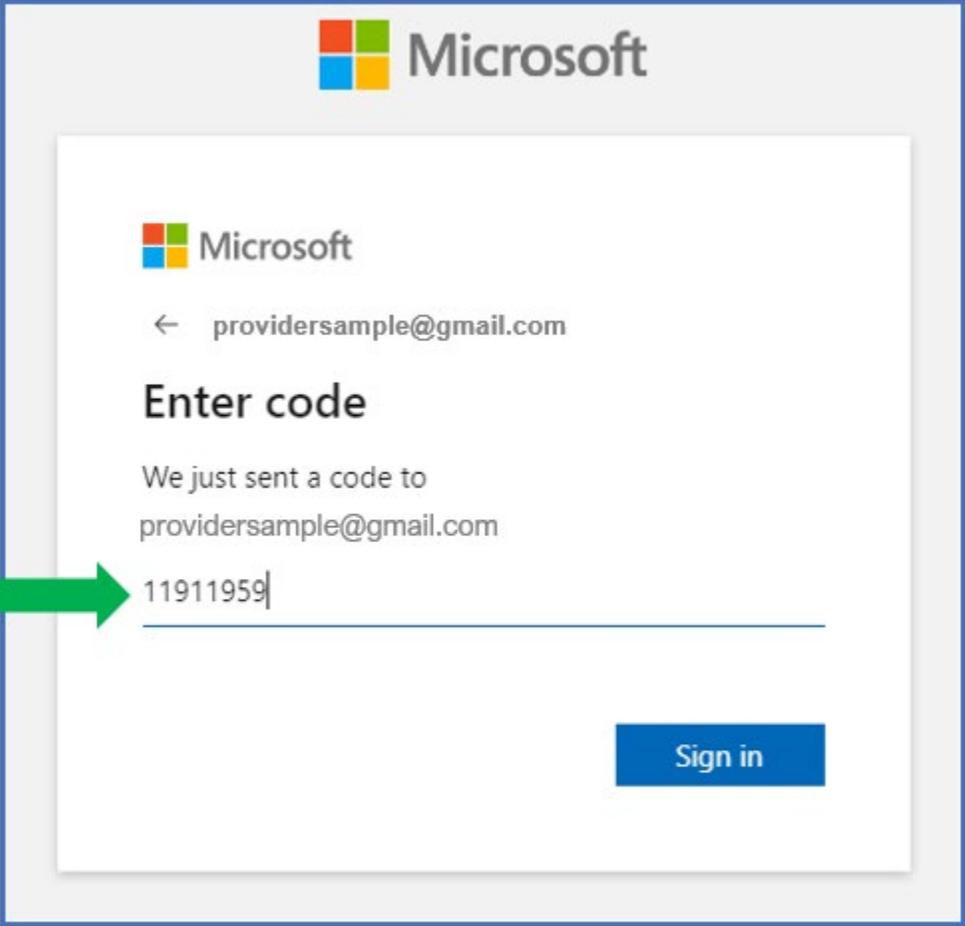
Send a Code

- If the provider wants to login with an OTP, they will have to click **'Send Code'**.



User Experience 2

- Providers will then need to **enter the code** received with their registered email address.



Microsoft

Microsoft

← providersample@gmail.com

Enter code

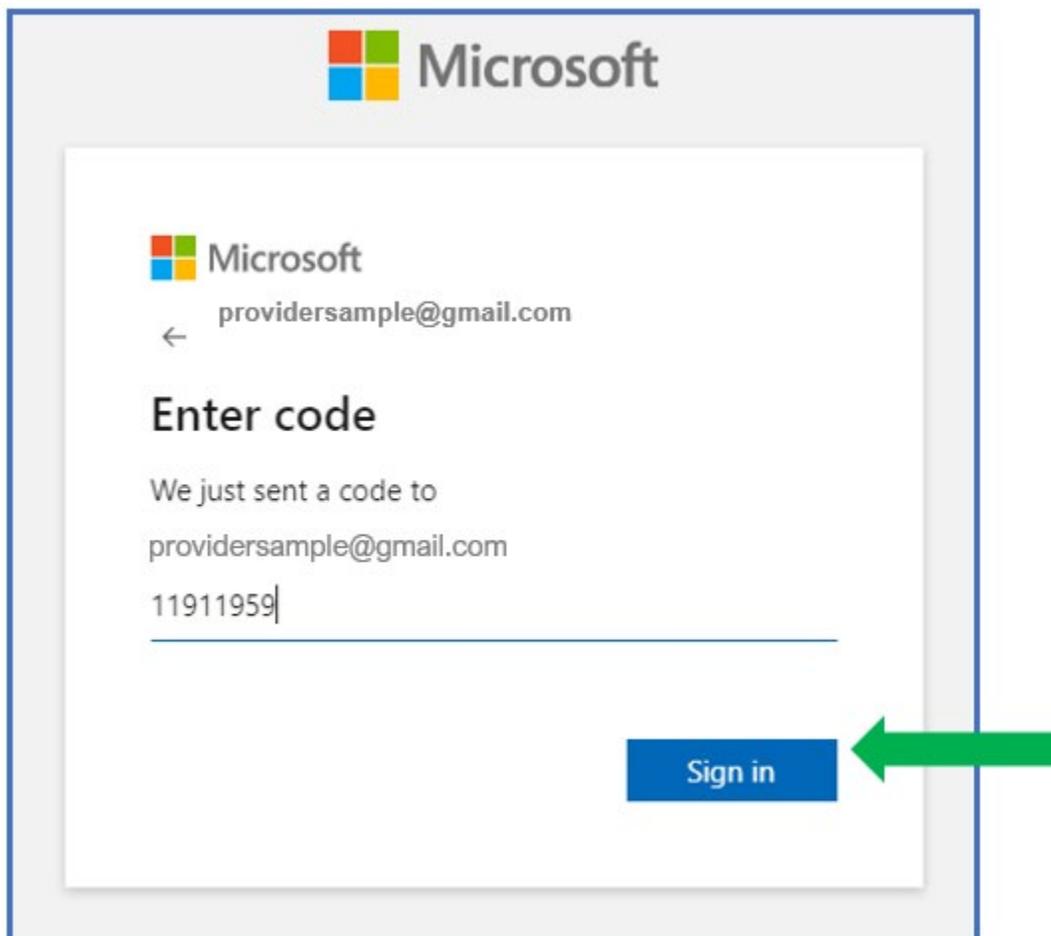
We just sent a code to
providersample@gmail.com

11911959

Sign in

User Experience 2

- Once providers enter the code, they will have to click **Sign in**.



Microsoft

Microsoft
← providersample@gmail.com

Enter code

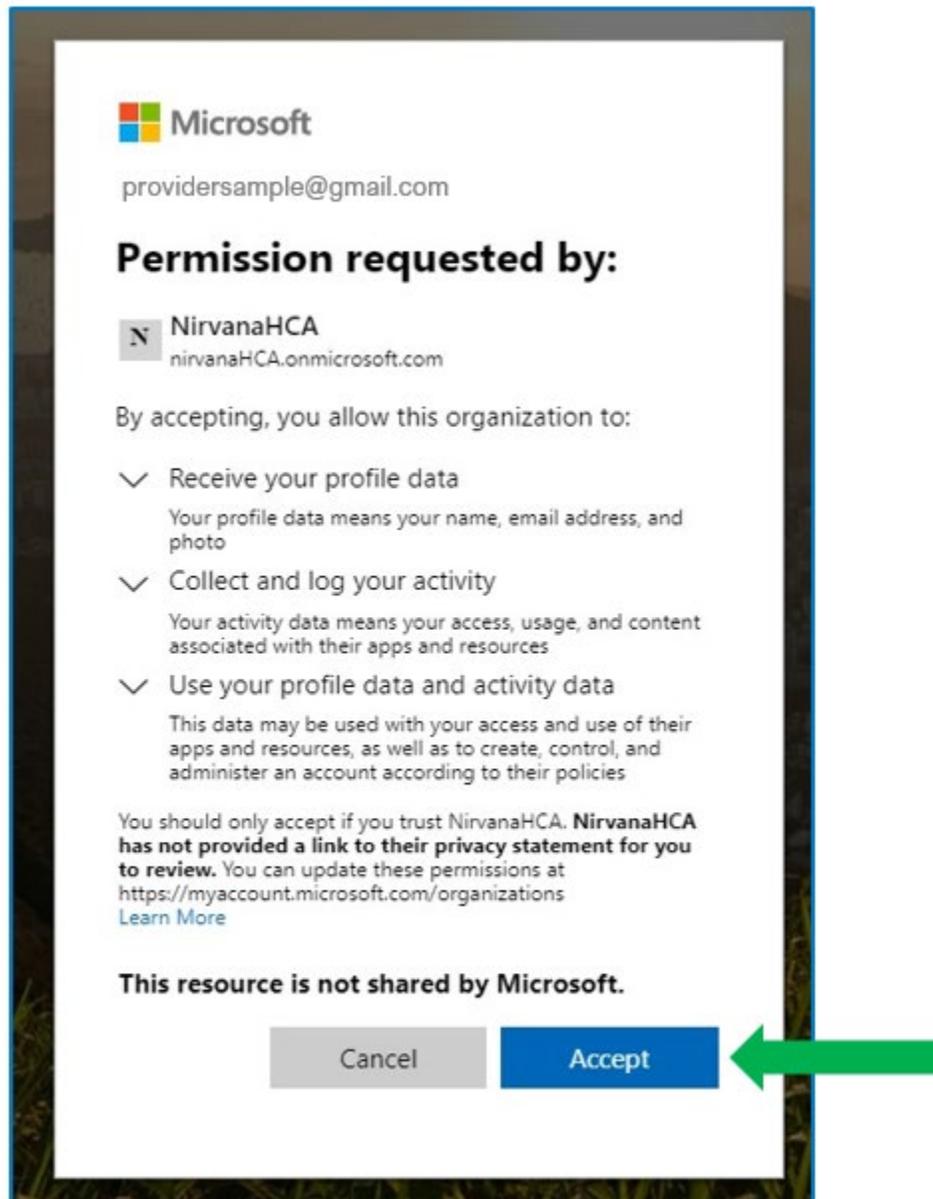
We just sent a code to
providersample@gmail.com

11911959

Sign in

User Experience 2

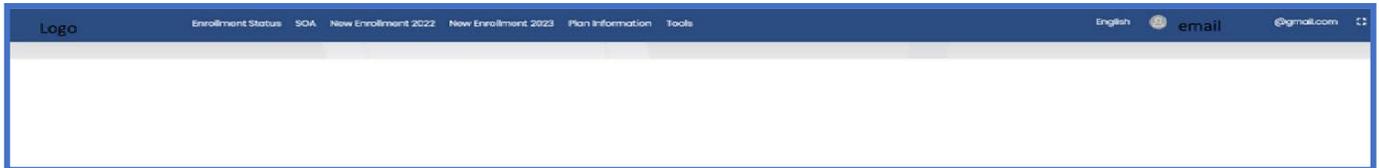
- The providers will then be presented with a Permission page after clicking the 'Sign In' button where they will then have to click on the 'Accept' button.



User Experience 2

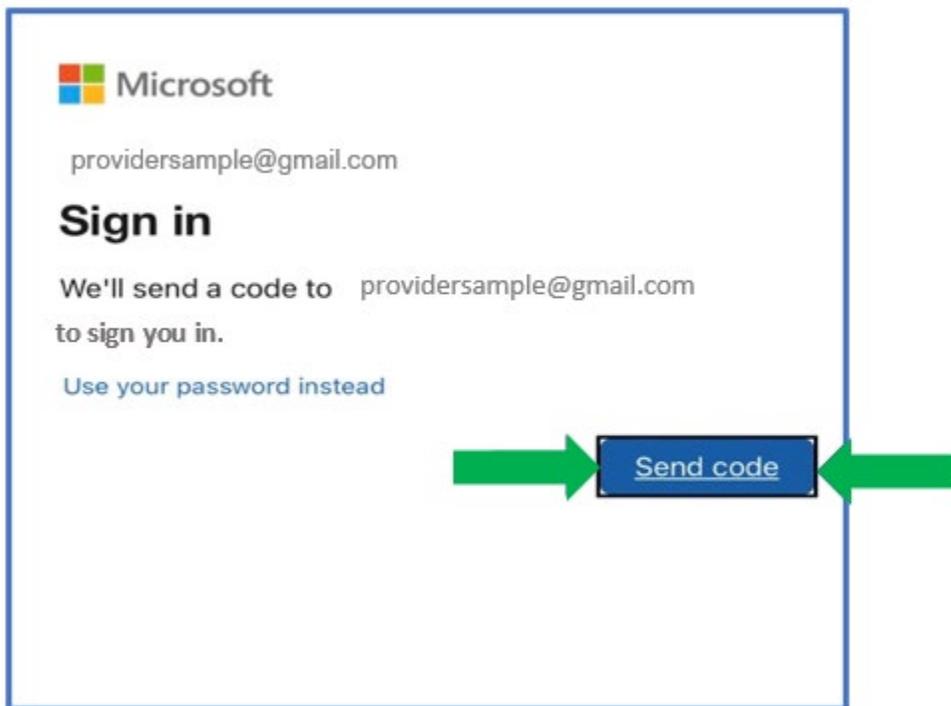
Once the providers click on the Accept button, they will be logged onto the provider portal successfully and land on the home page.

- The provider will remain logged in until they **sign out** or it has been **7 days**, whichever is the earliest.



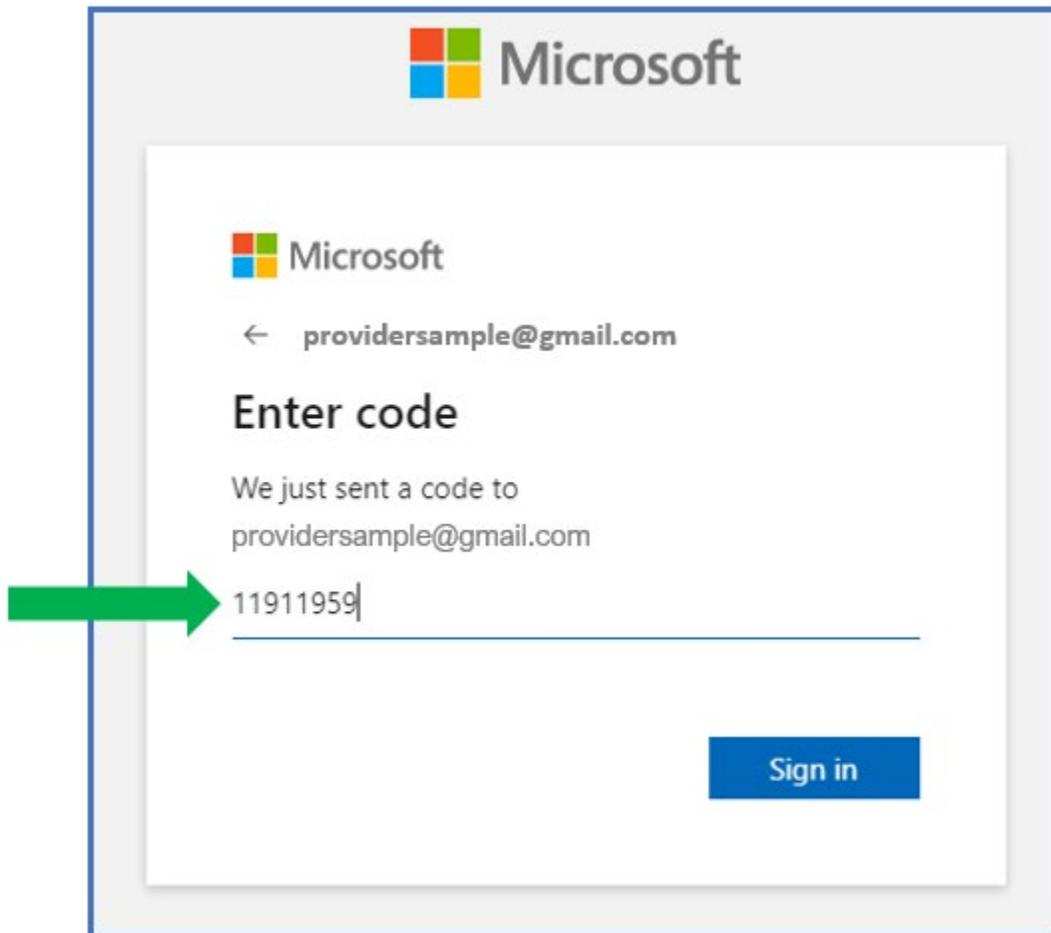
User Experience 2

When providers want to **log back in** using an OTP, they will have to click **'Send Code'**.



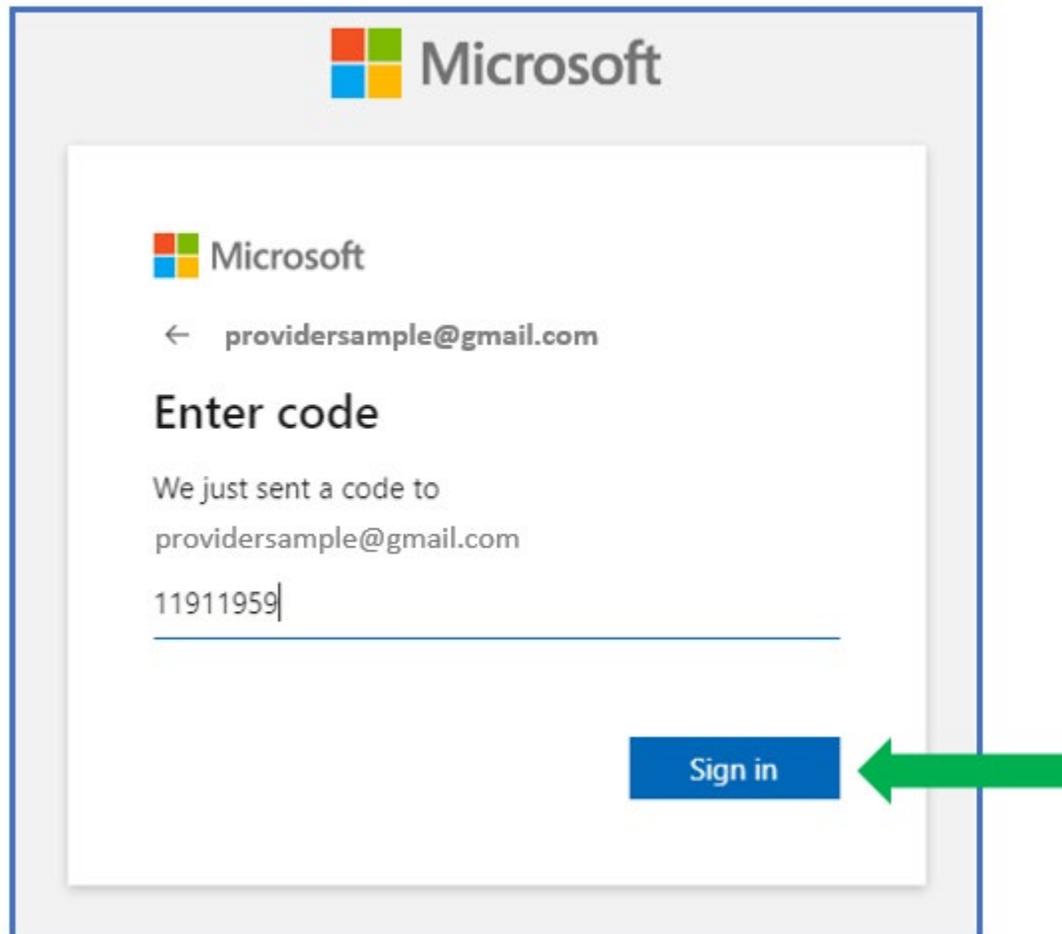
User Experience 2

- Once providers click on the 'Send a Code' button they will be sent a different code to their registered email address. They will then have to **enter that code**.



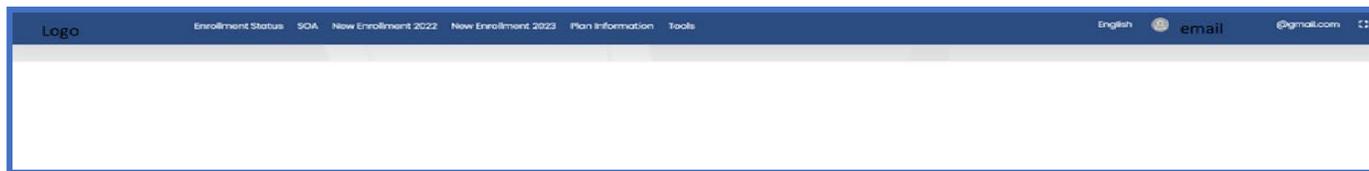
User Experience 2

- Once they enter the code, they will have to click on the **'Sign in'** button



User Experience 2

Once the providers click on the Sign in button, they will be logged onto the provider portal successfully and land on the home page.



HOME PAGE

Upon logging on to the provider portal, users will be able to view all facilities associated with the account.

The screenshot shows the top navigation bar with the 'healthteam advantage' logo and the tagline 'Local. Reliable. Accessible.' on the left, and a user profile icon on the right. Below the navigation bar is a 'Billing Provider' section with a blue header. This section contains three entries, each with a building icon, the provider name, and the address:

- LABCORP BURLINGTON - YORK COURT**
PO Box 2270, Burlington NC 27216
- OPTUM INFUSION SERVICES 208, INC**
PO Box 538195, Atlanta GA 30353
- QUEST DIAGNOSTICS CLINICAL LABORATORIES**
PO Box 822546, Philadelphia PA 19182

MY INFORMATION

Users can view your provider information on the “My Information” tab.

- **Provider Details**
 - NPI
 - Entity Type (Individual or Organization)
 - Type (Hospital, Skilled Nursing, etc)
 - Status (Active, Inactive, In Review)
 - Professional Title
 - Entity Name
 - Languages

The screenshot shows the 'My Information' tab selected in the top navigation bar. Below the navigation bar is a 'DETAIL' section with several tabs: 'DETAIL', 'SPECIALTY & TAXONOMY', 'ID(s)', 'PRECLUSIONS', 'ADDRESSES', 'NETWORK', 'PLANS', and 'DOCUMENTS'. The 'DETAIL' tab is active, showing a form with the following fields:

NPI	1538144910	Entity Type	Organization	Type	--Select--
Status	Active	Professional Title	--Select--	Entity Name	LABCORP BURLINGTON - YORK COURT
Prefix	F - Otherfacilities	Custom Provider ID	0029831	DBA	LABCORP BURLINGTON - YORK COURT
				Languages	

- **Taxonomy Information**
 - Taxonomy Code
 - Description (i.e. what provider office)

The screenshot shows the 'SPECIALTY & TAXONOMY' section of the HealthTeam Advantage portal. The table has the following columns: Action, Specialty Code, Specialty Description, Specialty Sub Code, and Specialty Sub Description. The table is currently empty, and the status at the bottom right reads 'No items to display'.

- **Provider IDs (e.g. TIN etc.)**

The screenshot shows the 'ID(s)' section of the HealthTeam Advantage portal. The table has the following columns: ID Type and ID. There is one row of data: ID Type is 'TIN' and ID is '133757370'. The status at the bottom right reads '1 - 1 of 1 Items'.

- **Preclusions**

The screenshot shows the 'PRECLUSIONS' section of the HealthTeam Advantage portal. The table has the following columns: Preclusion Type, Start Date, and End Date. The table is currently empty, and the status at the bottom right reads 'No items to display'.

- **Provider Addresses (e.g. billing, mailing etc.)**

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Home My Info Prior Authorization Claims & Payments Administration Documents

DETAIL	SPECIALTY & TAXONOMY	ID(s)	PRECLUSIONS	ADDRESSES	NETWORK	PLANS	DOCUMENTS
Address Type	Address Line 1	Address Line 2	City	State	Zip	Country	County
Mailing	1447 York Ct		Burlington	NC	27215	USA	Alamance
Billing	PO Box 2270		Burlington	NC	27216	USA	

1 - 2 of 2 items

- **Network Information**

- Network Name
- Network Code
- Start Date
- End Date

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DETAIL	SPECIALTY & TAXONOMY	ID(s)	PRECLUSIONS	ADDRESSES	NETWORK	PLANS	DOCUMENTS
Network Name	Network Code	Start Date	End Date				
HTA PAR Network	HTA_PAR	04/30/2016	12/31/2099				

1 - 1 of 1 items

- **Plans**

- Plan Names
- Plan Codes

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Home My Info Prior Authorization Claims & Payments Administration Documents

DETAIL	SPECIALTY & TAXONOMY	ID(s)	PRECLUSIONS	ADDRESSES	NETWORK	PLANS	DOCUMENTS
Plan Name	Plan Code						
HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)	H2624001000						
HealthTeam Advantage Plan I (PPO)	H9808004000						
HealthTeam Advantage Plan II (PPO)	H9808005000						
HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP)	H2624001000						
HealthTeam Advantage Plan I (PPO)	H9808004000						
HealthTeam Advantage Plan II (PPO)	H9808005000						

1 - 6 of 6 items

PRIOR AUTHORIZATION

COMING SOON

CLAIMS & PAYMENTS

User can view their claims submission history on the “Claims & Payments”. This includes Claim ID, Claim Source, Claim Type, Subscriber ID, Stage of the Claim (e.g. submitted, draft), Total Payment, and Member Payment.

The screenshot displays a web interface for managing claims. At the top, there are filters for 'Last Week', a search box for 'Claim ID', and a dropdown for 'eternal Health'. Below these are tabs for 'CLAIMS', 'DENTAL', 'VISION', and 'HISTORY'. A table lists various claims with columns for Claim ID, Process Claim, Summary, Claim Source, Claim Type, Stage, Status, Adjusted/Reversed, MCP Member ID, Name, and Subscriber ID. The first row is highlighted, and a red box highlights the 'Action' column for the first few rows. The table shows claims in various stages like 'Processing Complete', 'PAID', 'Processing', 'Ready For Processing', and 'SUSPEND'.

Claim ID	Process Claim	Summary	Claim Source	Claim Type	Stage	Status	Adjusted/Reversed	MCP Member ID	Name	Subscriber ID
202209200000155		Show Summary		Professional	Processing Complete			200568		M101809
2022091800000160		Show Summary		Professional	Processing Complete	PAID		2000897	Demo - Test	MBI12345
2022091800000153		Show Summary		Professional	Processing					MBI12345
2022091800000152		Show Summary		Professional	Processing					MBI12345
2022091800000151		Show Summary		Professional	Processing					MBI12345
2022091800000150		Show Summary		Professional	Ready For Processing					MBI12345
2022091800000149		Show Summary		Professional	Processing					MBI12345
2022091800000148		Show Summary		Professional	Ready For Processing					MBI12345
2022091800000147		Show Summary		Professional	Ready For Processing					MBI12345
2022091800000146		Show Summary		Professional	Ready For Processing					MBI12345
2022091800000144		Show Summary		Professional	SUSPEND	SUSPEND		2000078		MBI12345
2022091800000143		Show Summary		Professional	Ready For Processing					MBI12345
2022091800000142		Show Summary		Professional	Processing Complete	PAID				MBI12345
2022091800000139		Show Summary		Professional	Processing Complete	PAID		2000078		MBI12345

- **Claims Information**

After users click on the button under “Action”, they are able to view all the information that has been submitted for that claim.

The screenshot shows a detailed view of a claim. At the top, it displays 'Business' information, the claim ID '202209200000155', and the status 'PROCESSING COMPLETE'. Below this is the 'Billing Provider' section, which includes fields for Entity Type (set to 'T - Person'), Org Name (LODI PHARMACY), First Name, Middle Name, NPI (1083746336), Taxonomy, Currency Code, and Address (Address 1, Address 2, City: SOUTHBOROUGH, State: Massachusetts, Zip Code: 01772). There are also fields for Contact Name, Email, Telephone, Telephone Ext, Fax, and URL. At the bottom, there are fields for Supplemental ID and Supplemental Value.

When clicking the “Show Summary” button, users are able to view each claim at a detailed level.

Claim ID	Process Claim	Summary	Claim Source	Claim Type	Stage	Status	Adjusted/Reversed	MCP Member ID	Name	Subscriber ID
202204200000155	Show Summary	Professional	Professional	Processing Complete				200008		88101869
202204180000160	Show Summary	Professional	Professional	Processing Complete		PAID		2000097	Demo - Test	88012345
202204180000153	Show Summary	Professional	Professional	Processing						88012345
202204180000152	Show Summary	Professional	Professional	Processing						88012345
202204180000151	Show Summary	Professional	Professional	Processing						88012345
202204180000150	Show Summary	Professional	Professional	Ready For Processing						88012345
202204180000149	Show Summary	Professional	Professional	Processing						88012345
202204180000148	Show Summary	Professional	Professional	Ready For Processing						88012345
202204180000147	Show Summary	Professional	Professional	Ready For Processing						88012345
202204180000146	Show Summary	Professional	Professional	Ready For Processing						88012345
202204180000144	Show Summary	Professional	Professional	SUSPEND		SUSPEND		2000078		88012345
202204180000143	Show Summary	Professional	Professional	Ready For Processing						88012345
202204180000142	Show Summary	Professional	Professional	Processing Complete		PAID				88012345
202204180000139	Show Summary	Professional	Professional	Processing Complete		PAID		2000078		88012345

After clicking show summary, the top of the page includes the billing and rendering provider details, as well as cost share information.

CLAIM#: [REDACTED]

Claim Source: EDI| MHP: M
 Received Date: 06/16/2022 | Entry Date: 12/15/2022 | Processed Date: 12/15/2022

FREQUENCY CODE: 1
 CLAIM TYPE: PROFESSIONAL
 CLAIM STAGE: PROCESSING COMPLETE
 CLAIM STATUS: PAID

PATIENT: [REDACTED]
 DOB: 08/14/1940
 Gender: F
 MCP Member Id: [REDACTED]
 Group: [REDACTED]
 Patient Account Number: [REDACTED]

PROVIDER:
 BILLING PROVIDER: [REDACTED]
 NPI: [REDACTED]
 117 E KINGS HWY., EDEN NC 27285201

REFERRING PROVIDER: [REDACTED]

SERVICE LOCATION/PROCESS CODES/DIAGNOSIS CODES:
 SERVICE LOCATION: [REDACTED]
 NPI: [REDACTED]
 PROCESS CODES: 1: VCE.55201 - Claim contains ICD-10 diagnosis code in...
 DIAGNOSIS CODES:

COST SHARE:

BILLED AMOUNT	ALLOWED AMOUNT	PLAN PAID
\$294.00	\$97.45	\$97.45
MIPS AMOUNT: \$0.00	SEQUESTRATION AMT: \$0.00	
OTHER PAYER PAID AMOUNT: \$0.00		

Member:

DEDUCTIBLE:	COPY:	COINS:	MEMBER LIABILITY:
\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PAID: \$0.00			

Payment:

PAYMENT DATE:	PAYMENT NUMBER:
CHECK CLEARING DATE:	CHECK/ACH AMOUNT:

Service Lines (1)

Service Line	Claim Status	Service Line
1	PAID	

Search by CPT Code, Modifiers, Revenue Code, Plan Name, Service Category, Contract

SERVICE LINE 1:

CPT Code:	99211	Cost Share
Modifiers:	PS A4	
Service From:	02/05/2022	
To:	02/05/2022	
Diagnosis Pointer:	1 2 3 4	
Auth1 # on Claim:		Billed Units: 1
Auth2 # on Claim:		Amount Billed: \$294.00
Place of Service:	21	Paid Units: 1
Rendering Provider:	[REDACTED]	Allowed Amount: \$97.45
Name:	[REDACTED]	Amount Paid: \$97.45
NPI:	[REDACTED]	MIPS Amount: \$0.00
Taxonomy:	[REDACTED]	Sequestration Amt: \$0.00
		Member Paid
		Deductible: \$0.00
		Copay: \$0.00
		Coins: \$0.00
		Total: \$0.00

BENEFITS AND ELIGIBILITY

The benefits and eligibility tab is available so users can search specific member details.

Once a user has entered the member information, they can click the “View” button next to their member ID.

The screenshot shows the 'Benefits and Eligibility' search page. On the left, there is a search form with fields for Member ID, Member Last Name, Member First Name, and Date of Birth (with a mask MM/DD/YYYY). Below the form are 'Reset' and 'Check Eligibly' buttons. On the right, a table displays search results. The table has columns for 'Action', 'Member ID', 'Name', and 'DOB'. A green arrow points to the 'View' link in the 'Action' column of the first row. The table shows one item, and the footer indicates '1 - 1 of 1 items'.

This will bring the user to a page where the member details, current coverage details, Accumulators and Plan Benefits are listed.

Member Details

The member details include the member ID, Medicare ID, Primary Language, Date of Birth, Age, Address etc. This will also include the member’s Primary Care Physician information.

Current Coverage Details

The current coverage details include the Plan name along with the start and end date.

Accumulators

The accumulators include the members out of pocket details, for both in network and out of network. It will also list how much the member has paid to reach their maximum out of pocket.

Plan Benefits

The plan benefits section has any information that has been saved from our Customer Service Representative module.

Benefits and Eligibility [Close]

Name: [Redacted] Date of Birth: [Redacted] Member ID: [Redacted]

DETAILS CLAIMS ENROLLMENT HISTORY

Name: [Redacted]
 Member ID: [Redacted]
 Medicare ID: [Redacted]
 Primary Language: English
 Date of Birth: [Redacted]
 Age: 74
 Phone: N/A
 Email: N/A
 Address: [Redacted]

PCP: [Redacted]
 PCP Start Date: 01/01/2022
 PCP End Date: 12/31/2022

Current Coverage Details

Plan Name: HealthTeam Advantage Plan II (PPO)
 PBP Number: N/A
 Start Date: 01/01/2022
 End Date: 12/31/2022
 Status: Active

Plan Benefits

Health Team Advantage 2022 EOC
 Health Team Advantage 2022 SBC

Accumulators

In-network (Member) Out of Pocket

Paid \$ 4715.537 out of \$ 5150

Deductible

Paid \$ 0 out of \$ 0

Out-network (Member) Out of Pocket

Paid \$ 4715.537 out of \$ 5150

Deductible

Paid \$ 0 out of \$ 0

Claims

When clicking the “claims” button, users can view the members claims for the active year.

Benefits and Eligibility [Close]

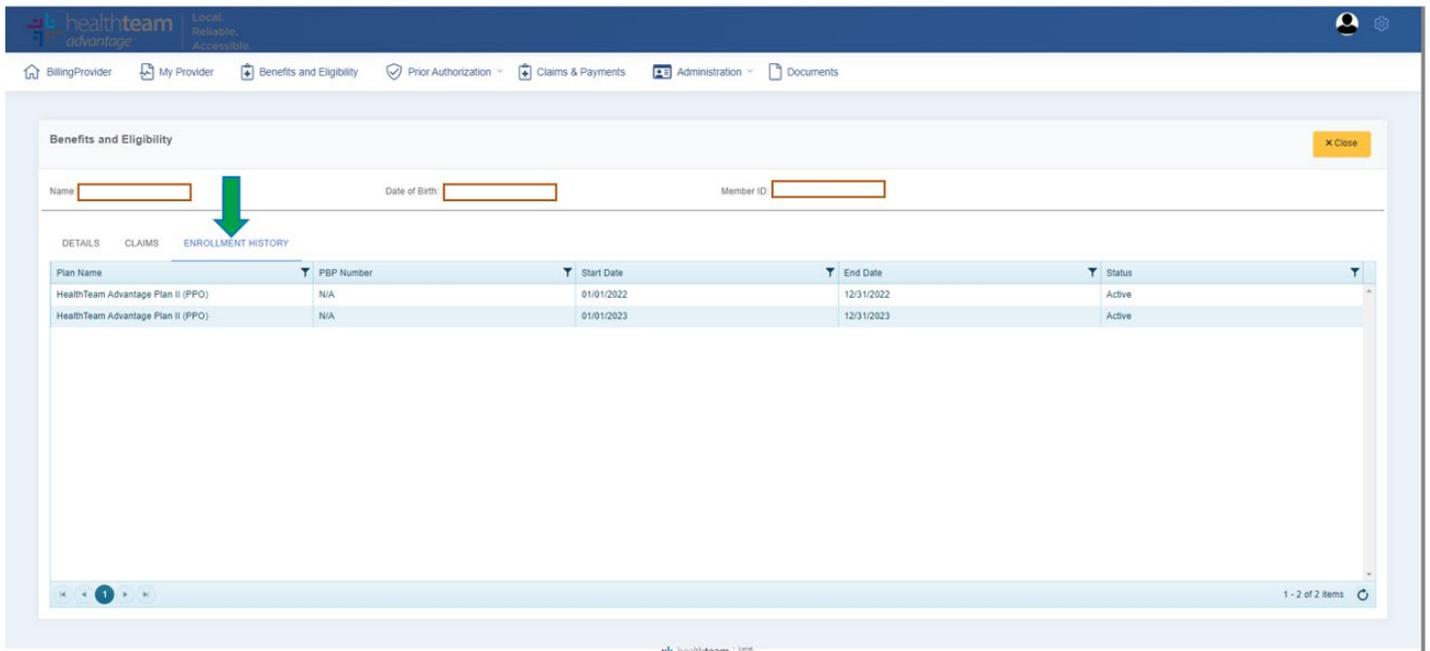
Name: [Redacted] Date of Birth: [Redacted] Member ID: [Redacted]

DETAILS **CLAIMS** ENROLLMENT HISTORY

Claim Number	Status	Claim Type	Received On	Member	Billed Amount
[Redacted]	SUSPEND	U		[Redacted]	\$19650
[Redacted]	SUSPEND	U	12/13/2022	[Redacted]	\$10400
[Redacted]	DENY	U	12/14/2022	[Redacted]	\$10400
[Redacted]	SUSPEND	U	12/14/2022	[Redacted]	\$12000
[Redacted]	SUSPEND	U	12/14/2022	[Redacted]	\$10400
[Redacted]	DENY	U	12/14/2022	[Redacted]	\$10400
[Redacted]	PAID	U	12/19/2022	[Redacted]	\$19650
[Redacted]	PAID	U	12/19/2022	[Redacted]	\$15600
[Redacted]	SUSPEND	U	12/19/2022	[Redacted]	\$15000
[Redacted]	U	U	12/19/2022	[Redacted]	\$19650
[Redacted]	PAID	U	12/19/2022	[Redacted]	\$10600

Enrollment History

When clicking the “enrollment history” button, users can view all plans the searched member has been enrolled in.

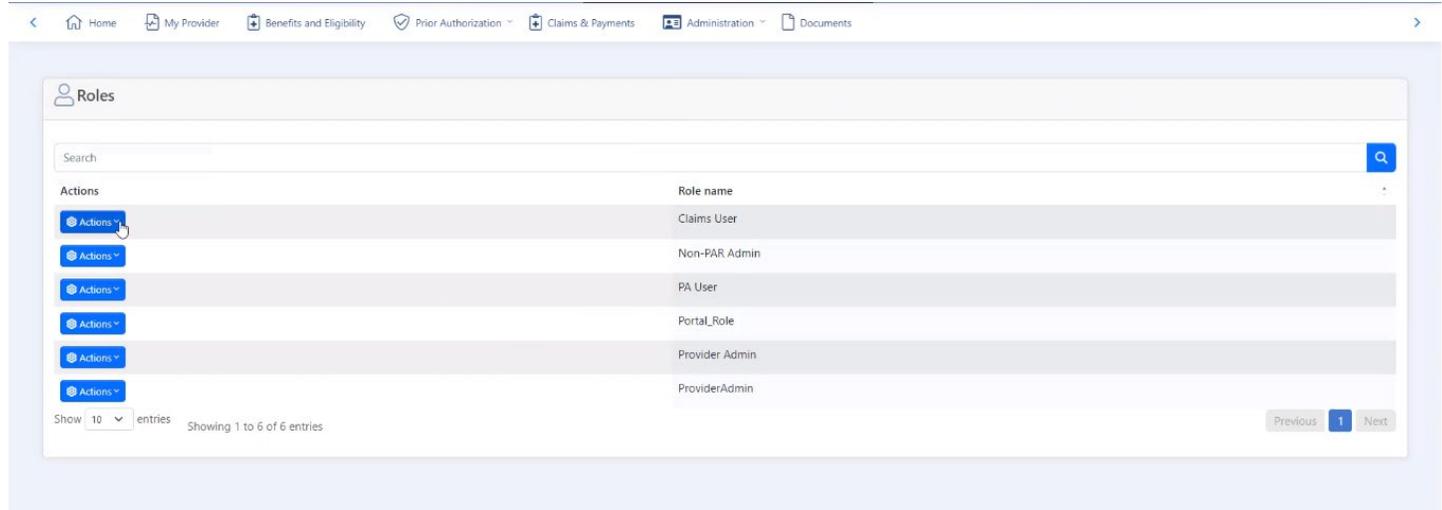


ADMINISTRATION

The administration tab will only be visible to admin roles. Hover over the tab to see the two options of “Roles” and “Users”.

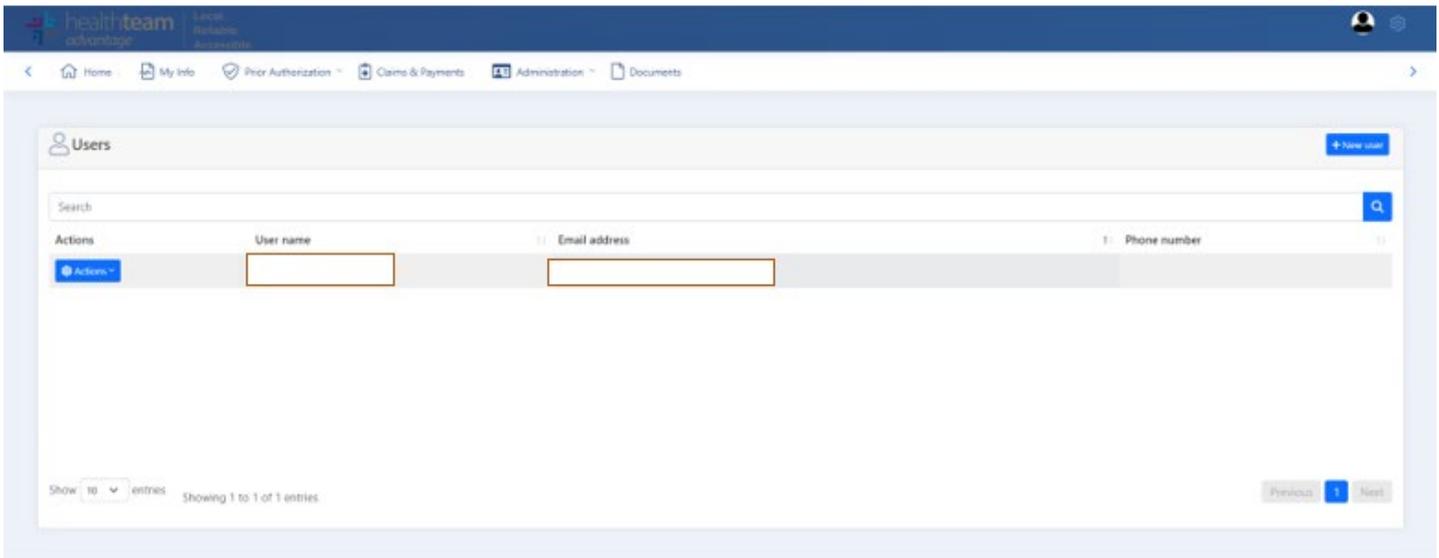
Roles

Under the roles tab, admins will be able to view all roles that are currently available for that plan.



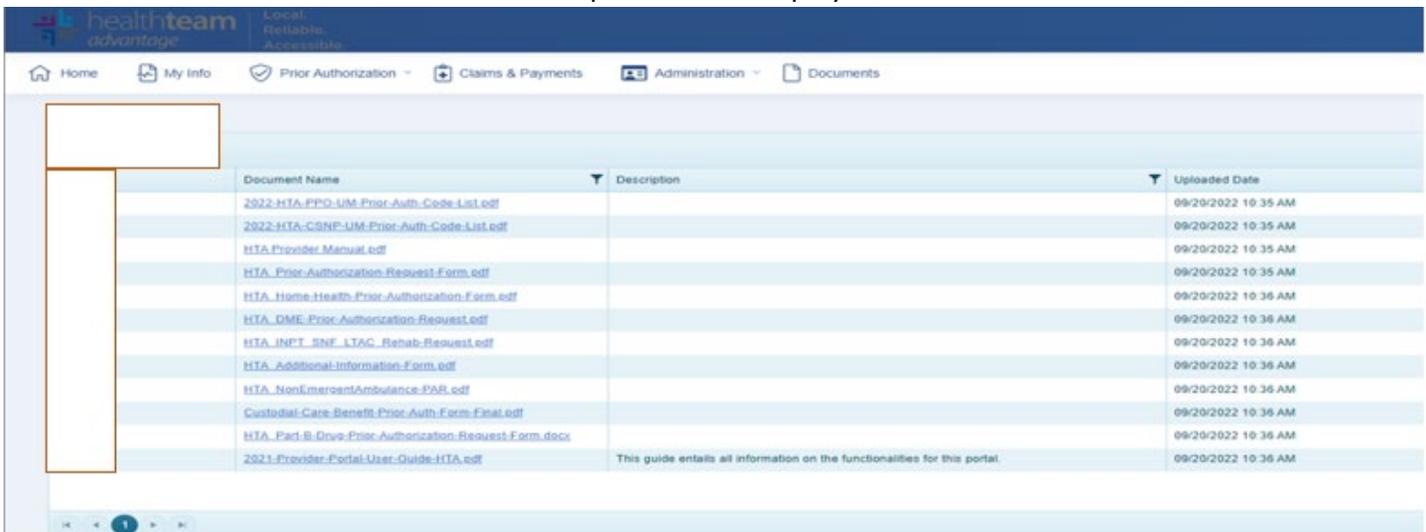
Users

Under the users tab, admins will be able to view all users currently registered on the portal under the same NPI.



DOCUMENTS

In the Documents tab, all documents that the health plan would like to display, along with their description and the date and time the documents were uploaded will display.



REGISTRATION/LOCK OUTS

Registration

To register for the provider portal, providers will receive an enrollment form during the credentialing process. Providers must follow the following steps in order to get credentials:

1. Providers must choose one user for an admin role and enter that admin’s information on enrollment form
2. Providers will then receive an email from nirvanaHealth to all approved admins
3. Providers should then click link in email

4. Providers will enter their email and enter password
5. Provider will be redirected to login page and will be able to log on

Lock outs

1. All users, regardless if admin role or user role, will be locked out of their account, if not logged into portal in 30 days. Providers must call HTA provider services to reverse the lock out.