




# VBA Gateway Portal User Member Guide

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# Homepage



MEMBER

Welcome, John Doe

Contact Us

My Account

Logout

Home

Claims

Plan Summary

View ID Card

Create a Request

Message Center

Help

Recent Claims (3 most recent claims) 1

PAID

Jonas Salk

Service Date: 8/23/2023

John Doe

Explanation of Benefits

Billed

Paid by Plan

You May Owe

\$105.00

\$60.00

\$45.00

PAID

EXAM Medical Center

Service Date: 8/25/2023

John Doe

Explanation of Benefits

Billed

Paid by Plan

You May Owe

\$93.00

\$0.00

\$93.00

PAID

Doctor Medicine

Service Date: 9/15/2023

John Doe

Explanation of Benefits

Billed

Paid by Plan

You May Owe

\$260.00

\$102.97

\$157.03

View All Claims

Employee Resources

Links

Partner Products

Network Links

Documents

Member and Plan Information 2

John Doe

Subscriber ID: 123456789

123 N. 1st St.

Anytown OK 11111

Date of Birth: 1/11/2000

Date Enrolled: 7/1/2023

Occupation:

Hire Date: Not Found

Pay Rate: Not Found

Example Business Inc.

Group ID: 000000

Anytown

Division ID: 11111

Plans

Example Business Inc.- Silver

Networks

First Health Network

First Health Network

Healthcare Highways Plus

Family Information 4

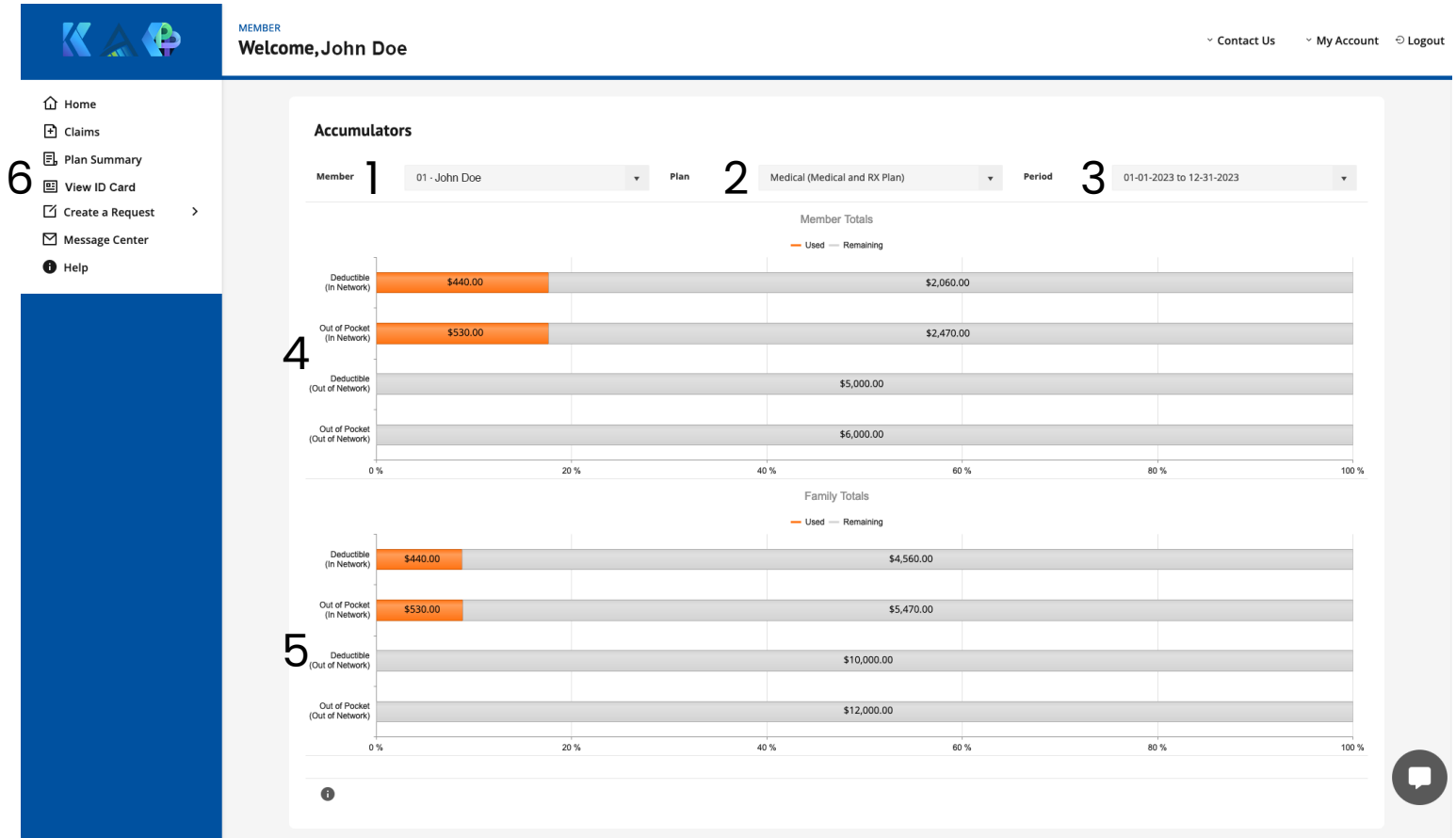
Other Insurance 5

6

From the homepage you can see your three most recent claims as well as navigate to everything else your portal has to offer.

1. Most Recent Claims
2. Member and Plan Information
3. Portal Navigation
4. Family Information
5. Other Insurance
6. Employee Resources

# Accumulators



From the Claims page you can view your individual and family accumulators. You can also see a breakdown of your Deductibles and Out of Pocket both in and out of network.

1. Member Select
2. Plan Select
3. Period Select
4. Individual Accumulators
5. Family Accumulators
6. Portal Navigation

# Claims

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## Claims

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

	Claim ID	Claim Number	Received	Last Name	First Name	Svc. From	Svc. Thru	Claim Type	Provider Name	Claim Status	Paym	
	00000000000000000001	11111	10/12/2023	Doe	John	09/15/2023	09/15/2023	Professional	Jonas Salk	Payable	Paic	
2												
	0000	00001	11	09/15/2023	09/15/2023	200.00	66.74	45.00	0.00	88.26	1111	Payable
	0001	00002	11	09/15/2023	09/15/2023	60.00	45.29	0.00	0.00	14.71	1112	Payable
	00000000000000000001	11111	10/12/2023	Doe	John	09/15/2023	09/15/2023	Professional	Jonas Salk	Payable	Paic	
	00000000000000000002	11111	10/12/2023	Doe	John	09/15/2023	09/15/2023	Professional	Jonas Salk	Payable	Paic	
	00000000000000000002	11111	10/12/2023	Doe	John	09/15/2023	09/15/2023	Professional	Jonas Salk	Payable	Paic	
3												
	00000000000000000002	11111	10/12/2023	Doe	John	09/15/2023	09/15/2023	Professional	Jonas Salk	Payable	Paic	
	00000000000000000003	11112	09/11/2023	Doe	John	08/25/2023	08/25/2023	Institutional	EXAM Medical Center	Payable	Paic	
	00000000000000000003	11112	09/11/2023	Doe	John	08/25/2023	08/25/2023	Institutional	EXAM Medical Center	Payable	Paic	

To Download EOBs: Click on the Claim ID link to download the EOB for that Claim

Chat bubble icon

Scrolling down on the Claims page you can view your claims and are able to sort them by all kinds of criteria. You can also click on any of the claims ID number to see the Explanation of Benefits (EOB) for that claim.

1. Claims
2. Expanded Claims Panel
3. Claim ID linking to Explanation of Benefits (EOB)
4. Portal Navigation

# Explanation of Benefits



Kempton Group Administrators  
13431 Broadway Ext Ste 130  
Oklahoma City OK 73114-2225

20231115004  
JC9C  
1140 40252

JC9C [21,629] 2 of 2

## Explanation of Benefits



[DR-]

**RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL**

### Forwarding Service Requested

JOHN DOE  
123 N. 1ST ST.  
ANYTOWN OK 11111

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### Customer Service

**Group Name:** Example Company Inc.  
**Provider:** Jonas Salk  
**Group ID:** 000000  
**Date:** 11/10/23  
**Division:** Anytown  
**Check #:** 00001

1

**Questions? Please visit our online Benefits Portal!!!  
[www.kemптongroup.com](http://www.kemптongroup.com)**

**Claim Number:** 11111  
**Patient:** John Doe

**Employee:** John Doe  
**Patient Account:** 000000000001

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Dates of Service	Procedure Code	Billed Amount	Provider Discount	Ineligible Amount	Message Code	Covered By Plan	Deductible Amount	Co-pay Amount	Coinsurance Amount	Balance Amount	Paid At	Payment Amount
09/15-09/15/2023	00001	\$200.00	\$66.74	\$0.00		\$133.26	\$0.00	\$45.00	\$0.00	\$88.26	66%	\$88.26
09/15-09/15/2023	00002	\$60.00	\$45.29	\$0.00		\$14.71	\$0.00	\$0.00	\$0.00	\$14.71	100%	\$14.71
<b>Column Totals</b>		<b>\$260.00</b>	<b>\$112.03</b>	<b>\$0.00</b>		<b>\$147.97</b>	<b>\$0.00</b>	<b>\$45.00</b>	<b>\$0.00</b>	<b>\$102.97</b>		<b>\$102.97</b>
											<b>Adjustments</b>	<b>\$0.00</b>
											<b>Total Net Payment</b>	<b>\$102.97</b>

**Patient Responsibility:** \$45.00

### Message Code/Description

I019 The allowable amount on this claim is limited to maximum allowable charge per terms of the Plan Document; claim allowed at a percentage of Medicare or equivalent rate. Consult Plan Document for details.

### Plan Details

#### Accumulator Statement for the Benefit Year

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You have met	\$347.00	of your 2023	\$2,500.00	In-Network Deductible
You have met	\$347.00	of your 2023	\$5,000.00	Family In-Network Deductible
You have met	\$392.00	of your 2023	\$3,000.00	In-Network Out of Pocket
You have met	\$392.00	of your 2023	\$6,000.00	Family In-Network Out of Pocket

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### Payment Details

Paid To	Amount
American Example Teaching Hospital of OK LLC	\$102.97

### Appeal Rights

To request a review of a claim that has been denied in whole or in part, refile your claim with any additional information to Customer Service Correspondence Department. This information can be submitted by fax at (405) 521-9804, email [customerservice@kemптongroup.com](mailto:customerservice@kemптongroup.com) or by US mail.  
\*\*\*\*\*To appeal a claim that has been wholly or partially denied you must submit a written request for review of your claim to The Kempton Group Administrators at the above address within 180 days of your receipt of the claim denial. After KGA Claims Department has accumulated all information and material relevant to your request for review, it will then forward that request to the Plan Administrator who will be responsible for making the final decision on the appeal. You will be notified of the decision in accordance with the terms of the Plan Document governing your benefits. If your claim appeal is denied you may request an external review. Please refer to your plan document for an explanation of the external review process.


### NSA

No Surprises Act (NSA): For plan years on or after Jan. 1, 2022, the NSA protects patients from surprise billing when emergency services are received from an out-of-network (OON) provider or facility, and when certain services at an in-network hospital or ambulatory surgical center are performed by an OON provider without patient consent. Providers: submit "Open Negotiation Initiation" forms to [nsa@kemптongroup.com](mailto:nsa@kemптongroup.com).

This is what a typical Explanation of Benefits (EOB) looks like, an EOB is generated for every claim in your portal and gives you more information about that claim.

1. Customer Service
2. Service Details
3. Plan Details
4. Payment Details

# Plan Summary



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Plan Summary

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Plan Summary

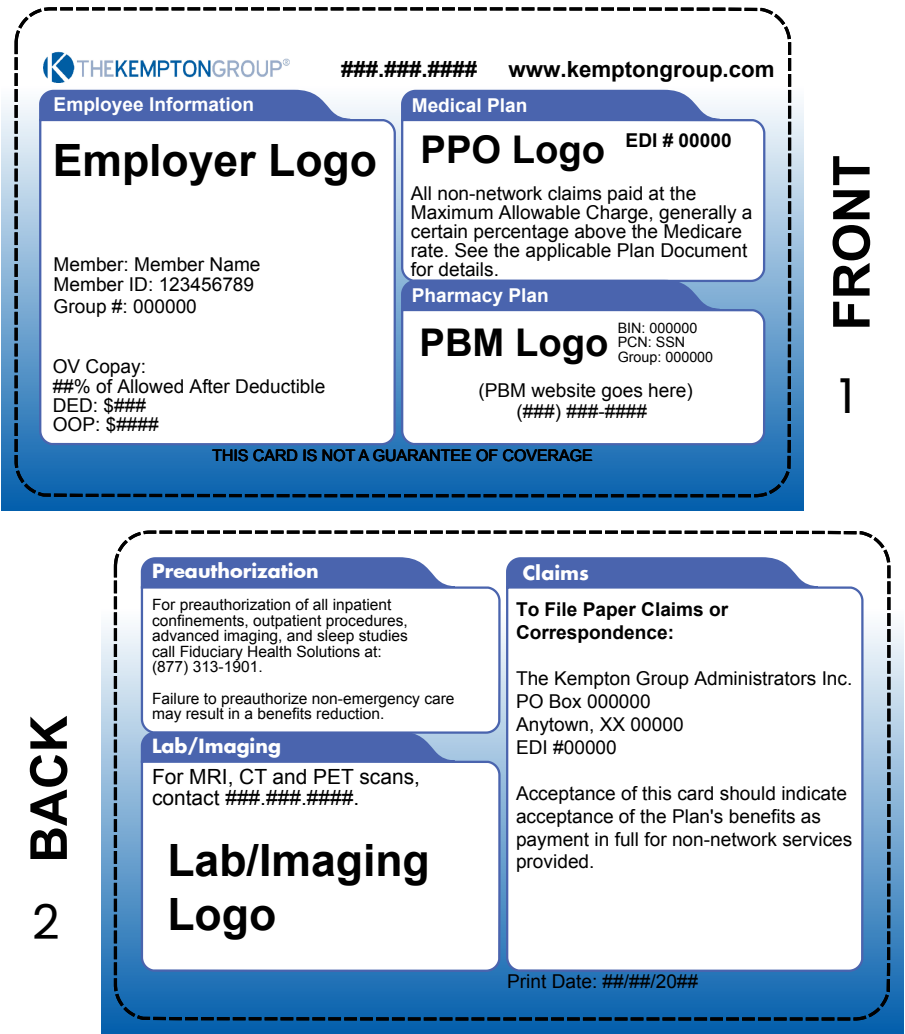
Select Plan: 1 10000000 - Example Company Inc. - Silver

Base Category 2	In Network 3	Out of Network	Benefit Max 4
Abdominal Aortic Aneurysm Screen	No Coinsurance for All Places	50.00% Coinsurance for All Places	1 Visit(s) per Lifetime per Member
	No Copay for All Places	No Copay for All Places	
Abdominal Aortic Aneurysm Screen - Reading	No Coinsurance for All Places	50.00% Coinsurance for All Places	1 Visit(s) per Lifetime per Member
	No Copay for All Places	No Copay for All Places	
Abortion	30.00% Coinsurance for All Places	50.00% Coinsurance for All Places	
	No Copay for All Places	No Copay for All Places	
Adult Wellness Services	No Coinsurance for All Places	50.00% Coinsurance for All Places	
	No Copay for All Places	No Copay for All Places	
Advanced Radiology - Inpatient	30.00% Coinsurance for All Places	50.00% Coinsurance for All Places	
	No Copay for All Places	No Copay for All Places	
Advanced Radiology - Office	30.00% Coinsurance for All Places	50.00% Coinsurance for All Places	
	No Copay for All Places	No Copay for All Places	
Advanced Radiology - Outpatient	30.00% Coinsurance for All Places	50.00% Coinsurance for All Places	
	No Copay for All Places	No Copay for All Places	

On the Plan Summary Page, you can see your plan in extensive detail. You can see the description of each benefit and how it is processed for in-network and out-of-network.

1. Plan Selection
2. Description of Benefits
3. Network Status
4. Benefit Max
5. Portal Navigation

# View ID Card



From the View ID card section, you can view a pdf version of your ID card and print out a temporary ID card if needed.

1. Front of ID Card
2. Back of ID Card

\*This ID card is just a sample. Your ID card may look different.

# Create a Request

ID Card

Member

1 Doe ▼

Plan \*

2 10000000 - Example Business Inc. - Silver ▼

i

CANCEL SUBMIT

Request New ID Card

How Many Copies?

1 ▼ 3

Request Documents

i

CANCEL SUBMIT

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From the Create a Request tab you can request a new ID card which Kempton will create and send to you if needed.

1. Member Selection
2. Plan Selection
3. Number of Copies Selection
4. Submit




# Message Center

The screenshot displays the Message Center portal. At the top left is the KAP logo. To its right, the user is identified as 'MEMBER' and 'Welcome, John Doe'. On the far right of the header are links for 'Contact Us', 'My Account', and 'Logout'. A left-hand navigation menu is visible, with a large number '2' next to the 'View ID Card' option. The menu items are: Home, Claims, Plan Summary, View ID Card, Create a Request, Message Center, and Help. The main content area is titled 'Announcements' with a large number '1' next to it. Below the title, it states 'No Current Announcements'. At the bottom of this section is a pagination bar showing '0' items and 'No items to display'. A circular chat icon is located in the bottom right corner of the main content area.

In the Message Center, you can see any announcements that the Kempton Group team sends out through your portal, so be sure to check for new announcements from time to time.

1. Announcements
2. Portal Navigation

# Historic Claims Lookup



MEMBER

Welcome, John Doe

Logout

Return Home

Historic Claims

Historical Claims

All Your Historical Claims

1

Claim Number  
1234567890

Search

First Name	Last Name	Member ID	Claim Number	Original Charge	Claim Status	
JOHN	DOE	1111111111	0000000001	\$170.00	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000002	\$18.00	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000003	\$170.00	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000004	\$75.96	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000005	\$42.00	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000006	\$234.00	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000007	\$5.58	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000008	\$9.16	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000009	\$9.36	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000010	\$344.00	Complete	<a href="#">View</a>
JOHN	DOE	1111111111	0000000011	\$188.00	Complete	<a href="#">View</a>


In the Historic Claims tab, you can see your claims that were processed in the previous claims system. Be sure you check both claim locations for your EOBs and claim information.

You can search by claim number and click “View” to see each claim in greater detail.

1. Historic Claims Search
2. View Individual Claims in Detail
3. Portal Navigation

\*This page will only show information if Kempton was your TPA in 2023 and prior.

# Historic Claims



MEMBER  
Welcome, John Doe

Logout

Return Home

Historic Claims

Claim #0000000001

Status: Complete

Patient

JOHN DOE

Date of Service

Nov. 16, 2021

Patient ID

11111111111

Service Provider

Example Service Provider

Total Charges	Discount	Plan Paid	You Owe
\$188.00	\$79.61	\$0.00	\$108.39

Claim Details

Provider Charges			Plan Charges		Patient Responsibility			Balance Amount
Procedure Code (CPT)	Message Code	Billed Amount	Provider Discount	Plan Paid	Co-Pay	Coinsurance	Applies to Deductible	
00000		\$170.00	\$73.34	\$0.00	\$0.00	\$96.66	\$96.66	

Selecting “View” brings you to this page where you can see all the details for your historic claim including procedures codes and payment breakdown.

1. Basic Claim Information
2. Claim Details
3. Portal Navigation

\*This page will only show information if Kempton was your TPA in 2023 and prior.

# Additional Questions?



If you have any additional questions about your portal or its operations, please reach out to your Kempton Care Advocates. You can reach out to them by calling the number on your ID Card.

