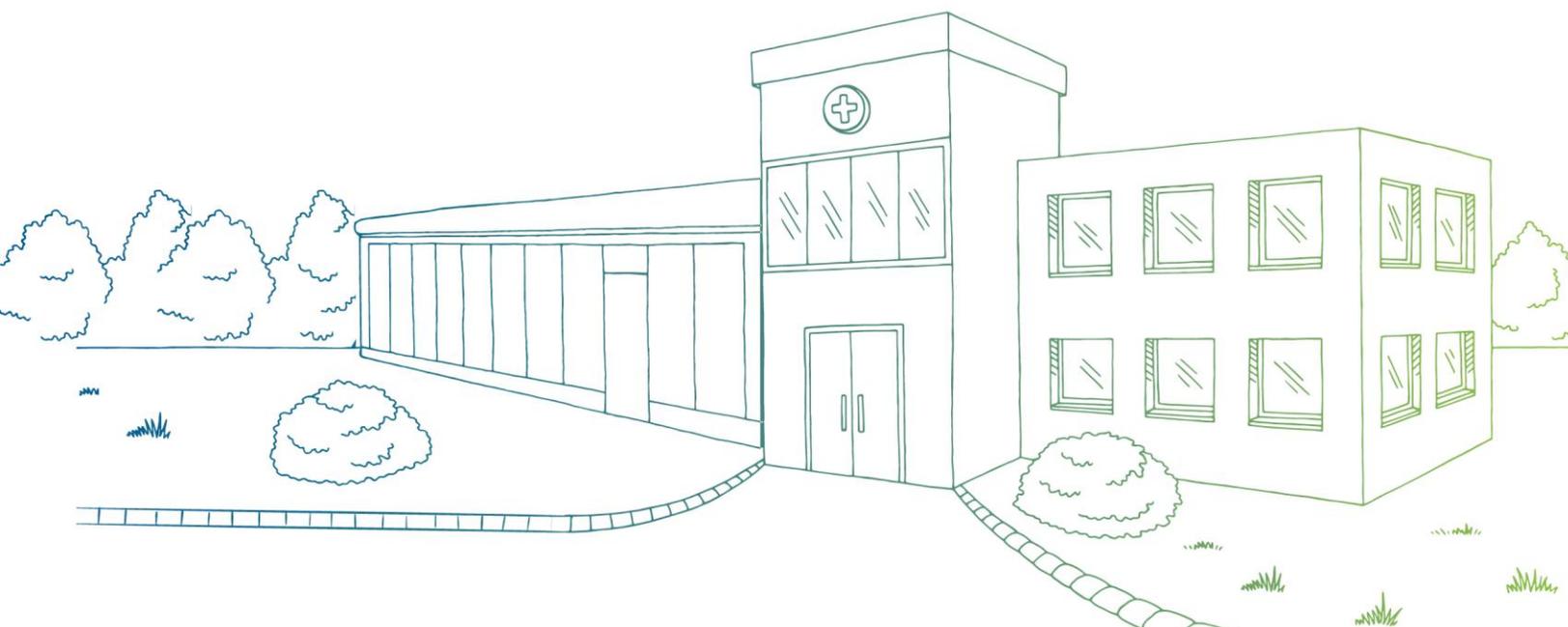




Provider
Portal
Registration
Guide





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Have an existing MagnaCare account?

You can log in with the same credentials. *Create*® and MagnaCare are both operated by the parent company, Brighton Health Plan Solutions. If you *do not* have these credentials, please refer to the **First Time User Registration** section of this guide.

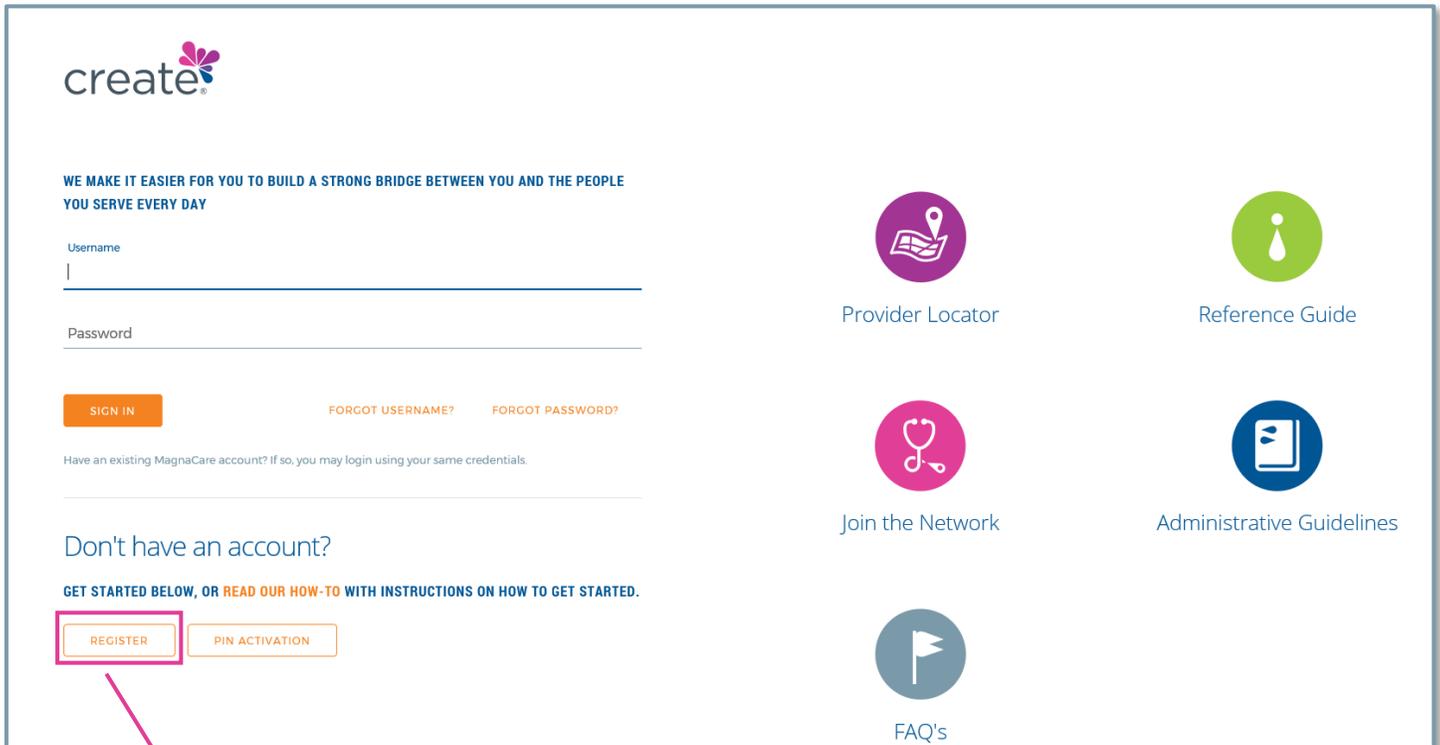
Note: Please refer to all contact numbers and email addresses provided on your PIN activation and registration materials.



FIRST TIME USER REGISTRATION

Step 1: Navigate to <https://www.createhealthplans.com/Secure/provider/Login>

Step 2: Don't have an account? Click on the **Register** button to get started.

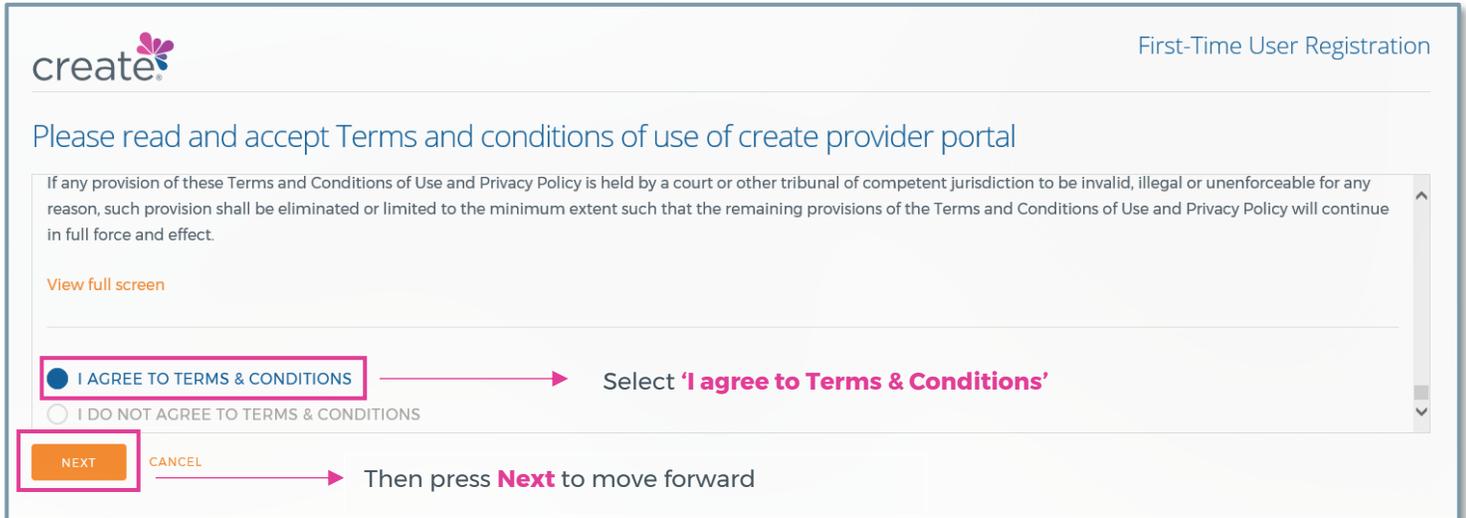



Click **Register** if you do not have a PIN

Click **Pin Activation** if you have already received a PIN

- Both Providers and Third-Party Billing companies can register
- Users that already received their PIN must click on **PIN Activation** (see page 6)

Step 3: Accept the Terms and Conditions



create First-Time User Registration

Please read and accept Terms and conditions of use of create provider portal

If any provision of these Terms and Conditions of Use and Privacy Policy is held by a court or other tribunal of competent jurisdiction to be invalid, illegal or unenforceable for any reason, such provision shall be eliminated or limited to the minimum extent such that the remaining provisions of the Terms and Conditions of Use and Privacy Policy will continue in full force and effect.

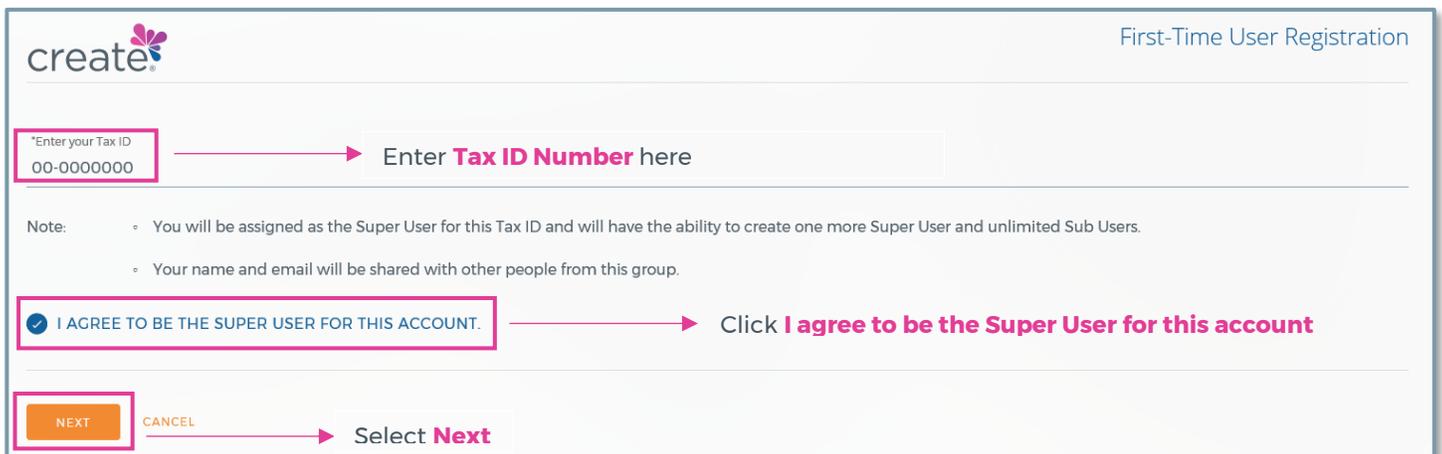
[View full screen](#)

I AGREE TO TERMS & CONDITIONS → Select **'I agree to Terms & Conditions'**

I DO NOT AGREE TO TERMS & CONDITIONS

→ Then press **Next** to move forward

Step 4: Enter your Tax Identification Number



create First-Time User Registration

*Enter your Tax ID
00-0000000 → Enter **Tax ID Number** here

Note:

- You will be assigned as the Super User for this Tax ID and will have the ability to create one more Super User and unlimited Sub Users.
- Your name and email will be shared with other people from this group.

I AGREE TO BE THE SUPER USER FOR THIS ACCOUNT. → Click **I agree to be the Super User for this account**

I DO NOT AGREE TO BE THE SUPER USER FOR THIS ACCOUNT.

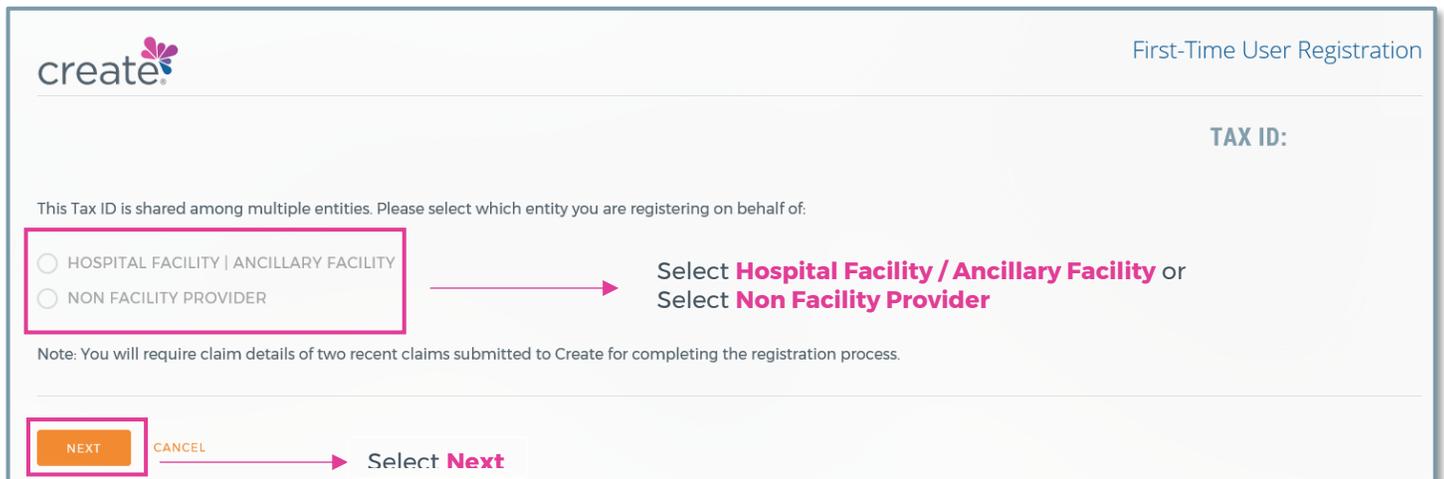
→ Select **Next**

Step 5: Check the box that states: **I agree to be the Super User for this account**

- The first user to register will be considered the **Super User** or **Account Administrator**
- All accounts can have up to **4 Super Users**. Super Users can also create **Sub Users**

Step 6: Federal Tax Identification Number (TIN)

- If a TIN was previously registered, one of two responses will appear:
 - **Tax ID is part of a restricted TIN**
 - **This group has already registered**
- Shared TIN (Follow [Shared TIN Registration](#) process):
 - If a Tax ID belongs to both a facility and an individual provider, the user must choose the type of entity:
 - Hospital Facility / Ancillary Facility
 - Non-Facility Provider



create® First-Time User Registration

TAX ID:

This Tax ID is shared among multiple entities. Please select which entity you are registering on behalf of:

HOSPITAL FACILITY | ANCILLARY FACILITY

NON FACILITY PROVIDER

Select **Hospital Facility / Ancillary Facility** or
Select **Non Facility Provider**

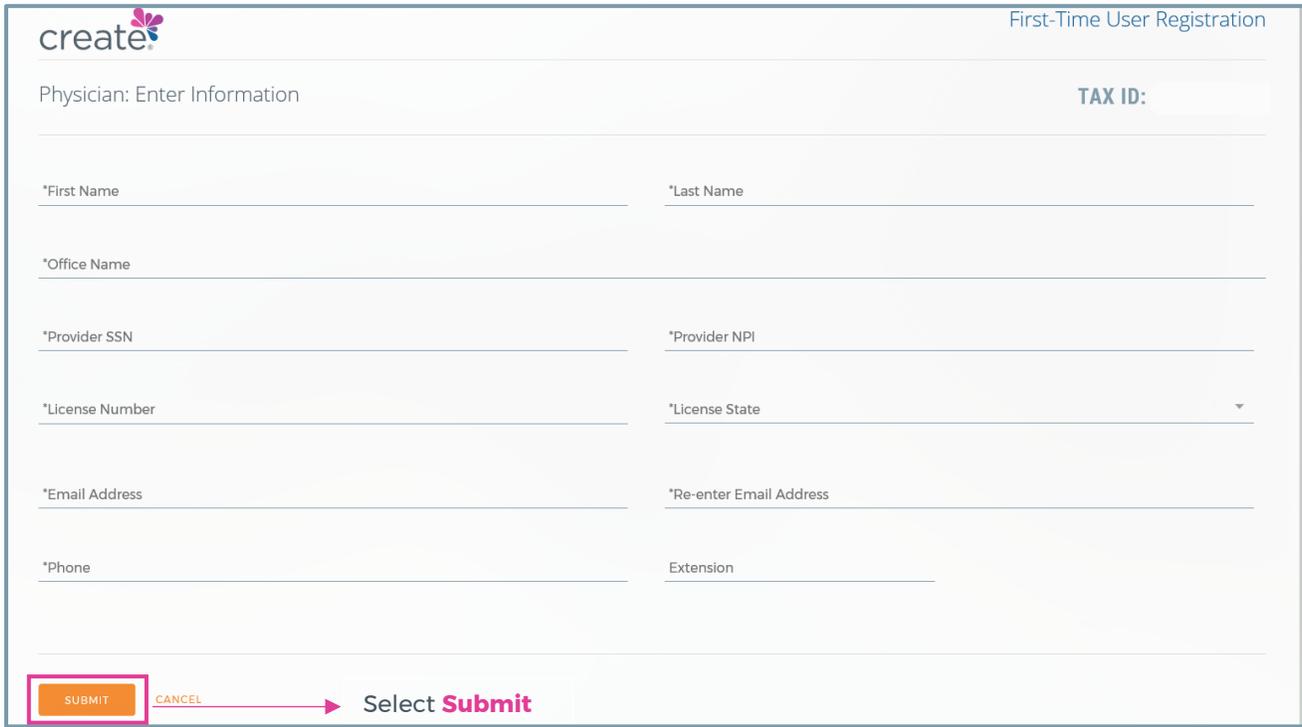
Note: You will require claim details of two recent claims submitted to Create for completing the registration process.

NEXT CANCEL → Select **Next**

- New Individual TIN:
 - Follow the Individual Provider Registration process

INDIVIDUAL PROVIDER REGISTRATION

Step 1: If the Tax ID number you entered in the previous step is for an **Individual Provider**, you will need to enter the Provider's details including but not limited to their name, license details, and office name



create First-Time User Registration

Physician: Enter Information TAX ID:

*First Name *Last Name

*Office Name

*Provider SSN *Provider NPI

*License Number *License State

*Email Address *Re-enter Email Address

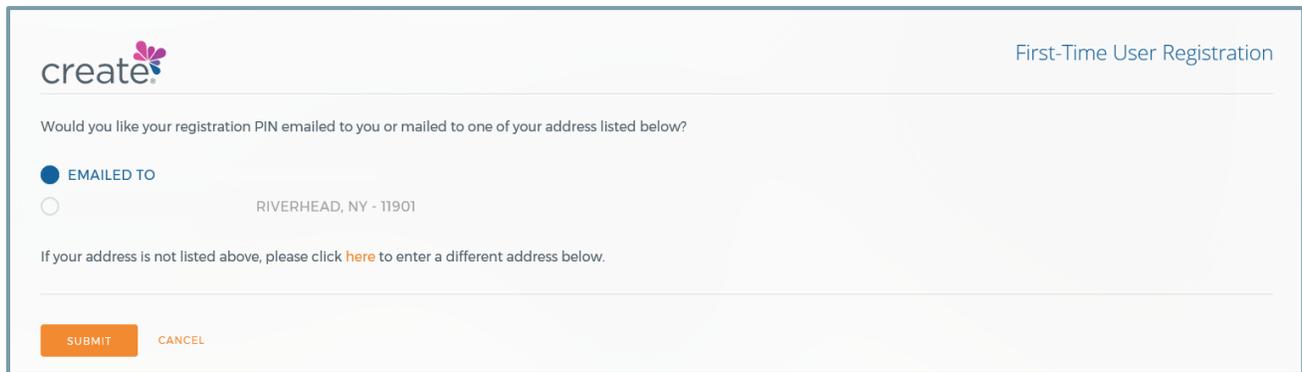
*Phone Extension

SUBMIT CANCEL → Select **Submit**

Step 2: After filling out the form, click **Submit**

Step 3: Indicate where your PIN should be sent; electronically via email or direct mail

Note: The example below has been altered for PHI purposes



create First-Time User Registration

Would you like your registration PIN emailed to you or mailed to one of your address listed below?

EMAILED TO

RIVERHEAD, NY - 11901

If your address is not listed above, please click [here](#) to enter a different address below.

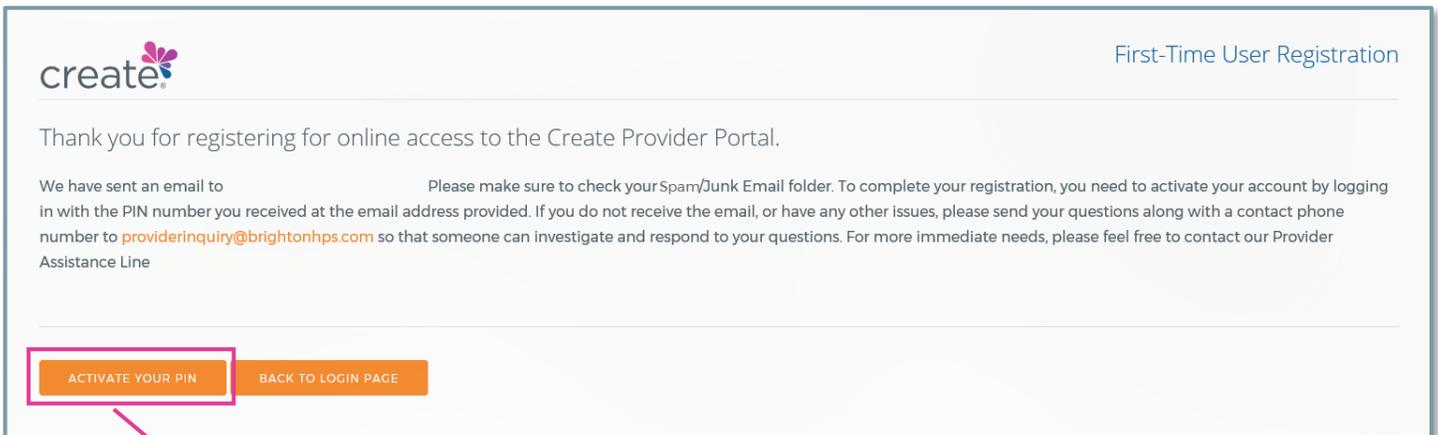
SUBMIT CANCEL

Step 4: Upon making a selection, press **Submit**

ACTIVATE YOUR PIN

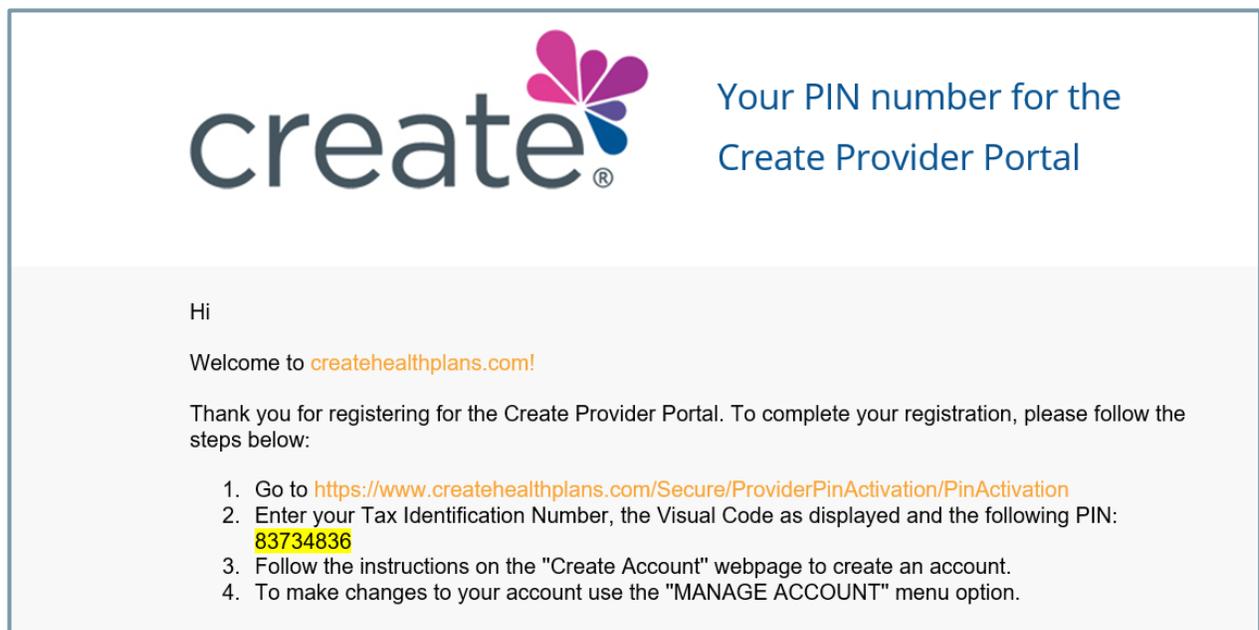
Step 1: Once the PIN is received, use it to proceed with the registration process and complete the setup of your account.

Note: The example below has been altered for PHI purposes



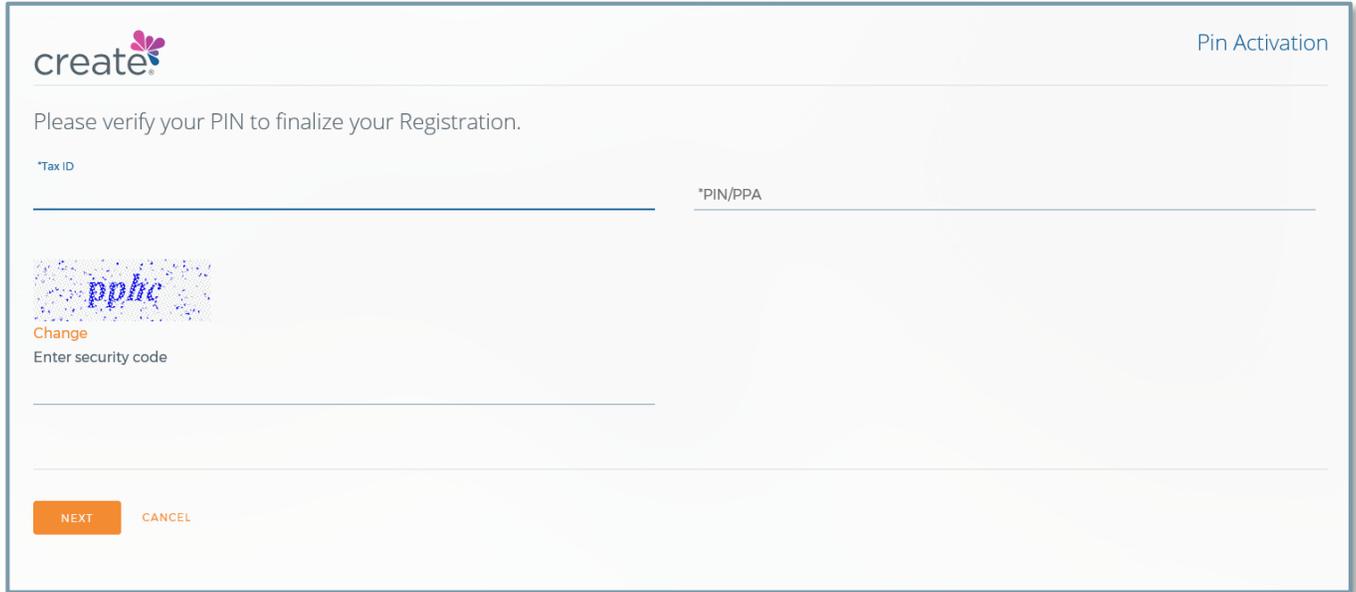
The screenshot shows the 'First-Time User Registration' page. It features the 'create' logo in the top left and the title 'First-Time User Registration' in the top right. The main text reads: 'Thank you for registering for online access to the Create Provider Portal. We have sent an email to [redacted] Please make sure to check your Spam/Junk Email folder. To complete your registration, you need to activate your account by logging in with the PIN number you received at the email address provided. If you do not receive the email, or have any other issues, please send your questions along with a contact phone number to providerinquiry@brightonhps.com so that someone can investigate and respond to your questions. For more immediate needs, please feel free to contact our Provider Assistance Line'. At the bottom, there are two orange buttons: 'ACTIVATE YOUR PIN' and 'BACK TO LOGIN PAGE'. A pink box highlights the 'ACTIVATE YOUR PIN' button, and a pink arrow points from it to a larger, zoomed-in version of the same two buttons below.

Step 2: Using the document sent to you, follow the directions to navigate to the Create portal to complete registration.



The screenshot shows an email from 'create' with the subject 'Your PIN number for the Create Provider Portal'. The email body says: 'Hi Welcome to [createhealthplans.com](https://www.createhealthplans.com)! Thank you for registering for the Create Provider Portal. To complete your registration, please follow the steps below: 1. Go to <https://www.createhealthplans.com/Secure/ProviderPinActivation/PinActivation> 2. Enter your Tax Identification Number, the Visual Code as displayed and the following PIN: **83734836** 3. Follow the instructions on the "Create Account" webpage to create an account. 4. To make changes to your account use the "MANAGE ACCOUNT" menu option.'

Step 3: Enter your TIN, PIN Number, and the security code displayed on the screen

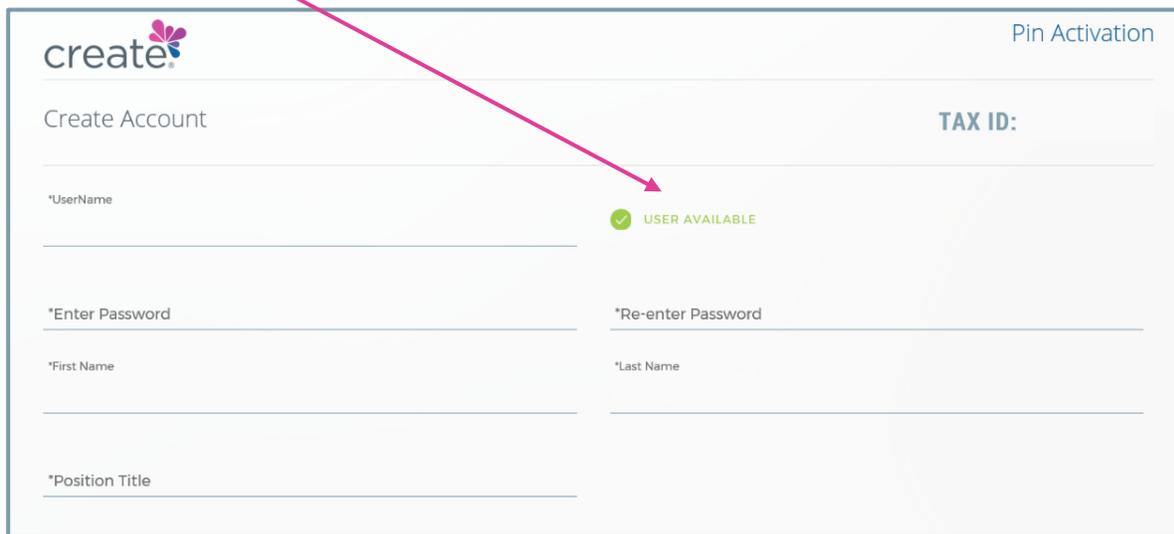


Step 4: Press **Next** to move forward and finish creating an account

Step 5: Fill out all blank fields. Username, First Name, and Last Name will be *pre-populated*

Step 6: Your username is preset to the email address provided during registration. If you wish to change your username, be sure to select **Check User Availability** to the *right* of the **Username** field. If username is available, you will see **Check User Availability** change to **User Available**

Check User Availability



Step 7: Answer the security questions and press **Submit**

Security Questions:
These security questions and answers will be used for User ID and Password retrieval so please select questions and answers that are secure and you can remember.

*Security Question 1 -select question-	*Answer 1
*Security Question 2 -select question-	*Answer 2
*Security Question 3 -select question-	*Answer 3

SUBMIT CANCEL

You are now enrolled! A confirmation email will be sent to the address provided during registration



Your account has been created on createhealthplans.com

Congratulations!

You have successfully created an account on the Create Provider Portal.

[Log in](#) to access your account on createhealthplans.com.

If you need assistance, we're always happy to help. To reach one of our helpful humans, call Create at 1-844-427-3878 or [drop us a quick note](#). so we can help secure your account. We're always happy to hear from you.

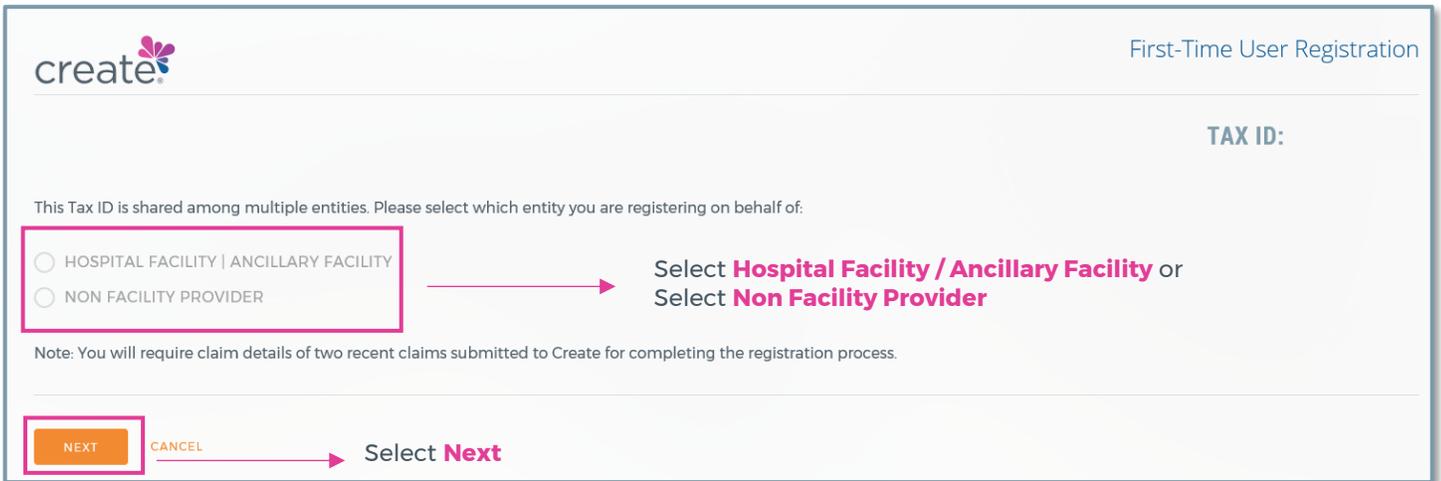
Thank you for being a part of our Create community!

Please do not reply to this email - Replies are routed to a mailbox that is not monitored.

SHARED TIN REGISTRATION

Step 1: If a Tax ID belongs to both a facility and an individual provider, the user must choose the type of entity:

- Hospital Facility / Ancillary Facility
- Non-Facility Provider



create First-Time User Registration

TAX ID:

This Tax ID is shared among multiple entities. Please select which entity you are registering on behalf of:

HOSPITAL FACILITY | ANCILLARY FACILITY

NON FACILITY PROVIDER

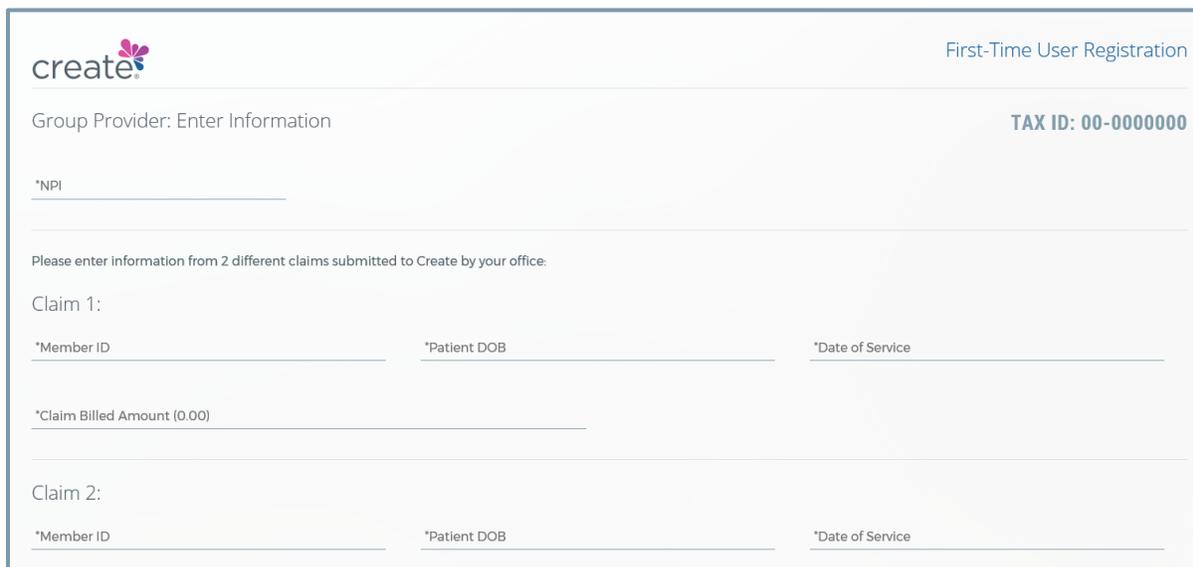
Select **Hospital Facility / Ancillary Facility** or
Select **Non Facility Provider**

Note: You will require claim details of two recent claims submitted to Create for completing the registration process.

→ Select **Next**

Step 2: Since an absolute match cannot be made, the user must further verify using two previously submitted claims in order to match the provider

Group Provider Registration View



create First-Time User Registration

Group Provider: Enter Information **TAX ID: 00-0000000**

*NPI _____

Please enter information from 2 different claims submitted to Create by your office:

Claim 1:

*Member ID _____ *Patient DOB _____ *Date of Service _____

*Claim Billed Amount (0.00) _____

Claim 2:

*Member ID _____ *Patient DOB _____ *Date of Service _____

Hospital Facility / Ancillary Facility Registration View


First-Time User Registration

HOSPITAL FACILITY | ANCILLARY FACILITY: Enter Information
TAX ID:

*NPI

Please enter information from 2 different claims submitted to Create by your office:

Claim 1:

*Member ID <input type="text"/>	*Patient DOB <input type="text"/>	*Date of Service <input type="text"/>
*Claim Billed Amount (0.00) <input type="text"/>		

Claim 2:

*Member ID <input type="text"/>	*Patient DOB <input type="text"/>	*Date of Service <input type="text"/>
*Claim Billed Amount (0.00) <input type="text"/>		

Non-Facility Provider Registration View


First-Time User Registration

NON FACILITY PROVIDER: Enter Information
TAX ID:

*NPI

Please enter information from 2 different claims submitted to Create by your office:

Claim 1:

*Member ID <input type="text"/>	*Patient DOB <input type="text"/>	*Date of Service <input type="text"/>
*Claim Billed Amount (0.00) <input type="text"/>		

Claim 2:

*Member ID <input type="text"/>	*Patient DOB <input type="text"/>	*Date of Service <input type="text"/>
*Claim Billed Amount (0.00) <input type="text"/>		

CLAIM VERIFICATION

Step 1: The user must enter their NPI number

Step 2: Prepare two claims to use in the verification process (may be the same patient)

- If provider does not have a claim: Provider must wait until a patient is seen and a claim submitted to complete registration
- If the provider has two claims, continue to **Step 3**

Step 3: Enter the following details into the corresponding fields:

- Policy ID #
- Patient's Date of Birth
- Date of Service
- Billed Charges

Note: Claims must be of the same type chosen on the previous screen:

- Hospital Facility / Ancillary Facility
- Non-Facility
- Individual Provider

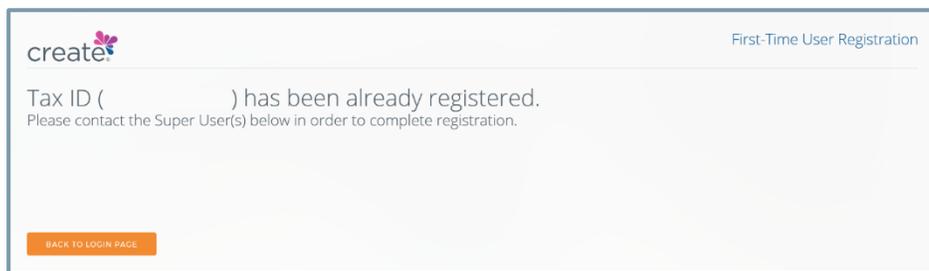
Step 4: Enter contact information

- Email address
- Phone number

Step 5: Proceed to **Requesting a PIN** section of this document

PROVIDER ALREADY REGISTERED

If a Hospital Facility or Non-Facility provider is already registered, the below notification will appear. If you receive this in error, contact your Super User or call our Provider Services department for troubleshooting assistance



Note: This image has been altered for PHI purposes



Let's *Create* something great together.