



## HEALTH PLAN

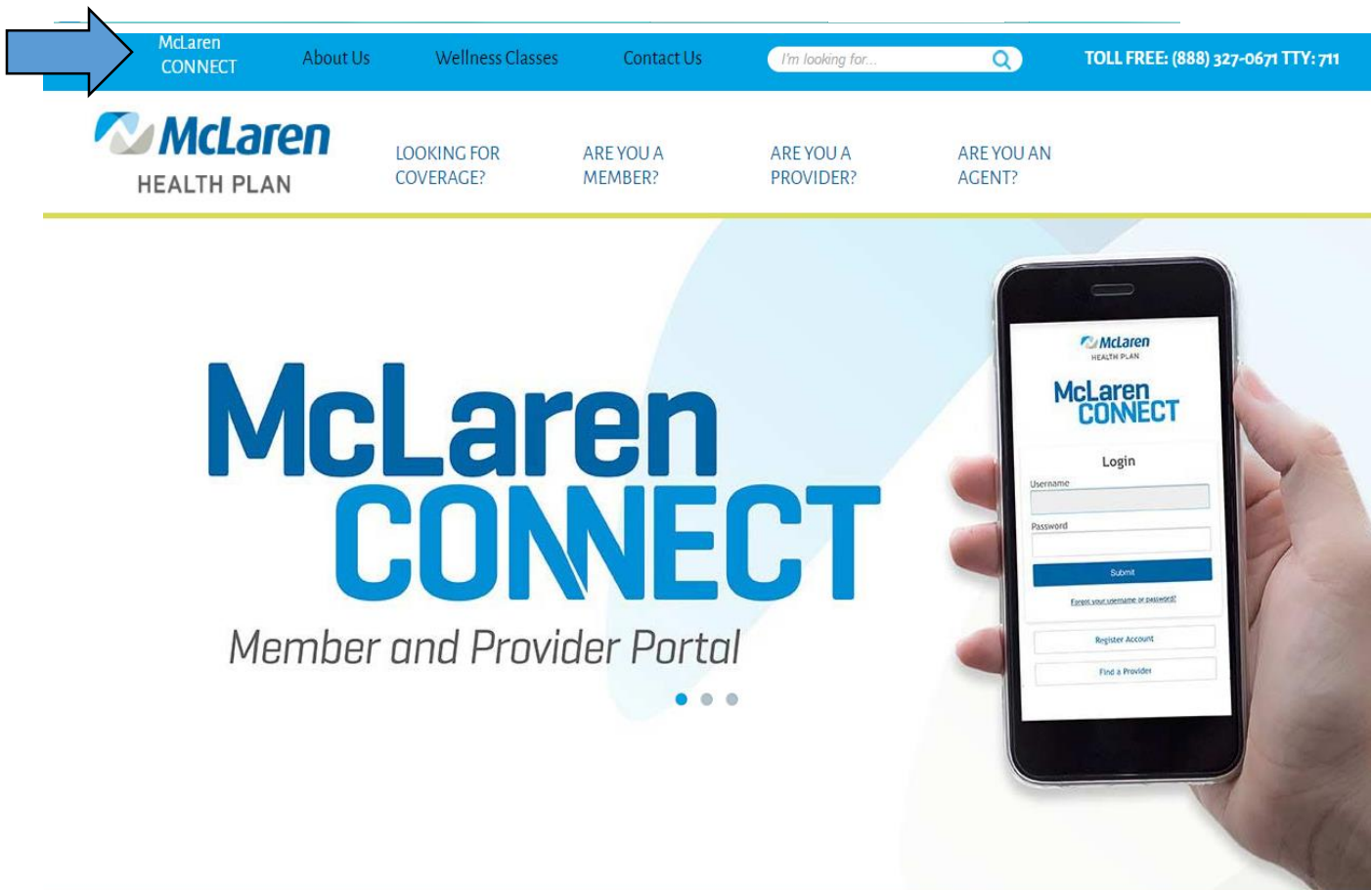
### ***Creating a McLaren CONNECT Provider Portal Account***

The McLaren CONNECT provider portal is a unique online toll for accessing benefit, eligibility and claims data. Here is the URL: <https://secure.healthx.com/mclaren.provider>

If you need assistance using the McLaren CONNECT provider portal please Contact Customer Service at (888) 327-0671.

#### **Getting Started**

Visit McLarenHealthPlan.org or use the link above.



After clicking the link for the McLaren CONNECT Portal, you will be taken to a screen with two options: Member Portal, Provider Portal. Please select, "Provider Portal".

#### **MEMBER PORTAL**

- Review enrollment history
- Request a PCP change
- View and print ID cards

#### **PROVIDER PORTAL**

- Verify member eligibility
- View member claims and print explanation of payments (EOPs)

After selecting, Provider Portal a log in screen will appear. If you have a current account, you can log in. If you need a user name and password, click **"Proceed to our sign up process"** and follow the steps below:



Welcome to the Provider Portal, a unique online tool for accessing benefit, eligibility and claims data.



Log in to:

## Login

Username

Password

SUBMIT

[Forgot your username or password?](#)

[Need a username and password?](#)  
[Proceed to our sign up process.](#)



## Step 1: Licensing Agreement

Review, check Accept box and click on **Agree**

### License Agreement

Please read the License Agreement.  
Click "Agree" to continue or "Disagree" to go back to the login page.

#### License Agreement

**License Grant.** This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

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**Security.** You are responsible for changing your password upon entering the system for the first time. You are also responsible for safeguarding and maintaining the secrecy of your password at all times. We believe that we have taken all reasonable security steps to encrypt your information so that it cannot be read as the information travels over the Internet. However, nothing is entirely foolproof, and as a customer, you accept the risk of conducting financial and private transactions

☒ Accept

Disagree

AGREE



## Step 2: Provider Contact Information

Complete required fields and click on submit (**Note:** First/Last Name is the person registering not the provider/group information)



### Verify Provider Contact Info

Please fill in the fields to create an account on the system. Enter your First Name and Last Name as well your Practice/Facility Name and Address. Also include your Contact Phone number in the event we have questions regarding your user account. Once all fields are filled in, click on "Add".

To add any additional TIN, enter the TIN and click the "Add" button again.

Click "Next" when complete.

First Name

Last Name

TIN

Address Line

Address Line 2

City

State

Zip

Contact Name

Contact Phone

Cancel

PREVIOUS

SUBMIT



[Provider Directory](#)

### Step 3: Verify Provider Contact Information

Review information entered is accurate, if not click on the **PREVIOUS** tab and make necessary changes. Once you have completed this step, click **NEXT**.



#### Verify Provider Contact Info

Please fill in the fields to create an account on the system. Enter your First Name and Last Name as well your Practice/Facility Name and Address. Also include your Contact Phone number in the event we have questions regarding your user account. Once all fields are filled in, click on "Add".

To add any additional TIN, enter the TIN and click the "Add" button again.

Click "Next" when complete.

First Name

Last Name

Added Providers

TIN Contact Name Contact Phone

xxxxxx

[Edit](#)

[Remove](#)

TIN

Address Line

Address Line 2

City

State

Zip

Contact Name

Contact Phone

Cancel

PREVIOUS

SUBMIT

NEXT



[Provider Directory](#)

#### Step 4: Create Login Information

Complete the required fields for creating a username and password for McLaren Connect Provider Portal.



##### Create Login Information

You will use this information to login to your user account.  
Keep this information stored safely so your account information remains secure!

Username

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1  
-- Select Question --

Security Question 2  
-- Select Question --

Security Question 3  
-- Select Question --

Username: Must be at least 3 characters in length and start with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash), \_ (underscore) and @ (at sign)

Please enter your full email address, for example, **name@domain.com**

Password: At least 8 characters/Alpha-numeric and special characters \_ ! # \$ % & \* @ ~ ^ { } / +

##### Don't have an email account?

This site requires a valid email address. If you do not have an email address, you may create a FREE Email account with one of these popular providers:

- [Gmail](#)
- [Yahoo!](#)

[Provider Directory](#)

#### Step 5: Verify Login Information

Once reviewed click FINISH.



##### Verify Login Information

Please review to confirm the login information is correct. Click "Finish".

Username: SmithTrish@123

First Name: test3  
Last Name: test3  
E-Mail Address: patt2154@yahoo.com  
Address: 1111 test  
test, MI 11111

Contact: 111111111  
Phone: 111111111  
TIN:   
NPI(s):

[Provider Directory](#)

Once finished you will be taken to the Provider Portal Home screen. This will be the same screen you will see whenever you login. That's it, you now have **immediate** access to member eligibility and benefits, claims payment details and more!



You are currently logged in as: test3 test3  
[Messages \(0\)](#) [Profile](#) [Logout](#)

Home

Eligibility & Benefits

Claims & Payment

Provider Directory

Welcome to your **Provider Portal**

This site provides quick access to member eligibility and benefits, claims payment details, preauthorizations information and more!



#### Quick Links

Ask a Question



Find a Provider or Facility



Profile



#### Contact Us

For questions or comments please contact McLaren Health Plan:

For claim inquiries, enrollment information and benefits:

Phone: (888) 327-0671

Fax: 877-502-1567

Customer Service hours:

M-F 7:30a-5:30p