Member Portal Quick Start Guide

Navigation Tips & Tricks for Carewell Providers

Create Member Homepage

To navigate to the Member Portal, either select the hyperlink in the email sent to you or by typing www.mycreatehealth.com/employee in your browser.

Enter your email address and temporary password (you will be able to change the password after login), provided by *Create.* Select **SIGN IN.**

Take control of your health care. You've got the power.

create technology

Username / Email Address

Password

SIGN IN   REGISTER AS A NEW USER

Access your account anytime, anywhere with the MyCreateHealth Mobile App.

AVAILABLE NOW

Download on the App Store   GET IT ON Google Play

FORGOT USERNAME?   FORGOT PASSWORD?

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Haven't Registered Yet?

Follow These Quick Steps to Get Started!

1. Simply click on **Member Login** and select **Register as a New User**.

2. Follow the prompts to set up your account. Enter your SSN and press **Next**.

3. Ensure your SSN is correct. You will also see your name. Enter your Zip Code and Date of Birth then press **Next**.

4. Read the **Terms and Condition**. Scroll to the bottom and if you agree, select "I Accept Terms & Conditions" **and press Next.**

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Haven't Registered Yet? Cont.)

5. Create and confirm a password, then enter your email address. Choose a secret questions & answer. Then press **Next**.

Username or Email Address:

Confirm Username or Email Address:

Password (at least 8 characters)

Confirm Password:

Secret Question:

Answer:
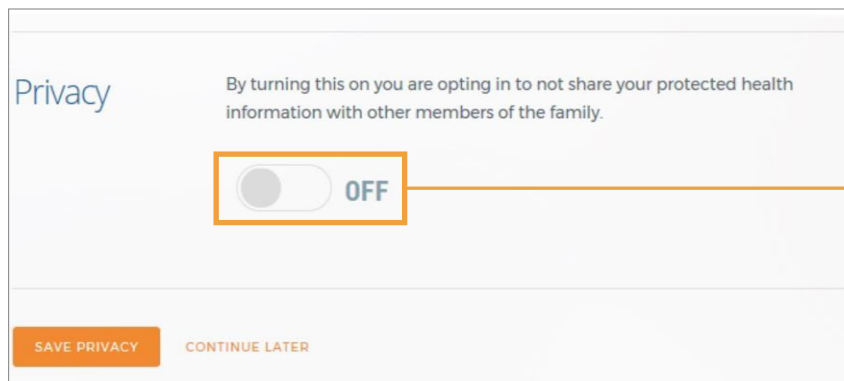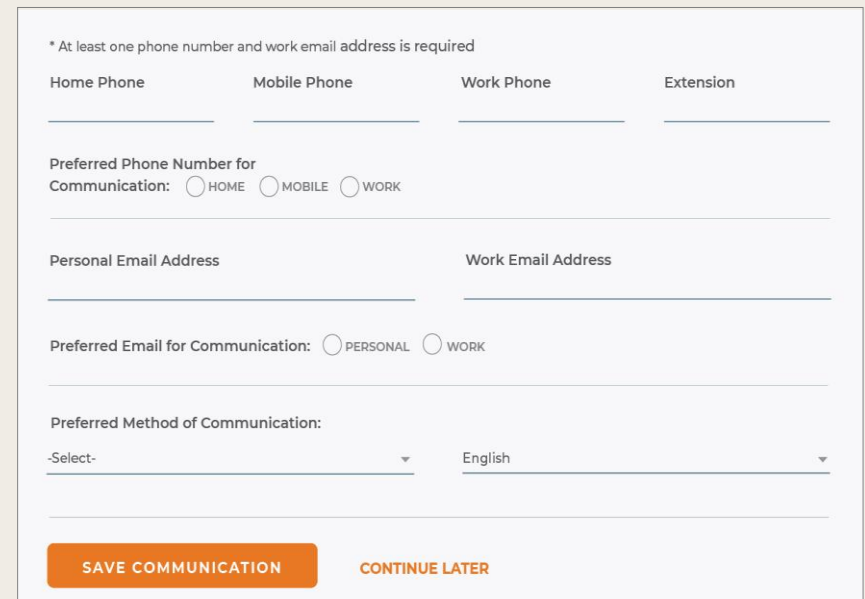
NEXT   CANCEL

7. The privacy feature allows the user to choose whether or not they want to share their information with others on their plan.

Privacy

By turning this on you are opting in to not share your protected health information with other members of the family.

OFF

SAVE PRIVACY   CONTINUE LATER

6. You will then be prompted to input your phone number, email address and preferred method of communication. Once completed, press **Save Communication** or **Continue Later**.

* At least one phone number and work email address is required

Home Phone   Mobile Phone   Work Phone   Extension

Preferred Phone Number for Communication: ○ HOME ○ MOBILE ○ WORK

Personal Email Address   Work Email Address

Preferred Email for Communication: ○ PERSONAL ○ WORK

Preferred Method of Communication:

-Select-   ▼   English   ▼

SAVE COMMUNICATION   CONTINUE LATER

Turning this setting on indicates that you do not want to share your information with other members on your plan.
Press **Save Privacy** or **Continue Later**.

Selecting **Save Privacy** will complete the registration process.

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Dashboard & Links

Dashboard: A snapshot view of your Paid Time Off Balance, Medical Insurance Information, outstanding action items on your To-Do list, recent reimbursements and quick links.

Work Hours: View your last 24 months of hours worked and request PTO reimbursement.

Coverage Summary: Provides an overview of your DVE coverage and healthcare Cost Assistance for any given month.

Reimbursements: View reimbursements. Filter by time period, type of reimbursement and status of reimbursement requests.

Member Profile: View demographic information such as your address, phone number, and preferred communication method.

Other Preferences and Forms: View and download important forms such as W-9's, preferred payment method, Annual Enrollment Paperwork and DVE Benefit waivers.

Message Center: Read messages from your administrator from the last 12 months. The read messages/notifications are sorted by date.

Account Settings: View login details, acknowledgements, and communication preferences.

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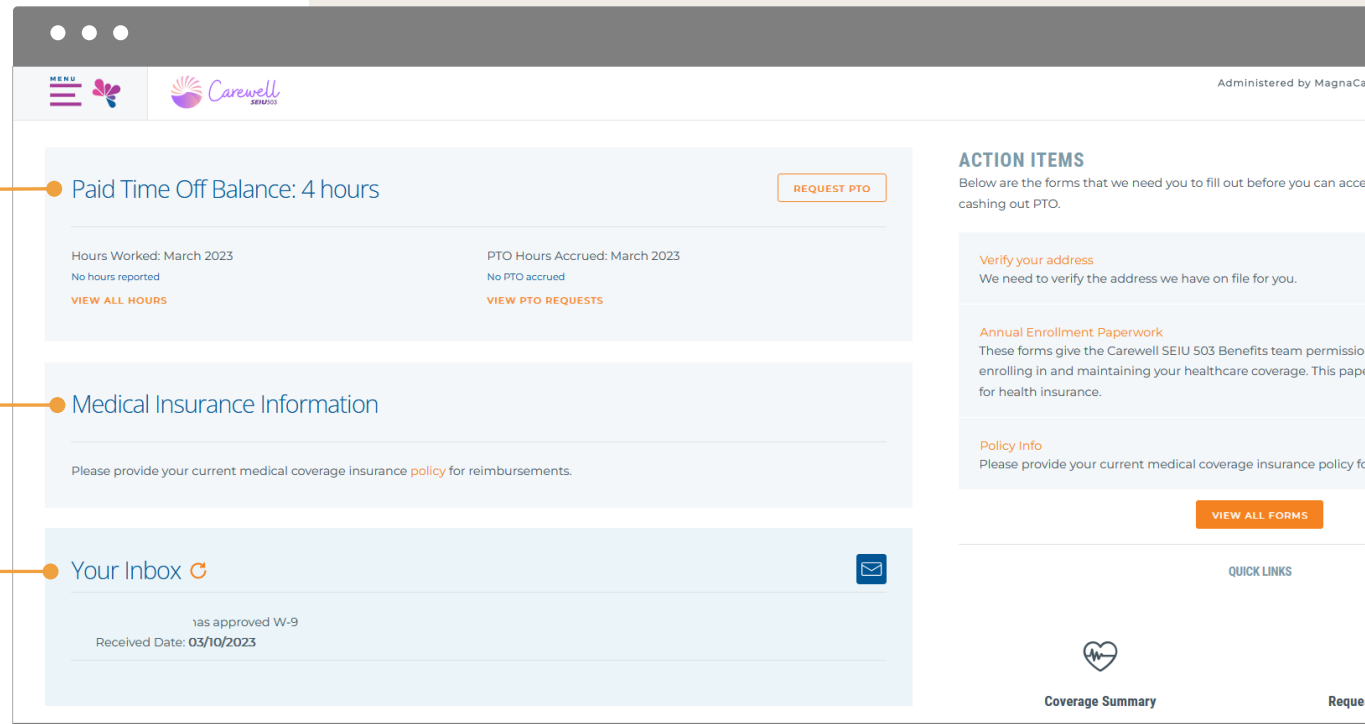Actual product may vary upon customization and enhancement.

Create Dashboard & Links

The Dashboard gives you a snapshot view of Your Paid Time Off Balance, Medical Insurance Information, Your Inbox and Action Items that require your attention.

Displays Paid Time Off Balance, and option to **Request PTO** reimbursement.

View Medical Insurance Information

View plan messages, recent requests and outstanding items

MENU

Carewell
SEIU503

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Paid Time Off Balance: 4 hours   REQUEST PTO

Hours Worked: March 2023
No hours reported
VIEW ALL HOURS

PTO Hours Accrued: March 2023
No PTO accrued
VIEW PTO REQUESTS

Medical Insurance Information

Please provide your current medical coverage insurance policy for reimbursements.

Your Inbox ↻   ✉

...as approved W-9
Received Date: **03/10/2023**

ACTION ITEMS
Below are the forms that we need you to fill out before you can acce
cashing out PTO.

Verify your address
We need to verify the address we have on file for you.

Annual Enrollment Paperwork
These forms give the Carewell SEIU 503 Benefits team permissio
enrolling in and maintaining your healthcare coverage. This pape
for health insurance.

Policy Info
Please provide your current medical coverage insurance policy fo

VIEW ALL FORMS

QUICK LINKS

Coverage Summary   Reque

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Work Hours

Use the **Work Hours** menu to view a 24-month lookback of hours worked. You can also request PTO reimbursement from the page by selecting **Request PTO Now** on the right-hand side.

Coverage Summary

View your enrollment in DVE programs; Dental, Vision + Hearing and Employee Assistance Program.

Clicking on any of the **orange** links display your coverage details and respective vendor webpages.

Reimbursements

Below is an example PTO reimbursement data.

You can also request PTO reimbursement from this page.

REQUEST REIMBURSEMENT

Filter by time period, type of reimbursement and the status of the reimbursement request

Reimbursements

FILTER BY

| TIME PERIOD | TYPE | STATUS |

Filtering by: Last 12 Months

REQUEST REIMBURSEMENT

ID	Ref #	Date	Trust	Type	Description	Method	Amount	Status
200624	Missing W9	1/31/2023	BT	PTO payment Previous Model	PTO Hours: 20 Rate: 16.67		$333.40	Denied
200625	Missing W9	1/31/2023	BT	PTO payment Previous Model	PTO Hours: 20 Rate: 15.77		$315.40	Denied
200626	Missing W9	1/31/2023	BT	PTO payment Previous Model	PTO Hours: 20 Rate: 16.67		$333.40	Denied

Payment# 200624

Payment Denied By Converted Data on Monday, March 06, 2023
Monday, March 06, 2023

Click on any of the requests to view additional details.

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Reimbursements – Request Reimbursement

From the Reimbursements tab, click on **Request Reimbursement** to choose how you would like to be reimbursed for PTO hours.

Premium Reimbursement

- Choose the month the employee is requesting reimbursement

- The **Medical Premium Reimbursement Amount** will be pre-populated

- Select **Choose File** to upload an EOB or proof of premium payment

- Check off the attestation

- Insert today's date in the **Received Date** field

- Press **Submit**

PREMIUM REIMBURSEMENT

← BACK TO EMPLOYEE LIST

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Hello Carewell! Logout

DEMOGRAPHIC INFO   COVERAGE SUMMARY   WORK HOURS   OTHER PREFERENCES AND FORMS   HEALTH INSURANCE INFO   SETTINGS   MESSAGES   REIMBURSEMENTS

PREMIUM REIMBURSEMENT

PREMIUM ADJUSTMENT REIMBURSEMENT

PTO REIMBURSEMENT

Premium Reimbursement

JOHN SMITH
123 Main Street
Portland, OR 97236-7236

Select a Month for which Premium is requested
March 2023

Medical Premium Reimbursement Amount
$170.00

Payment method
Check

Here's the address we have on file to mail your check. Please update it here first if it is out of date.

Address

John Smith
123 Main Street
Portland, OR 97236-7236

Please upload EOB or Proof of Premium payment

CHOOSE A FILE

I certify that the information provided on this form is true and that I have incurred the expenses described on this form solely relating to my own medical coverage and expenses. I also certify that I have not already received reimbursement from Carewell SEIU 503 or any other source for any of the above-listed amounts.

○ CHECK HERE TO ATTEST THE DETAILS ABOVE ARE CORRECT.

*Received Date

SUBMIT   CANCEL

Reimbursements

From the Reimbursements tab,
select **Premium Adjustment Reimbursement**.

Premium Adjustment Reimbursement

- Enter the **Advanced Premium Tax Credit (APTC) on File**

- Enter the reimbursement amount in the **Requested Reimbursement Amount** field

- Upload an IRS Form by selecting **Choose File**

- Check off the attestation

- The date will be auto-populated. Change if needed

- Press **Submit**

Reimbursements

From the Reimbursements tab,
select **PTO Reimbursement**

PTO Reimbursement

- If an employee has a Paid Time
  Off balance of 8 hours, PTO
  reimbursement can be requested

- A W-9 form must be on file
  before completing the PTO
  request

PTO REIMBURSEMENT

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← BACK TO EMPLOYEE LIST

DEMOGRAPHIC INFO   COVERAGE SUMMARY   WORK HOURS   OTHER PREFERENCES AND FORMS   HEALTH INSURANCE INFO   SETTINGS   MESSAGES   REIMBURSEMENTS

PREMIUM REIMBURSEMENT

PREMIUM ADJUSTMENT REIMBURSEMENT

PTO REIMBURSEMENT

Request PTO Hours

JOHN SMITH
123 Main Street
Portland, OR 97236-7236

Paid Time Off balance: 4 hours

W-9 FORM NEEDED!
Before you can request your PTO, you need to complete your W-9 Form.

CANCEL

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Member Profile

You can view Demographic Information, Communication Preferences, Other Preferences and Forms and Health Insurance Info.

Demographic Info:
Used to view your phone number and email address.

Communication Preferences:
Use this tab to view your phone number and email.

Other Preferences and Forms:
Will display W-9's on file, preferred payment methods, annual enrollment paperwork and DVE Benefit waivers

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DEMOGRAPHIC INFO | COMMUNICATION PREFERENCES | OTHER PREFERENCES AND FORMS | HEALTH INSURANCE INFO

JOHN SMITH
SUBSCRIBER

JOHN SMITH
SUBSCRIBER

CAREWELL SEIU503 ID: 123456789
Other ID:
Employer: State of Oregon

Provider #	123456
Worker Type	Home Care Worker
Home Address	123 Main Street
	Portland, OR 97236 -7236 ✕ NOT VERIFIED
	VERIFY ADDRESS
Mailing Address	
	Portland, OR 97236 -7236 ✕ NOT VERIFIED
	VERIFY ADDRESS
Social Security #	***-**-0123
Gender	Male
Date of Birth	01/15/1984
Language Preference	English
Demographics Status	Not Confirmed
Member Status	Active
Employment Status	Full-Time

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Communication Preferences

View requests, changes and updates to your portal account in the message center. For example, appointment change requests, ID card requests and any changes to your portal preferences.

Other Preferences and Forms

Go to **Other Preferences and Forms** to view W-9 details, preferred payment methods you've added, annual enrollment paperwork and DVE Benefit waivers submitted.

Allows you to edit the
W-9 form on file.

Health Insurance

To view enrollment in any health insurance such as Medicare or Medicaid, select the **Health Insurance Info** tab.

To report enrollment in a health insurance program such as Medicaid or Medicare, select **Add Health Insurance.**

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DEMOGRAPHIC INFO   COMMUNICATION PREFERENCES   OTHER PREFERENCES AND FORMS   **HEALTH INSURANCE INFO**

Health Insurance

ADD HEALTH INSURANCE

No health Insurance policies found
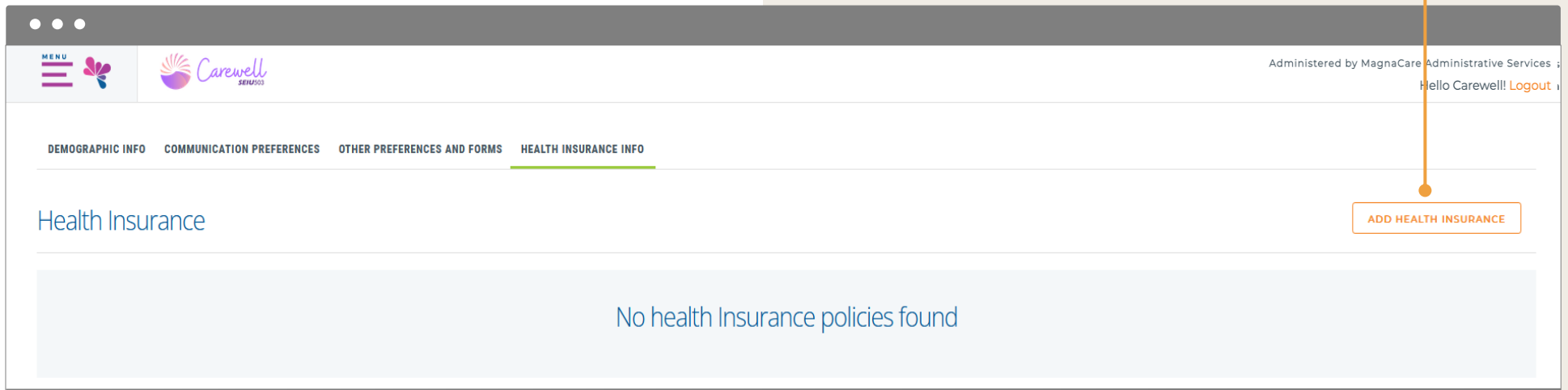
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Message Center

To view activity and notifications on your account use the **Messages Center** option on the Menu bar.

Account Settings

View your registration details and acknowledgements.

MENU

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SEIU503

Login Details

User Not Registered

Acknowledgments

○ CREATE MAY CONTACT ME BY ELECTRONIC MEANS WHICH INCLUDE BUT ARE NOT LIMITED TO PHONE, EMAIL, AND TEXT MESSAGE.

Communication Preferences

Home Phone

Mobile Phone

Work Phone

Work Email

Personal Email   ✓ PREFERRED   sample@sample.com   ✕ NOT VERIFIED

Preferred Communication Method

Language Preference   English

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Download the MyCreateHealth Mobile App!

Through our partner, MagnaCare, you have access to an advanced technology platform. Compatible with Android and iOS operating systems, you can download using the **Google Play Store or the App Store**.

If you've already registered on MyCreateHealth.com, you can use the same login for the mobile app. If you have not yet registered and have downloaded the mobile app, follow the prompts to get started!

The mobile app gives you immediate access to:

- View your accrued PTO Hours

- View **reimbursement** details

- Track your hours worked

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