

# **Registration User Guide**



Note: This guide contains information on how to complete registration from a computer using the myHealthPortal application. While the myHealthButton application is mentioned in this guide, please see the myHealthButton Registration User Guide for assistance with registering from a smartphone using the myHealthButton app. For more information, please visit <u>www.michigan.gov/myHealthPortal</u>.

# **General Information**

## • Who can register?

The myHealthPortal and the myHealthButton applications are available to Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services (CSHCS) members and the persons responsible for the care of these members.

# • What information will I need to register in the myHealthPortal or the myHealthButton applications?

The following information is required for registration.

- 1. Relationship to Member?
  - If a relationship other than "Self" is selected, the first and last name of the person responsible for the care of the member will also be required.
- 2. Member First Name
- 3. Member Last Name
- 4. Member Date of Birth
- 5. Member Zip Code
- 6. Member mihealth Card ID

### • Who can I contact if I have questions or need assistance?

For help in the MILogin system, please contact the Client Service Center at 800-968-2644.

For help in the myHealthPortal or the myHealthButton applications, please contact the Beneficiary Help Line at 800-642-3195, TTY 866-501-5656.

# **Getting Started**

In order to gain access to the myHealthPortal or the myHealthButton, you must first create an account with MILogin at

<u>https://milogin.michigan.gov</u>. Once you register in MILogin, the steps below will help you request access to the myHealthPortal application and complete the registration process in the myHealthPortal.

## **Request Access to the myHealthPortal Application**

1. Enter your MILogin user ID and password at <u>https://milogin.michigan.gov</u>, and click "Login."

			Home Help 🏠 MLgov
MILogin			
Login to your account			
* = Required Fields			
	"User ID		
	JohnDoe123		
	"Password		
	Login	6	
	Forgot your pa Having trouble k	ogging in?	
	Don't have an account?	Create New Account	
MiLogin Home	Michigan gov Home	Policies	Comact Us
	Copyright 2014 Stat	e of Michigan	

2. Click "Request Application Access."

Зм	llLogin			Hame Help	Logout 🏠 MLgov
A Jo Your pa	hn Doe's Home Page assword will expire in 365 days	5.			Need Help?
Manag	e your account				
¢	Request Application Access	1	Update Profile		
1225	Channa Dacewood	1	Lindate Secure OSA		

3. In Step 1, click on the Michigan Department of Health & Human Services logo, then click the "myHealthPortal" option shown in Step 2. Read the description shown under Step 3, and click "Request Access."

A DI ANNO MONTA	And and a second se	Distance.	1.000
<ul> <li>Return to home page</li> </ul>			
Request Actess			
lingenips, it's tast and simple, reg	ister once and get instant access ic	o bobh applicationsi	
services you are covered for, look	cup providers, access your MiHealt	h card and much more, all this	s at your
The online myHealthPortal and m Special Health Care Services her	obile myHealthButton are a one sto althcare coverage information. You	p shop for your Medicaid and an view real time information	Children such as the
myHealthPortal			
Step 3 Click on 'Request Acce	ess' button to proceed		
myHealthPortal			*
Step 2: Applications - Showing	applications for 'Michigan Depart	tment of Health & Human Ser	vices'
			+
Health & Human Services			
Michigan Department of			
4			*

4. Read the myHealthPortal Terms and Conditions, and click "I Accept."



5. Read the statement shown on the screen, and click the "I AGREE" checkbox. Enter information in the required fields (Date of Birth, Street Address 1, City, State, and Zip Code), and click "Submit."

	Home	Help	Logout	3	MI.gov
<sup>3</sup> MILogin					
Request Application Access					
* = Required Fields					
This application requires following attributes:					
*Email Address					
johndoe@example.com					
In order to proceed with this request, you also need to provide the following	ig additional information				
You understand that by clicking on the I AGREE button Immediately following this Michigan under the Fair Credit Reporting Act authorizing the State of Michigan to information from Experian. You authorize the State of Michigan to obtain such info transactions in your name prior to granting you online access to and use of the State State State	notice, you are providing 'written instr oblain information from your personal rmation solely to confirm your identity ate of Michigan web site.	uctions' credit p to avoi	' to the St profile or c d fraudule	ate of other ent	
I AGREE					

sasic mormation			
First Name			
John			
Last Name			
Doe			
Date of Birth			
01/01/1975			
Residential Address "Street Address 1			
12345 Main Street			
Street Address 2			
*City	*State	"Zip Code	

 Answer the identity questions, and click "Submit." If successful, a confirmation email will be sent to the email address used to create your MILogin account. Using the link on the screen, log out of your account.

Copyright 2014 State of Michigan

Policies

Contact Us

Last 4 Digits of SSN

Submit

A Return to home page

MILogin Home

Note: Date of Birth, Address and Last 4 digits of SSN will not be saved.

Clear

Michigan gov Home

	Home	Help	Logout	🐪 Ml.gov
MILogin				
Request Application Access				
The request for your access has been successfully s	ubmitted.			
Please logout and login to view the updates list of application(s) on	your home pag	e.		
Logoyt				

## **Register in the myHealthPortal**

 Enter your MILogin user ID and password at <u>https://milogin.michigan.gov</u>, and click "Login." (Note: You will always use this web address to access the myHealthPortal.)

			Home	Help 🐪	MI.gov
<sup>3</sup> MILogin					
Login to your account					
* = Required Fields					
	"User ID				
	JohnDoe123				
	*Password				
		login 🔐			
	Forgot yo	ur password?			
	Having trou	uble logging in?			
Don	have an account?	Create New Account			
Mittagin Hame Mic	bigan gov Home	Palcies	Cont	act Us	
	Copyright 201	4 State of Michigan			

2. Click on the myHealthPortal link.

A Joh	<b>in Doe</b> 's Home Page			Need Help?
Your pa	ssword will expire in 365 days	k.		
Manage	e your account			
\$	Request Application Access	1	Update Prote	
	Change Password	1	Undate Security O&A	

3. The myHealthPortal application will open in a new window. Complete the required registration fields, and click "Next."

Please note, if you are enrolled in Medicaid or Healthy Michigan Plan and are enrolling yourself, you should select the Relationship to Member as Self as shown in the screen shot below. If you are not enrolled in Medicaid or Healthy Michigan Plan, but are a Responsible Party, Case Head, Guardian or Guardian Agency representative to an individual, please select the appropriate Relationship to Member status (other than Self) when completing your registration. Upon successfully registering yourself, you will then be able to add the appropriate member(s) to your account.

Ap Registration		Helio john Doe
	* = Required Fields	Welcome to myHealthPortal
* Relationship to Member 7		The myHealthPortal is a one stop shop for your Medicaid and
Set		Criticiten Special Health Care Services healthcare coverage information, hou can view real time information such as the
• Member First Name	* Member Last Name	services you are covered for, look up doctors, access your minimum cant and much more, all this any your fingertips. It's fail and simple, register once and get instant access to both social annexity.
		You are 3 easy steps away from accessing your healthcare coverage information-
<ul> <li>Member Date of Birth (MN/DDR/YYY)</li> </ul>	* Member Zip	Provide Registration Defails - Please refer to your infreation card for exact information     Accent Vision Americanian
		3. Set your perional PIN
* Member mihealth Card ID		Once registered you can access both applications myHealthPortal and myHealthButton at any time.
		Larci pet started
		A Disconner For any questions, please contact the senerationy

If the Relationship to Member is Responsible Party, Case Head, Guardian or Guardian Agency, additional fields for the first and last name of the person responsible for the care of the member must also be completed. myHealthPortal Michigan Department of Health and Haman Services 0 4 0 ₫<sub>≠</sub> Registration Hello John Doe \* • Required Fields Welcome to myHealthPortal! The mysleatthPonaria is one stup shop for your Medicard and Children Special Health Caro Services healthcare coverage information. You can view real time information such as the services you are covered for, look up bottom, access your mhealth card and much more, all time at your hogenops, it's fault and simple, register into and get instant access to both evidences to both \* Relationship to Member 7 Responsible Party . \* Responsible Party First Name \* Responsible Party Last Name opplications Doe john: You are 3 easy steps away from accessing your fearthcare coverage information-\* Member First Name \* Member Last Name Doe iane :

\* Member Zip

12345

=

> Next D Clear

A provide Registration Details - Rease refer to your instruction
 Card for awart information
 Card for awart information
 Card for awart information
 Card registrated you can access both applications myHealthPortal
 and myHealthBotton at any time.
 Let's get transfol
 A Disclamer for any questions, please contact the Beneficiary
 Healt biol 643-815 (TTY: 885-801-8056) Monday through
 Pridg am to 7 per or amail the myHealthPortal ham at

mithe attribution @ michigan.gov

Copyright 2016 myHealthPortal

\* Member Date of Birth

\* Member mihealth Card ID

(MM/DD/YYYY) 06/30/2005

0123456789

mytieamBucon@mittigan.gov Beneficiary Help Line : 800-042-3195 TTY : 800-501-5650 4. Review the member information shown. If all information is correct, click "Confirm."

a Confirm Details		Helio John Doe.
Relationship to Member ?		Welcome to myHealthPortal!
Responsible Party Responsible Party First Name John Member First Name Jane Member Date of Birth (MM/DD/YYY) D6/30/2005	Responsible Party Last Name Doe Member Last Name Doe Member Zip	The implementinformation are once stop strong for your Medicality and Childreim Special Health Carle Services insettificant coverage information. You can view real time information such as the services you are covered for, look up doctors, social your infinishit card and exist more, all this ary your finguration. It's test and simple, reporter once and get instant access to birth applications! We are 3 acos staps away from accessing your healthcare coverage information. 1. Provide Registration Details - Please refer to your minimum card for exact, information 2. Access to be Agreement. 3. Set your personal PIN
Member mihealth Card ID 0123456789.	48162	Once registered you can access both applications mythealthPartal and mythealthButton at any time. Left's get started!     Once the started!     Once the started in the started into 7 pm or email the mythealthPartal team is an application to applicationte to application to application to application to application t

5. Read the agreement, and click the "I ACCEPT" checkbox. Then, click "Submit."



#### myHealthPortal Michigan Department of Health and Human Services

#### Agreement Hello John Doe. Welcome to myHealthPortal! The mythealinPortal is a one scop shop for your Medicald and Children Special Health Care Senses healthcare coverage information. You can you were real time information such as the senses you are covered for, book up doctors, access your mitheabs card and much more, all this at your fingertips. It's fast and simple, register once and get instam Account, Password, and Security To open an account, you must complete the registration process by providing us with current, complete, and accurate information as prompted by the Registration Form. You will then choose a password. You are entirely responsible for maintaining the confidentiality of your access to both applications! password and account. Furthermore, you are entirely responsible for any You are 3-easy steps away from accessing your healthcare and all activities that occur under your account. You agree to notify State of coverage information Michigan (SOM) immediately of any unauthorized use of your account or 1. Provide Repotration Details - Please refer to your miheelth card for exact information. 2. Accept User Agreement any other breach of security. Do not give out your password or allow it to be seen, or used, by anyone else. If someone else learns your password, 3. Set your personal PIN they might use this Application to get private information about you inthesit onor loosalarlata that us cannot itee contil one change in Once registered you can access both applications mythealthFortal and mythealthButton at any time. Lot's get started! I ACCEPT ▲ Dischamer For any questions, please contact the Beneficiary Hop Line 800-682.3195 (TTF 866-801-8656) Monday through Friday S am to 7 pm or email the mytheattiPortal team at <u>mytheatthbutton@mytheattiPortal</u> team at Back Submit O Cancel

Copyright 2016 myHealthPortal

myHealmButton@michigan.gov Beneficiary Help Line - 800-642-3195 TTV - 866-501-5656 0 6

.

6. A temporary PIN has now been sent to the email address used to create your MILogin account. On the page shown below, enter the temporary PIN, and click "Submit."

S PIN	The PIN is an added security measure used for logging in to	
* = Required Fields * Enter PiN * Submit / Request a new PiN 7 C Clear	<ul> <li>the application. It authorizes the machinely you are using, so that someone ella cannot try to log in from adother machine wellow and an environmental and an environmental and the some after your mittail wellows emerged a PNA email adout a memory PNA, propy table the Torgitz PNA" system that and a new data wellow to a set to your provide the Torgitz PNA" system to a set of the torget and the torget and the set of the torget and the set of the torget and the torget and the set of the torget and torget and the torget and torget and the torget and torget</li></ul>	

7. You will now be asked to change your PIN. Create and enter a new PIN in the New PIN and Confirm PIN fields, and click "Submit."

G Change PIN	The PIN is an addrest security measure used for logging in to the application. It authorizes the machine way are used to	
* = Required Fit	elds that someone else carried by to log in from another machine without your innorfedge.	
* New PIN	You should have received a PN email after you successfully	
(1 <u>111</u> )	registered. The FIN email would arrive after your initial welcome email 3 if you have forgotten your PIN, simply click	
	the "Forgot PNP" hyper into and a new one will be sent in	
* Confirm New PIN	Processing and only valid for a short time. If you request a Processing of the during of within a few hours, the Processing of the Procesing of the Processing of the Processing of the Process	
	tectume invalid, just request a new one by clicking "Forgot and"	
	<ul> <li>The PIN is 4 digit numeric only</li> </ul>	
Submit CClear	If you receive an email with a PIN without requesting use, or	
	just have further questions, please contact the Beneficiary Netotice at 800-642-3195 or email the crystearthPortal team	
	et myheelthoution Smithigen gov	

8. If desired, make changes to your notification preferences, and click "Submit."



Congratulations! You have now completed registration in the myHealthPortal! From now on, you will only be asked to enter your MILogin user ID and password and new PIN to access your information in the myHealthPortal or the myHealthButton.