



PROVIDER TRAINING

STAR Health



In the Foster Care World

Victims of Child Abuse and Neglect

Scientific studies have documented the link between the abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders. Abused and Neglected child victims may be linked to:



Fetal Alcohol Syndrome

Intrauterine Assault

Shaken Baby Syndrome

Developmental Delays

Bonding and/or Attachment Disorders

Brain Trauma

Domestic Violence

Self/Sibling Abuse

Depression

Alcoholism

Drug abuse

Teen Pregnancy

Obesity

Crime

STAR Health HISTORY

Why STAR Health?

- ❖ Better serve needs of foster children by:
 - Easier access to health care services
 - Coordination of health care services
 - Establishing a Medical Home (PCP)
 - Providing emergency support and services
- ❖ Recognizes children in foster care have greater health care needs
 - May be abused and neglected
 - May need more behavioral health services
 - May need more help in treatment with asthma, depression, etc.
 - Developmental delays may be present
 - Dental and Vision Services were limited

STAR Health TODAY

STAR Health's Commitment



- ❖ Understand the Foster Care Community
- ❖ Be Sensitive to the needs of the Foster Care Population
- ❖ Provide Accessible and Integrated Care
- ❖ Provide an Electronic Health Passport
- ❖ Deliver Appropriate Education to all Stakeholders

STAR Health Commitment

❖ Continuity of Care

- Improve Network Adequacy and Access to Care
- Pay Claims Timely

❖ Integration of All Health Services

- Physical, Behavioral, Dental and Vision
- Medical Home (PCP)

❖ Service Coordination & Service Management

- Coordinate communication among Medical Consenters, Caregivers, Members, Providers, DFPS Staff, Guardians Ad Litem, Attorneys Ad Litem, Courts for the best interest of the child
- Ensure coordination and sharing of health information between providers and other agencies/programs (Health Passport, ECI, WIC, MTP, etc.)

STAR Health

STAR Health is working together for children in conservatorship and their special needs:

- Medical Consenters (Identified to consent to the child's medical care)
- Caregivers (DFPS authorized caretaker for the child)
- Providers (Doctor's, Therapists, Dentists, etc.)
- DFPS Staff (CPS Caseworker, Kinship worker)
- Guardians and Attorneys at Litem, and Judges
- Courts

Children and Young Adults are Eligible when in:

- Foster care
- Kinship
- Young adults who choose to remain in foster care placement up to age 22
- Previously in foster care and still receiving Medicaid services
- Newborn born to a Member in STAR Health

Linking of Services.....



TEXAS HEALTH AND HUMAN SERVICES COMMISSION
Providing leadership, direction, and innovation to achieve an efficient and effective health and human services system for Texans.



TEXAS
Department of Family and Protective Services



SUPERIOR
Health Plan™
Network



TEXAS TRUE CHOICE



Cenpatico
Improving Lives.



NurseWise
A CenCorp Health Solution™



DELTA DENTAL



OptiCare
MANAGED VISION
Total Vision Health Plan (TVHP)



SUPERIOR
Health Plan™
Network

STAR Health BASICS

Who is Superior HealthPlan Network?

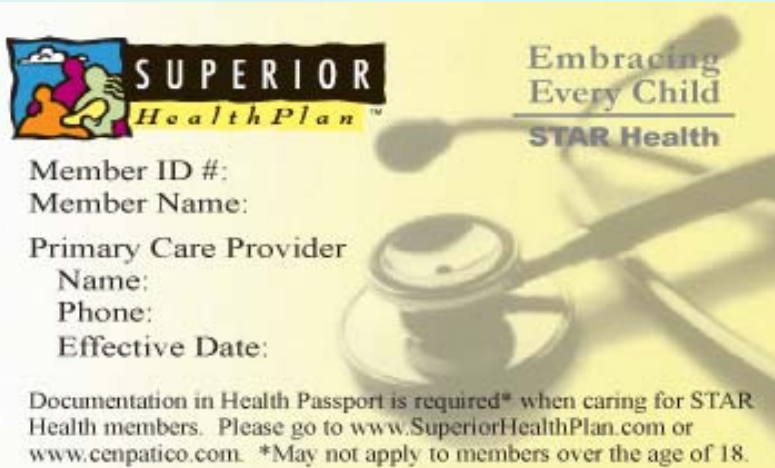
- ❖ Organization selected to assist the State of Texas with the Health benefits for Foster Care recipients
- ❖ Serving Texas Medicaid Members since 1999
- ❖ Subsidiary of Centene Corporation
 - As of June 30, 2007, Centene Corporation served 1,131,500 members nationally
 - Publicly traded on NYSE
 - Sole focus on Government Services programs

How do I verify Enrollment?

To verify eligibility and plan enrollment, providers may access information through:

- Call Superior's STAR Health Member Hotline 24/7 at 1-866-912-6283
- Individualized Provider Panel Report
 - ✓ Provider Web Portal
 - ✓ Hard copy on a monthly basis
- Member's monthly Medicaid Identification Form -3087
- DFPS Form – 2085 (B or C)
- STAR Health ID card

Member ID Cards



Service Coordinator/Coordinadora de Servicios: 1-866-912-6283

Member Services/Servicios para Miembros: 1-866-912-6283

Available 24 hours a day/Disponible las 24 horas del día

Behavioral Health/Servicios de salud mental: 1-866-218-8263

Available 24 hours a day/Disponible las 24 horas del día

Vision Services/Servicios de la vista: 1-866-642-8959

Dental Service/Servicios dentales: 1-866-287-3419

If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.)

Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana. (No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

If you have a medical question, call NurseWise® at 1-866-912-6283.

NurseWise is open 24 hours a day – every day of the year.

Si tiene una pregunta acerca de la salud, llama a NurseWise al 1-866-912-6283. NurseWise esta abierta las 24 horas del día/ todos los días del año.

****Approval to treat members will be provided by the Medical Consenters ****

This does NOT apply to Emergency Care

HEALTHCARE PROVIDERS

Medical Home - Availability

- ❖ Available 24 hours a day, 7 days a week
- ❖ Appointment availability standards
 - ✓ **Routine Exam** - within two (2) weeks of request
 - ✓ **Urgent Care** - within the same day of request
 - ✓ **Emergency Care** - immediate
(NO prior authorization is required for this type of care)
 - ✓ **Referrals to Specialist** - seen within four (4) weeks of request

Medical Home - Compliance

❖ **Ensure timeline compliance as needed**

➤ **Early Childhood Intervention: 1-800-628-5115**

- ✓ All health care professionals are required under federal & state regulations to refer children (under age 3) to ECI within two business days of identification of a disability or suspected developmental delay
- ✓ Works with child, family and provider to develop a plan (IFSP) which can include physical, occupational, speech therapies

Medical Home PCP - Expectations

- ❖ Communicate member needs with Service Management for Physical, Behavioral, Vision, Dental, Specialty and/or Diagnostic Assessments, and other organizations (WIC, MTP, DME, etc)
- ❖ Provide Referrals and Secure Authorizations
- ❖ Deliver patient education - healthy lifestyles and wellness
- ❖ Ensure Emergency care follow-up
- ❖ Assure heightened attentiveness to potential abuse or neglect and reporting requirements
- ❖ Use and support the update of Health Passport information for continuity of care

Medical Home PCP – Expectations (cont'd)

- ❖ Use of valid screening and assessment instruments to ID members with Mental Health (TX Health Steps Behavioral Health Forms)
- ❖ Identify Members suffering trauma to the brain and referring to appropriate specialty provider

Specialty Care Provider - Expectations

- ❖ Maintain contact with PCP

 - Support the Medical Home

 - Share information

 - Adopt and Support Health Passport

- ❖ Appointments within four (4) weeks of request

STAR Health is not responsible for payment of any unauthorized, non-emergency services provided by an Out-Of-Network Providers

Behavioral Health Care Provider -Expectations

- Comply with the *Psychotropic Medication Utilization Parameters for Foster Children*
www.dshs.state.tx.us/mhprograms/psychotropicmedicationfosterchildren.shtm
 - Expand the use of Evidence-Based practices
 - Trauma Focused Cognitive Behavioral Therapy
 - Cognitive Behavioral Therapy for Sexually Abused Children
 - Provide Services to targeted populations
 - Abandonment Issues
 - ADHD
 - Provide documentation required for judicial review
 - Initial assessments and monthly reviews

All STAR Health Provider Requirements

❖ Comply with:

- Court orders
 - ✓ Render court ordered health care services for the child
 - ✓ Provide documentation (reports/reviews) as requested
 - ✓ Testify in Court
- Policy and Procedures as noted in the Provider Manual: Quality Assurance & Process Improvement
- Provisions: Maintenance and Provision of medical records – HIPAA compliant
 - ✓ Release medical records to DFPS and/or Medical Consenters
- Cultural Competency contractual requirements: Treat all STAR Health Members with dignity and respect

THE STEPS REQUIREMENTS

Texas Health Steps Program (THSteps)

- THSteps is a comprehensive preventative care program for all Medicaid-eligible children under the age of 21.
- All initial screenings are to be performed by the Member's PCP or other network THSteps Provider and should include, at a minimum:
 - Family History
 - Physical examinations
 - Dental assessment, check up and treatments
 - Measurements (height, weight and infant head circumference)
 - Mental Health assessment
 - Developmental and Nutritional assessments
 - Vision and Hearing Screenings
 - Laboratory tests
 - Lead Screenings
 - Tuberculosis Test
 - Immunizations
- THSteps forms, periodicity and vaccination schedules can be found in Medicaid Manual or online at www.tmhp.com

Texas Health Steps Changes

- **Effective September 1st, 2010**
 - All children newly enrolled in the STAR Health Program will need a Texas Health Steps checkup within 30 days of enrollment.
 - Annual medical checkups for existing Members age 36 months and older are due on the child's birthday.
 - The annual medical checkup is considered timely if it occurs within one year of the child's birthday.
- **Reminder:**
 - Requirements do not apply to members moving from placement to placement.
 - New Members who are 6 months and over must have a dental checkup within 60 days of enrolling in the STAR Health Program.
 - After that, EVERY child must have a dental checkup every six months through the age 20.

THSteps for Newly Enrolled STAR Health Members

- Notifications to New Members about THSteps
 - Welcome Calls
 - Provide information about THSteps and the timelines for STAR Health Members
 - Welcome Packets
 - THSteps Flyer included in New Member Welcome packet
 - On Hold Message
 - THSteps “on hold” message plays on Member Services Hotline

THSteps – Current STAR Health Members

- THSteps monthly reports (P46 and P47)
 - Provided to Superior by HHSC that lists all members who are DUE or OVERDUE for their THSteps exams
 - Flyers mailed to every Member on these lists
- Follow-Up calls
 - Made by Superior reminding the Member, Caregiver and/or Medical Consenter to schedule the THSteps visit
 - Delta Dental also sends out THSteps flyers reminding Member, Caregiver and/or Medical Consenter of the importance of scheduling a dental exam.

Medical Transportation Program (MTP)

1-877-633-8747

- The **Medical Transportation Program (MTP)** is designed to serve STAR Health Members that have no other means of transportation for medical, behavioral, dental or vision appointments.
- A Member can request medical transportation services, by calling the **MTP Program at 1-877-633-8747**. Intake Specialists are available to take requests by telephone on weekdays from 8:00 am to 5:00 pm. MTP requires at least two work day's advance notice for most requests but will attempt to accommodate urgent requests. Patients should call in their request as far in advance as possible.
- The MTP Program may also reimburse mileage for the client, a parent, friend, or someone else to take the client to health care services, if the trip is scheduled in advance and the driver abides by the MTP guidelines.
- Superior is able to assist with coordination of MTP services or make arrangements for transportation (through the Value-Added Services) if MTP is not available.

COMPLIANCE

Health Passport - Advantage

- ❖ Web-based system
- ❖ Electronic health information for each Member
- ❖ Authorized access with role based security
- ❖ Repository for Member Health information
- ❖ Provider's Responsibilities

Quality Improvement

How quality works with our provider community

- Manages the annual HEDIS data submission process and implements interventions to improve HEDIS scores
- Maintain compliance with quality related areas of HHSC regulations
- Conducts member satisfaction surveys (CAHPS) annually
- Generates, distributes and analyzes provider profiles
- Performs medical record audits
- Conducts provider satisfaction surveys annually
- Review, investigates and analyzes quality of care concerns (Member Complaints)

HIPAA / Fraud, Abuse and Waste

- ❖ Health Insurance Portability Accountability Act (HIPAA) of 1996
 - Providers and Contractors are required to comply with HIPAA guidelines
- ❖ Fraud, Abuse and Waste (Claims/Eligibility)
 - Providers and Contractors are all required to comply with State and Federal provisions that are set forth

To report Fraud, Abuse and/or Waste contact the Office of Inspector General (OIG)

512-424-6500

What if you suspect abuse or neglect of a child?

1-800-252-5400

or

9-1-1

24 / 7 / 365

SERVICE MANAGEMENT MODEL

Service Management Delivery Model

- ❖ Integrated Physical & Behavioral Health Service Teams Located in 7 Regions Across the State (El Paso, Dallas, Lubbock, Austin, Houston, San Antonio, Corpus Christi)
- ❖ Service Managers and Coordinators (physical and behavioral) make up the Core Infrastructure with 3 Specialized Teams (located in Austin, Dallas and Houston)
- ❖ Senior Management Staff Include: VP of Medical Affairs, STAR Health COO and Other Key Management Staff Located Throughout the State
- ❖ Additional Internal Resources are Comprised of: CONNECTIONS Representatives, STAR Health Liaisons, Member Advocates, Inpatient Service Management Nurses, Prior Authorization and Referral Staff
- ❖ Sole Functions of the Service Management Program are to Coordinate and Integrate the Physical and Behavioral Health to Meet the Needs of the Foster Care Children in STAR Health

Service Management

❖ Clinical and non-clinical support

- 24/7/365 Accessibility to STAR Health staff via the STAR Health Member Services Hotline at 1-866-912-6283
- Identification of member's needs
- Referrals/pre-authorizations/certifications
- Communicate with doctor and other providers to develop a “Health Care Service Plan” to address the unique needs of the client
- Coordinate services with other entities to ensure integration of care (ECI, WIC, DME, MTP, etc.)

Service Management

Direct Support

- ❖ Members With Special Health Care Needs
 - Follow-up and document reported results
 - Depression Disease Management
 - Asthma Disease Management

- ❖ Monitor adherence to treatment plan to promote permanency
 - Follow-up and document reported results

- ❖ Promote Best Practice/Evidence-based services
 - Includes compliance with Psychometric Medications on utilization standards

- ❖ Identify and report potential abuse/neglect

Service Management Disease Management Programs

- ❖ Disease Management services are part of a person-based approach to Disease Management and holistically address the needs of Members that relate to chronic conditions that are prevalent in Members. Participation criteria apply to Members with primary diagnosis applicable to the Disease Management Programs. Members have the choice to participate with the Programs activities or opt out of the Program.

Service Management

Depression Disease Management

- ❖ STAR Health's Depression Health Management Program will ensure that Members who have depression or at risk for depression receive appropriate treatment by:
 - Early identification of children in need of mental health services
 - Ensuring appropriate treatment of childhood depression
 - Educating PCP's and caregivers on detection and treatment of depression
 - Promoting communication and collaboration between caregivers, behavioral health providers, and medical providers to arrange services that treat childhood depression in children in foster care.

Service Management

Asthma Disease Management

❖ STAR Health's Asthma Management program is a interaction designed program to identify and treat Asthma patients in the following steps:

- » Initial Tele-assessment
- » Education for low-risk members
- » Telephone Initial Visit and Self-Management Tools for Medium risk members
- » Home Interaction for High Risk Members
- » Coordination of Referral Service

Coordination with Service Organizations

- ❖ Early Childhood Intervention (ECI)
- ❖ Texas School Health and Related Services (SHARS)
- ❖ DSHS Mental Health Targeted Case Management
- ❖ DSHS Case Management for Children and Pregnant Women
- ❖ DFPS Targeted Case Management
- ❖ Local Mental Health Authorities (LMHA)
- ❖ Women, Infants and Children Program (WIC)
- ❖ Medical Transportation Program

Communication and Confidentiality

- ❖ STAR Health will ensure coordination and sharing of any health information between Caregivers, Medical Consenters, DFPS workers, Courts and all Providers (as appropriate) to guarantee that all foster children's healthcare needs are met.
- ❖ STAR Health, by law, will keep all health records and medical information private. Discussions with the doctors or other healthcare providers are also kept private. STAR Health will always make sure that any sharing of medical information will meet all State and Federal confidentiality laws.

Advance Directive

- ❖ Federal and state law require MCOs and providers to maintain written policies and procedures for informing all Members 18 years of age and older about their rights to refuse, withhold or withdraw medical treatment and mental health treatment through Advance Directives
- ❖ STAR Health does not require a Member to have an advanced directive as a condition for receiving health care nor does STAR Health discriminate against a member based on whether or not the member has or does not have advanced directive.

What else do I need to know?

What can we do to assist our Members with any concerns or disagreements they may have?

Pre-Appeals Process

NEW to STAR Health

- ❖ In order to minimize service denials, STAR Health is committed to the unique nature of foster children. STAR Health will contact the provider, caregiver, medical consenter, and/or DFPS to request any additional, related information to help the approval of the service or with the development of other care options to meet the Member's needs
- ❖ STAR Health will make a decision on a service authorization within **3 days**. This process can be extended up to 14 days if more information is needed.

Complaints

Effective July 1, 2008, an on-line complaint submission feature was added through Superior's website to file complaints regarding dissatisfaction with Superior. All complaints received from Providers must be submitted to Superior in writing.

- ❖ All complaints sent via mail or Fax to be submitted to:
 - ❖ **Superior HealthPlan Network**
 - ❖ **Attn: Complaint Department**
 - ❖ **2100 South IH-35, Ste. 202**
 - ❖ **Austin, Texas 78704**
 - ❖ **1-866-683-5369**

- ❖ For on-line complaint submissions:
www.superiorhealthplan.com/portal/public/superior/provider/quicklinks/complaint
- ❖ The website also contains a complaint form that can be printed and faxed or mailed to Superior. The link is:
<https://www.superiorhealthplan.com/portal/wcm/resources/file/eb1d480bac6a250/ProviderComplaintForm0505.pdf>
- ❖ State compliant email address is: www.Star.Health@hhsc.state.tx.us

- ❖ If you need assistance, please call us at 1-866-439-2042

Appeals

- ❖ Superior HealthPlan acknowledges providers' right to file appeals on disputed claims. If a provider is not satisfied with a claim payment or denial, the provider has 120 calendar days to submit a written appeal for claim reconsideration from the date of his or her receipt of the Explanation of Payment (EOP). A claim appeal can be initiated by submitting a written explanation of the reason for appeal and a copy of the original EOP.

OVERVIEW

Overview: Traditional Medicaid vs. STAR Health

Traditional Medicaid

1. Enrollment – Detail Process
2. Coverage may be interrupted if child moves
3. Difficulty with locating doctors and specialists
4. Accessing Member's medical history can be difficult when child moves
5. When immediate health problems or concerns take place, it can be difficult to get quick answers on what to do

STAR Health

1. Enrollment – Health care services are available immediately after child is removed from the home
2. Provides statewide coverage
3. Member hotline available 24 hours a day- everyday. PCP makes referrals to specialists
4. Health Passport will provide electronic access to child's health record
5. 24-hour Nurse line (NurseWise) available to assist when immediate questions need to be answered quickly

Overview: Traditional Medicaid vs. STAR Health (cont'd)

- | | | | |
|----|---|----|--|
| 6. | May need to see different providers for immunizations and checkups for Texas Health Steps | 6. | Can go to any THSteps provider in the Superior Network for check ups and immunizations (to include lead screening) |
| 7. | Some providers are not familiar with the special needs of children in Conservatorship | 7. | Continuous training will be given to all STAR Health providers in order to address the unique needs of children and young adults in foster care. |
| 8. | No coordination of treatment for children with serious medical or mental health issues | 8. | A service management team is available for all children with serious medical and/or mental health issues |
| 9. | Caregivers have to call multiple places to access the services that they need (i.e. schedule appointments, locate a provider, confirm eligibility on a child) | 9. | Caregivers can contact STAR Health to access any service they need (continuity of care) |

Check Out Our Web Sites!!

www.fostercaretx.com

www.superiorhealthplan.com

www.cenpatico.com

Who do I Call if I need assistance?

STAR Health (SHPN)	1-866-439-2042
Cenpatico (Behavioral Health)	1-866-218-8263
Delta Dental (Dental Services)	1-866-287-3419
TVHP (Vision Services)	1-866-642-9488

Question and Answers

Texas Health Passport Training Guide

Health Passport - Interactive

❖ Populated through various interfaces

- Claims (includes Physical, Behavioral, Pharmacy, Vision and Dental)
- Provider- Direct Input, Fax, PDF
- Pharmacy Feed from State's Vendor
- Laboratory Feed from Quest
- ImmTrac immunization database

❖ Historical HHSC claims data

Health Passport - Interactive

- ❖ Providers have a responsibility to add health care information on foster children into the Health Passport on a monthly basis

Can enter specific information directly into Passport

or

Can send information to SHPN/Cenpatico via mail/fax

Physical Health Providers

SHPN

PO Box 3003

Farmington, MO 63640-3803

Mental Health Providers

Cenpatico

PO Box 6300

Farmington, MO 63640-3806

Fax # 1-866-274-5952

- ❖ For issues/concerns regarding the Health Passport, contact the Health Passport Help Desk at **1-866-714-7996**

User Agreement

User Agreement

User Agreement for Health Care Providers

For purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying privacy and security standards for an individual's protected health information, Health Care Providers are advised that this website is intended to be used in a manner defined within the "Treatment, Payment and Healthcare Operations" portion of the HIPAA privacy standards.

Terms of the Agreement:

As a health care provider:

- You are responsible for identifying authorized users of the Health Passport within your organization.
- You are responsible for ensuring all users in your organization comply with all applicable state and federal laws, including privacy laws.
- Access to patient information must be limited to those patients actively under your professional care.
- You are responsible for maintaining the physical security and confidentiality of Health Passport.

Read the User Agreement and then chose the "I Do Agree" button or "I Do Not Agree" button.

Note: Clicking the "I Do Not Agree" button will exit the application.

Home Page

Example User, Texas Health Passport



Click the Home icon from any screen in the chart to return to the home page.

Home

Search

[Day List](#)



To access the Day List click here.

Person Search

Last Name* First Name* Medicaid Id OR SSN OR DFPS Id

From the Home Page:

1. Perform a Patient Search
2. Build a Day List



Home Page – Person Search

Home

Search
Day List

Person Search


Last Name* First Name* Medicaid Id OR SSN OR DFPS Id

To search for a patient: Enter a portion of the patient's first and last name in conjunction with their Medicaid Id, Social Security Number, or DFPS Id.

Person Search Results

NAME	AGE	DOB	GENDER	MEDICAID ID	DFPS ID
DUCK, HEWEY R	12Y 9M	3/17/1995	M	TX00104267101, 515720598	26434518

Click on the patient's name to open their record.



Home Page – View Day List

Example User, Texas Health Passport

Home

Search

Day List

View Day List

Manage Day List

» Show (Texas Health Passport, All Providers, 2/8/2008)

Organization

Texas Health Passport

Provider

All Providers

[Choose Provider...](#)

Date(MM/DD/YYYY)

2/8/2008

Cancel

OK

Click the Show hyperlink to view a different clinician's Day List or a different date.

Previous and future Day Lists can be viewed.

Texas Health Passport - All Providers, 2/8/2008 Day List

NAME	TIME	DOB	GENDER	PROVIDER	DFPS ID	MEDICAID ID	DAY LIST ACTIONS
DUCK, DONALD E	08:15 AM	3/1/1995	M	Unspecified	26434518	TX00104267104, 515720598	Modify... <input type="button" value="Remove"/>
DUCK, DEWEY X	08:30 AM	3/17/1995	M	Unspecified	26434518	TX00104267102, 515720598	Modify... <input type="button" value="Remove"/>

Click the Modify hyperlink to change the date or time of a patient's appointment.



The Day List: By having a staff member(s) enter patient appointments into the Day List, each clinician within the facility will have the ability to view a list of patients who are going to be seen on a particular day. As each patient appointment becomes a hyperlink to the patient's chart, this provides a better workflow for clinicians as no patient search will be needed to view the chart.

Home Page – Build Day List

Example User, Texas Health Passport

Home

Search

Day List

View Day List

Manage Day List

» Add to (Texas Health Passport, All Providers, 2/8/2008)

Click the Add To hyperlink to manage a different clinician's Day List or to manage a Day List for a different day.

Person Search

Last Name* First Name* Medicaid Id OR SSN OR DFPS Id

Person Search Results

NAME	AGE	DOB	GENDER	DFPS ID	MEDICAID ID	TIME (HH:MM)	
DUCK, LEWEY A	12Y 10M	3/17/1995	M	26434518	TX00104267103, 515720598	<input type="text"/> : <input type="text"/>	<input type="button" value="Add"/>

Some fields have been hidden to maintain patient privacy.

Enter the time of the patient's appointment and click the Add button to add the appointment to the Day List.

Texas Health Passport - All Providers, 2/8/2008 Day List

NAME	TIME	DOB	GENDER	PROVIDER	DFPS ID	MEDICAID ID	DAY LIST ACTIONS
DUCK, DONALD E	08:15 AM	3/1/1995	M	Unspecified	26434518	TX00104267104, 515720598	Modify... <input type="button" value="Remove"/>
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The Day List: By having a staff member(s) enter patient appointments into the Day List, each clinician within the facility will have the ability to view a list of patients who are going to be seen on a particular day. As each patient appointment becomes a hyperlink to the patient's chart, this provides a better workflow for clinicians as no patient search will be needed to view the chart.

Overview - Facesheet

Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 10M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

Overview Facesheet Recent Activity

Demographics Allergies Medications Visits Immunizations Forms Vital Signs Lab Results Disclaimer

The context banner will display at the top of a patient's chart to provide you with general information about the patient – similar to a tab on patient's paper chart.

To print a one year history of the patient's chart, click the Print icon printer icon in the context banner.

1234 W DISNEY AVE Orlando, TX 90210-1111 (314) 555-1234 alt: (314) 555-6789 Member #: TX00104267101(HP ID- for SUPERIOR use), 515720598(Medicaid ID) DFPS Id: 26434518(DFPS ID) Age: 12Y 10M Gender: Male DOB: 3/17/1995 Language: N/A Primary Care Physician PATEL, ATULKUMAR R 2019 S HENDERSON STE 2 KILGORE, TX 75662 (903) 984-2002

Click the Print hyperlink to print individual modules in the chart.

Choose a module from the Navigation Menu to view more information.

Allergies Add Allergy...

SUBSTANCE	REACTION	STATUS	TYPE
amoxicillin(*)	Confusion	Active	Allergy
bee pollen	Shortness of breath	Active	Allergy
clonidine	Confusion	Active	Allergy
lavender(*)	Rash	Active	Allergy
Lipitor	Nausea	Active	Allergy
gabapenafenide topical		Active	Allergy
measles virus vaccine	Difficulty swallowing	Active	Allergy
ibuprofen		Active	Allergy
Oil of Olay	Rash	Active	Allergy
Peanuts(*)	Hives	Active	Allergy
Tucks HC	Lethargy	Active	Allergy
Bee Stings(*)	Abdominal pain	Resolved	Allergy
penicillin(*)	Asthma	Canceled	Allergy

The Overview Module: Provides a snapshot view of recent encounters from the clinical information modules on the Navigation Menu. The Facesheet tab displays a patient's brief demographic information, allergies, and immunizations. To view more historical information on these categories click on the hyperlink to be taken to the corresponding module. Member demographic and contact information is updated daily.

Overview – Recent Activity

Search Day List Example User, Texas H

DUO clonidine, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

ME

Click on the Show hyperlink to view information within a specific date range or view more than 3 months of information.

Overview **Face sheet** Recent Activity

Demographics
Allergies
Medications
Visits
Immunizations
Forms
Vital Signs
Lab Results
Disclaimer

TESTPHYSICIAN, BOB Print

3360 FRENCHTOWN ST.
AUSTIN, TX 37411
Fax: (229) 890-3397
(229) 985-2080

» Show: From 6/2/2006 To 6/2/2007

Claim Visits

DATE	LOS	DIAGN
» 6/2/2007		ACUTE LABOR
» 6/2/2007		ACUTE LABOR

Medication Claims

5/21/2007	clonidine 0.1 mg or	Source: First Health)
5/21/2007	clonidine 0.1 mg or	Source: First Health)
4/23/2007	clonidine 0.1 mg or	Source: First Health)
3/21/2007	Adderall XR 30 mg oral capsule, extended release, #90.000, OLE PHCY #502, managed by SCHACK, RICARDO C (Source: First Health)	Source: First Health)
3/21/2007	clonidine 0.1 mg oral tablet, #90.000, OLE PHCY #502, managed by SCHACK, RICARDO C (Source: First Health)	Source: First Health)

BILLING ENTITY SOURCE

HOSPITAL ALIC, CHRISTUS SPOHN	Superior
HOSPITAL ALIC, CHRISTUS SPOHN	Superior
HOSPITAL ALIC, CHRISTUS SPOHN	Superior
HOSPITAL ALIC, CHRISTUS SPOHN	Superior
HOSPITAL ALIC, CHRISTUS SPOHN	Superior

All Labs

DATE & TIME (CT)	ITEM	VALUE	ORDERING PHYSICIAN	SOURCE
5/21/2007 12:00 AM	MCV.	94.8 fL*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	MCHC.	33.7 g/dL*	TESTPHYSICIAN, BOB	Quest

Click on a facility or clinician name anywhere within a patient's chart to display a demographic information window.

The Overview Module: Provides a snapshot view of recent encounters from the clinical information modules on the Navigation Menu. The Recent Activity tab displays a patient's claim visits, medications claims, and all labs. To view more historical information on these categories click on the hyperlink to be taken to the corresponding module.

Demographics

Search Day List

Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M

ALLERGIES: amoxicillin PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518



▼ MENU

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Profile

Name DUCK, HEWEY R	Primary Address 1234 W DISNEY AVE ORLANDO, TX 90210-1111 BELL (County), USA	Gender Male	Phone (314) 555-1234 (Home) (314) 555-6789 (Alternate)
Primary Language N/A	Marital Status Single	DOB 3/17/1995	Age 12 Y
Race/Ethnicity White/Hispanic	Authorized Level of Care 210	Forensic Assessment Indicator N	

Medical Contacts

NAME	ADDRESS	PHONE	TYPE
PATEL, ATULKUMAR R	2019 S HENDERSON STE 2 (Primary) KILGORE, TX 75662	(903) 984-2002 (Phone)	PCP

Personal Contacts

NAME	ADDRESS	PHONE	TYPE
MOUSE, MINNIE	1234 W DISNEY AVE (Primary) ORLANDO, TX 75110 NAVARRO (County)	(214) 555-1212 (Home)	Medical Consenter (Secondary)
DISNEY, MISSY Mother	1234 W DISNEY AVE (Primary) ORLANDO, TX 75110 NAVARRO (County)	(214) 555-1212 (Home)	Medical Consenter (Primary Backup)
DISNEY, WALTER DS	1234 W DISNEY AVE (Primary) ORLANDO, TX 75110 NAVARRO (County)	(214) 555-1212 (Home)	Medical Consenter (Secondary Backup)
DISNEY, WALTER	1234 W DISNEY AVE (Primary) ORLANDO, TX 75110 NAVARRO (County)		Caregiver
DOG, GOOFY	1234 W DISNEY AVE (Primary) ORLANDO, TX 75110 NAVARRO (County)	(214) 555-1212 (Home)	Caseworker
MOUSE, MICKEY Step Father	1234 W DISNEY AVE (Primary) ORLANDO, TX 75110 NAVARRO (County)	(214) 555-1212 (Home)	Medical Consenter (Primary)



The Demographic Module: Provides a profile view of the patient, lists the patient's medical and personal contact information. This information is updated daily.

Allergy - Profile

Search Day List

Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Allergies

Allergy Profile

The **A** denotes that there is a potential for an allergic reaction to take place while the patient is taking this medication. More information can be found by clicking on this icon.

SUBSTANCE	REACTION	STATUS	TYPE
amoxicillin(*)	Confusion	Active	Allergy
bee pollen	Shortness of breath	Active	Allergy
A clonidine	Confusion	Active	Allergy
lavender(*)	Rash	Active	Allergy
Lipitor			Allergy
mafenide topical			Allergy
measles virus vaccine			Allergy
naproxen			Allergy
Oil of Olay			Allergy
Tucks HC			Allergy
Bee Stings(*)	Abdominal pain	Resolved	Allergy
penicillin(*)	Asthma	Canceled	Allergy

If an allergy has a comment associated with it, an asterisk (*) appears next to the allergy name. Click the allergy name on the Allergy Profile tab to display additional information, including any comment connected with the allergy.

In addition to an Active allergy, some allergies may have a status of Resolved or Cancelled. Statuses can be changed by clinicians in case a allergy was charted in error or because the patient no longer has a allergic reaction to a substance. Strikethrough text indicates resolved and canceled allergies.

Print



The Allergy Module: This is an interactive module. Clinicians can view previously charted allergies entered by users of the Health Passport or choose to add a allergy themselves. It is important for clinicians to chart allergies here as this module performs interaction checking with medications listed in the Medications Module.

Allergy Details

Search Day List

Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Allergies

Allergy Profile Add Allergy

Allergy Profile > Allergy Details

Lavender

Type
Allergy

First Occurrence Date
12/2/2007

Reaction
Rash

Recorded By
Admin, 1Passport

Date Recorded
1/8/2008

Status
Active

Comments
Lavender causes rash on arms.

After clicking on an allergy you can see more details including who recorded the allergy and any comments that were made.

History

STATUS	VALID FROM	VALID UNTIL	RECORDED BY	REACTION	COMMENT
Active	1/8/2008	Current	Admin, 1Passport	Rash	Lavender causes rash on arms.



The Allergy Module: This is an interactive module. Clinicians can view previously charted allergies entered by users of the Health Passport or choose to add a allergy themselves. It is important for clinicians to chart allergies here as this module performs interaction checking with medications listed in the Medications Module.

Medications

Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, Bee Stings, clonidine, [MORE] PCP: PATEL, ATULKUMAR R. DOB: 3/17/1995 DFPS ID: 26434518

Formulary: No formulary found

Medications

Med Claims

Medication Claims

» Show: 3/6/2006 to 1/28/2007

						SOURCE
	clonidine 0.1 mg oral capsule, extended release	90.000	12/6/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	clonidine 0.1 mg oral tablet	90.000	12/2/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	clonidine 0.1 mg oral tablet	90.000	10/30/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	clonidine 0.1 mg oral tablet	90.000	9/29/2006			
	Adderall XR 30 mg oral capsule, extended release	90.000	9/13/2006			
	clonidine 0.1 mg oral tablet	90.000	8/28/2006			
	clonidine 0.1 mg oral tablet	90.000	7/28/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	clonidine 0.1 mg oral tablet	60.000	7/3/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	clonidine 0.1 mg oral tablet	60.000	6/9/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	Adderall XR 30 mg oral capsule, extended release	90.000	6/7/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	clonidine 0.1 mg oral tablet	60.000	4/27/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	Zoloft 50 mg oral tablet	30.000	4/19/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	Adderall XR 30 mg oral capsule, extended release	90.000	3/8/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health
	Zoloft 50 mg oral tablet	30.000	3/8/2006	OLE PHCY #502	SCHACK, RICARDO C	First Health

Print

The denotes that there is a potential for an allergic reaction to take place while the patient is taking this medication. More information can be found by clicking on this icon.

Click on a medication's hyperlink to receive more information on a medication claim.

The , , drug safety icons display to the left of a medication. If you position your cursor over the icon, a message displays the drug or drugs that cause that alert. Drug-drug and drug-food interaction checking is divided into these three levels of severity.

- Major Potential Hazard
- Moderate Potential Hazard
- Minor Potential Hazard

The Medications Module: Displays prescriptions that have been filled and picked up at the pharmacy. This information is populated by First Health pharmacy claims that are both paid and denied. This information is updated on a daily basis.

Medication Details

Search Day List

Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Medications

Formulary: No formulary found

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Med Claims

Medication Claims > Claim Details

Adderall XR 30 mg oral capsule, extended release

Dispense # 90.000 , Refill #: Initial fill

Pharmacy [OLE PHCY #502](#)
Filled: 6/21/2007

Other Managed By: [SCHACK, RICARDO C](#)
Source: First Health

Reference Information

[Dosage](#) | [Pharmacology](#) | [Warnings](#) | [Side Effects](#) | [Pregnancy Lactation](#)

[Patient Leaflet](#)

Medication Claims for amphetamine-dextroamphetamine (Last 1 year)

[Adderall XR 30 mg oral capsule, extended release](#)
[Adderall XR 30 mg oral capsule, extended release](#)

To view reference information about a medication, choose a relevant link in the Reference Information section such as Dosage, Pharmacology, Warnings, Side Effects, Pregnancy, or Lactation. You can also choose Patient Leaflet to display detailed information provided by the manufacturer.

SOURCE

First Health
First Health

At the bottom of the Medication Details a history of fills for the medication is displayed in reverse chronological order – showing the most recent fill first.



The Medications Module: Displays prescriptions that have been filled and picked up at the pharmacy. This information is populated by First Health pharmacy claims that are both paid and denied.

Visits

Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, Bee Stings, clonidine, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Visits

Claims Data

View by: **Visit** | Diagnosis | Procedure

DATE LOS DIAGNOSIS

» 6/2/2007 ACUTE TONSILLITIS 463 Inpatient Hospital HOSPITAL ALIC, CHRISTUS SPOHN Superior
LABORATORY EXAMINATION V72.6 HOSPITAL ALIC, CHRISTUS SPOHN
LABORATORY EXAMINATION V72.6 HOSPITAL ALIC, CHRISTUS SPOHN

Visit Details
Claim: 1000230202007159424049281 End of Service: 6/2/2007 Billing Entity: HOSPITAL ALIC, CHRISTUS SPOHN Attending Provider: Admitting Provider:

PROCEDURES CODE TERM DATE

- No procedures found -

DATE	DIAGNOSIS	LOS	PROVIDER	LOCATION
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
» 6/2/2007	ACUTE TONSILLITIS	463	HOSPITAL ALIC, CHRISTUS SPOHN	Inpatient Hospital
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	
	LABORATORY EXAMINATION	V72.6	HOSPITAL ALIC, CHRISTUS SPOHN	

View information organized by Visit, Diagnosis or Procedure. Also choose a blue column header to sort information by that criterion.

The Visits Module: Displays encounters a patient has had at various provider site types. This information is populated by claims from Texas Medicaid & Healthcare Partnership (TMHP), Superior Health Plan Network, Integrated Mental Health Services, Delta Dental, and Total Vision Health Plan of Texas (Opti-Care).

Visits

Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, Bee Stings, clonidine, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Claims Data

View by: Visit | [Diagnosis](#) | [Procedure](#)

By clicking on the Procedure hyperlink the visits will become viewable by procedure.

DATE	PROCEDURE	CODE	TERM	BILLING ENTITY	SOURCE
» 6/2/2007	Antibody; Helicobacter pylori	86677	CPT4	HOSPITAL ALIC, CHRISTUS SPOHN	TVHP
» 6/2/2007	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	86665	CPT4	HOSPITAL ALIC, CHRISTUS SPOHN	TVHP
» 6/2/2007	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	85025	CPT4	HOSPITAL ALIC, CHRISTUS SPOHN	TVHP
» 6/2/2007	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	86663	CPT4	HOSPITAL ALIC, CHRISTUS SPOHN	TVHP

Print



The Visits Module: Displays encounters a patient has had at various provider site types. This information is populated by claims from Texas Medicaid & Healthcare Partnership, Delta Dental, and Total Vision Health Plan of Texas (Opti-Care).

Immunizations

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, Bee Stings, clonidine, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Immunizations

[View Child Immunization Schedule](#) | [View Adult Immunization Schedule](#) | [Print](#)

VACCINE	ADMINISTRATION DATE	ADMIN AGE	SOURCE
Diphtheria, tetanus toxoids, and acellul	5/20/2000	5Y 2M	ImmTrac
Diphtheria, tetanus toxoids, and whole c	12/17/1996	1Y 9M	ImmTrac
Diphtheria, tetanus toxoids, and whole c	12/23/1995	9M	ImmTrac
Diphtheria, tetanus toxoids, and whole c	9/23/1995		
Diphtheria, tetanus toxoids, and whole c	7/27/1995		
Measles, mumps and rubella virus vaccine	5/20/2000		
Measles, mumps and rubella virus vaccine	9/24/1996	1Y 6M	ImmTrac
poliovirus vaccine, live, trivalent	5/20/2000	5Y 2M	ImmTrac
poliovirus vaccine, live, trivalent	12/17/1996	1Y 9M	ImmTrac
poliovirus vaccine, live, trivalent	9/23/1995	6M	ImmTrac
poliovirus vaccine, live, trivalent	7/27/1995	4M 1W	ImmTrac

Click the above hyperlinks to view the Child Immunization or Adult Immunization Schedules.



The Immunizations Module: This information is populated weekly by ImmTrac, the Texas Immunization Registry

Forms

Home Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R. DOB: 3/17/1995 DFFS ID: 26434518

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Documents

» Show: All

Documents

Expand All | Collapse All

- » Behavioral Health (0)
- » Dental (0)
- » ECI (Early Childhood Intervention) (0)
- » Other (0)
- » Physical Health (0)
- » Superior Member Service Plan (0)
- » THSteps (1)

<input type="checkbox"/>	SERVICE DATE	TITLE	PROVIDER	AUTHOR	STATUS	ACTION
<input type="checkbox"/>	12/20/2007	7-12 Months	--	Ramathal, noel	Completed	View Update Print History

» Forensic Assessment (0)

Click the Show All hyperlink to expand the view of all documented forms.

To only print select forms place an X in the checkbox and click the Print Selected button.

Click the Print Completed button to print all of the documented forms in the uploaded or completed status.

To view a documented form click the appropriate hyperlink header such as THSteps then click View.

The Forms Module: This is an interactive module. Clinicians can view previously documented forms for a patient or choose to add a form themselves. Providers can also fax forms into the Health Passport by faxing a form to 1-866-274-5952.

Forms

Home Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R. DOB: 3/17/1995 DFPS ID: 26434518

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Forms

Documents **Create** Print Selected

Create a New Document

Expand All | Collapse All

- » Behavioral Health (2)
- » Dental (1)
- » Other (1)
- » THSteps (14)

<input type="checkbox"/>	TEMPLATE TITLE	DESCRIPTION
<input type="checkbox"/>	13 Months-2 Years	Child Health Record Preventative Health Visit for children ages 13 months - 2 years. Contains family profile and health, development, child's health, nutrition, physical exam, sensory, health education, assessment, plan, mental health, development. To be completed by provider.
<input type="checkbox"/>	2-6 Months	Child Health Record Preventative Health Visit for children ages 2 - 6 months. Contains family profile and health, development, child's health, nutrition, physical exam, sensory, health education, assessment, plan, mental health, development. To be completed by provider.
<input type="checkbox"/>	3-5 Years	Child Health Record Preventative Health Visit for children ages 3 - 5 years. Contains family profile and health, development, child's health, nutrition, physical exam, sensory, health education, assessment, plan, mental health, development. To be completed by provider.
<input type="checkbox"/>	6-10 Years	Child Health Record Preventative Health Visit for children ages 6 - 10 years. Contains family profile and health, development, child's health, nutrition, physical exam, sensory, health education, assessment, plan, mental health, development. To be completed by provider.
<input type="checkbox"/>	7-12 Months	Child Health Record Preventative Health Visit for children ages 7 - 12 months. Contains family profile and health, development, child's health, nutrition, physical exam, sensory, health education, assessment, plan, mental health, development. To be completed by provider.
<input type="checkbox"/>	Birth-1 Month	Child Health Record Preventative Health Visit for children ages birth - 1 month. Contains family profile and health, development, child's health, nutrition, physical exam, sensory, health education, assessment, plan, mental health, development. To be completed by provider.
<input type="checkbox"/>	Mental Health Interview Tool/Referral Form (Ages 0-2 Years)	Mental Health Interview Tool/Referral Form. For this age group information is gathered from the parent/caregiver and from the provider's observations of the child. To be completed by provider.
<input type="checkbox"/>	Mental Health Interview Tool/Referral Form (Ages 3-9 Years)	Mental Health Interview Tool/Referral Form. For this age group information is gathered from the parent/caregiver and from the provider's observations of the child. To be completed by provider.
<input type="checkbox"/>	Mental Health Interview Tool/Referral Form (Ages 10-12 Years)	Mental Health Interview Tool/Referral Form. For this age group information is gathered from the parent/caregiver and from the provider's observations of the child. Addresses feelings, behavior, social interactions, thinking. To be completed by provider.
<input type="checkbox"/>	Mental Health Interview Tool/Referral Form (Ages 13-20 Years)	Mental Health Interview Tool/Referral Form. For this age group information is gathered from the parent/caregiver and from the provider's observations of the child. Addresses feelings, behavior, social interactions, thinking, physical problems, substance abuse, other. To be completed by provider.
<input type="checkbox"/>	Child Health History	Child health record preventative health visit. Contains pregnancy and birth history, maternal complications, substance use, family and child medical history, progress notes. To be completed by provider.

Use the Descriptions provided to guide you to the form you would like to fill out then click the hyperlink to open the form.

Clinicians can also print out select blank forms by placing an X in the checkbox and click the Print Selected button. Forms that are completed in this manner must be faxed to 1-866-274-5952.

The Forms Module: This is an interactive module. Clinicians can view previously documented forms for a patient or choose to add a form themselves. Providers can also fax forms into the Health Passport by faxing a form to 1-866-274-5952.

Forms

Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, Bee Stings, clonidine, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Forms Documents Create

Create Document - 13 Months-2 Years

13 Months-2 Years
Department of State Health Services
Child Health Record
Preventive Health Visit

Client Information
Name: _____
DOB: _____ Age: _____ Sex: _____
SSN/Record No.: _____
Race/Ethnicity: _____
Informant/Relationship: _____
Medical Home: _____

Family Profile and Health
 No change in household since last visit
Child lives with:
 Mother Father Stepparent Grandparent
 Other
Total adults living in home: _____
Total children living in home: _____
Primary caretaker for this child: _____
Relationship: _____
Family's concerns/problems: _____

Development
Parent's concerns:
Developmental Assessment: P F
Type of Developmental Screen:
Standardized Parent Questionnaire: _____
Standardized Observational Screen: _____
Other: _____
Further assessment needed: Y N
Mental Health (see "Key Elements" on reverse side): _____

Nutrition
Problems: special diet, inappropriate weight gain, anemic, chronic GI problems, major food allergies, refusal of any food group, developmental* Y N
**If answered yes, further assessment needed.*
Usual Servings Per Day:
____ Dairy ____ Formula ____ Breast ____ Vegetables WIC: Y N
____ Breads, cereal, rice, and pasta
____ Beans, peas, lentils, and dry beans

Sensory
Vision Screen: Normal Abnormal
Hearing Screen: Normal Abnormal
Screen used: Hearing Checklist for Parents

Health Education
Injury Prevention Sibling rivalry
 Car safety restraints Toilet training
 Choking, unsafe toys
Health Promotion

To prevent loss of valuable data, be sure to save often.
100% 1 of 2
Cancel Save Draft Complete

provider's observations of the child. To be completed by provider.

To fill a form out online, click the checkboxes and fill in the blanks.

The Forms Module: Clinicians may start a form and then choose the Save Draft button to come back to the form when they wish. Clinicians can also choose the Complete button to finish the form and immediately update the patient's chart. Forms completed online do not need to be faxed.

Vital Signs

Home Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R DOB: 3/17/1995 DFPS ID: 26434518

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Vital Signs [Add Vital Signs](#)

► Show: Last 1 year

DATE & TIME (CT)	TEMP °F/°C	PULSE BPM	SYSTOLIC BP MM/HG	DIASTOLIC BP MM/HG	RESP BR/MIN	WEIGHT LBS OZ / KG
1/8/2008 1:57 PM	79.0 26.1*					
11/20/2007 9:59 AM	101.0 38.3	28	140	85	12	72 lbs 32.7 kg*

An asterisk (*) by a vital sign indicates that a comment related to the vital sign is available. Click the Date and Time hyperlink to view the comment in the detailed view.

Click the Date and Time hyperlink in the displayed vital signs to view additional information about a vital sign. A line drawn through a vital sign (a strikethrough) indicates that the vital sign has been removed from the chart. This may occur if, for instance, a vital sign is entered in error.



The Vital Signs Module: This is an interactive module. Clinicians can view previously charted Vital Signs entered by clinicians using the Health Passport or choose to add a Vital Sign themselves.

Vital Signs Details

Home Search Day List Example User, Texas Health Passport

DUCK, HEWEY R 12Y 9M M ALLERGIES: amoxicillin, bee pollen, clonidine, lavender, Lipitor, [MORE] PCP: PATEL, ATULKUMAR R. DOB: 3/17/1995 DFPS ID: 26434518

Vital Signs

Vital Signs Add Vital Signs

RESULT	VALID FROM	VALID UNTIL	RECORDED BY	COMMENT	SELECT VITAL(S) TO UNCHART
28 bpm	12/20/2007	Current	Cody, Sloane		<input type="checkbox"/>

Systolic Blood Pressure

RESULT	VALID FROM	VALID UNTIL	RECORDED BY	COMMENT	SELECT VITAL(S) TO UNCHART
140 mmHg	12/20/2007	Current	Cody, Sloane		<input type="checkbox"/>

Diastolic Blood Pressure

RESULT	VALID FROM	VALID UNTIL	RECORDED BY	COMMENT	SELECT VITAL(S) TO UNCHART
Current			Cody, Sloane		<input type="checkbox"/>

VALID UNTIL

VALID UNTIL	RECORDED BY	COMMENT	SELECT VITAL(S) TO UNCHART
Current	Cody, Sloane		<input type="checkbox"/>

VALID UNTIL

VALID UNTIL	RECORDED BY	COMMENT	SELECT VITAL(S) TO UNCHART
Current	Cody, Sloane	Member being treated for Anorexia - weight being tracked weekly	<input type="checkbox"/>

Select a reason to unchart: Unchart

To Unchart a Vital Sign:

1. Click the Select Vital(s) to Unchart checkbox for the vital sign that you want to remove from the chart. You can select more than one vital sign if you are removing them for the same reason.
2. Select the reason for removing the vital sign from the list at the bottom of the vital sign display.
3. Click the Unchart button to remove any selected vital signs. The vital signs display on the Vital Signs tab with a strikethrough line over them.

After clicking on a charted vital sign clinicians can see more details including who recorded the vitals and any comments that were made.

The Vital Signs Module: This is an interactive module. Clinicians can view previously charted Vital Signs entered by clinicians using the Health Passport or choose to add a Vital Sign themselves.

Add Vital Signs

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- Allergies
- Medications
- Visits
- Immunizations
- Forms
- Vital Signs**
- Lab Results
- Disclaimer

Vital Signs

Vital Signs **Add Vital Signs**

Visit Date* (MM/DD/YYYY) **Time*** (HH:MM)
12/28/2007 01:28 AM

VITAL SIGN	COMMENT
Temperature <input type="text"/> °F	
Pulse <input type="text"/> bpm	
Blood Pressure Systolic <input type="text"/> mmHg Diastolic <input type="text"/> mmHg	
Respiratory Rate <input type="text"/> br/min	
Weight <input type="text"/> lbs <input type="text"/> oz lbs/oz	
Height <input type="text"/> in	
Length <input type="text"/> in	
Head Circumference <input type="text"/> in	

Cancel Save

To Add Vital Signs:

1. Click on the Add Vital Signs tab
2. Visit Date and Time are the only required fields
3. Click the Save button to add the vital signs to the person's chart. The chart will update immediately.

The Vital Signs Module: This is an interactive module. Clinicians can view previously charted Vital Signs entered by clinicians using the Health Passport or choose to add a Vital Sign themselves.

Lab Results

Search Day List Example User, Texas Health Passport

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▼ MENU **Lab Results**

Overview All Labs Allergens Chemistry Coagulation Hematology Immunology/Serology Toxicology Urinalysis

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Clinicians can view a compiled list of labs in the All Labs tab or select a tab to show a categorized break down of different lab results.

DATE & TIME (CT)	ITEM	VALUE	ORDERING PHYSICIAN	SOURCE
5/21/2007 12:00 AM	MCV.	94.8 fL*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	MCHC.	33.7 g/dL*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	RED BLOOD CELL COUNT	4.48 Million/uL*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	PROTEIN, TOTAL	7.8 g/dL*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	CREATININE.	0.8 mg/dL*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	AST.	16 u/L*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	ALT.	18 u/L*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	HDL. CHOLESTEROL	69 mg/dL*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	CARBON DIOXIDE	25 mmol/L*	TESTPHYSICIAN, BOB	Quest
5/21/2007 12:00 AM	ALBUMIN/GLOBULIN RATIO	1.3 (calc)*	TESTPHYSICIAN, BOB	Quest

The Lab Results Module: Displays Lab Results encounters for a patient. This information is populated by Quest Labs on a weekly basis.

Lab Results Detail

Search Day List

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All Labs Allergens Chemistry Coagulation Hematology Immunology/Serology Toxicology Urinalysis

All Labs > HDL. CHOLESTEROL Details 5/21/2007 12:00 AM

HDL. CHOLESTEROL

VALUE	ORDERING PHYSICIAN	COMMENT	SOURCE
69 mg/dL*	TESTPHYSICIAN, BOB	PLEASE NOTE: ALTHOUGH THE REFERENCE RANGE FOR VITAMIN ABNORMALITIES DUE TO OCCULT B12 DEFICIENCY; LESS THAN 1% OF PATIENTS WITH VALUES ABOVE 400 PG/ML WILL HAVE SYMPTOMS. 5 AND 10% OF PATIENTS WITH VALUES BETWEEN 200 AND 400 B12 IS 200-1100 PG/ML, IT	Quest

After clicking on a lab result you can see comments relative to the lab performed.



The Lab Results Module: Displays Lab Result encounters for a patient. This information is populated by Quest Labs on a weekly basis.

Disclaimer

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▼ MENU Disclaimer

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Disclaimer

Physician Responsibility
THE HEALTH PASSPORT IS NOT A COMPLETE ELECTRONIC MEDICAL RECORD. Access to the Health Passport does not relieve the health care provider of the professional obligation to obtain an accurate and adequate health history or to obtain any and all additional information necessary to provide professional services in a safe and effective manner, consistent with the prevailing standard of care. The data available in the Health Passport is merely intended to facilitate the provider's information gathering. The provider is responsible for consulting with the patient or their legal guardian to verify the accuracy of Health Passport information used in the patient's care or treatment.

Member Participation
As long as a patient has active coverage in Superior Health Plan Network's ("SHPN") STAR Health Foster Care Program, the patient's information will remain available through the Health Passport. If a patient's enrollment in SHPN STAR Health terminates, the patient's Health Passport record will be archived and will be unavailable for viewing. If a patient is later re-enrolled in STAR Health, his or her Health Passport record will be reactivated; however, patients with a lapse in coverage under STAR Health may have gaps in the information that is available in the Health Passport.



The Disclaimer Module: As a user of the Health Passport you have unique access privileges. Please read and abide by the information in the disclaimer and user agreement.

Health Passport - Interactive

For issues/concerns regarding the Health Passport, contact the Health Passport Help Desk at

1-866-714-7996

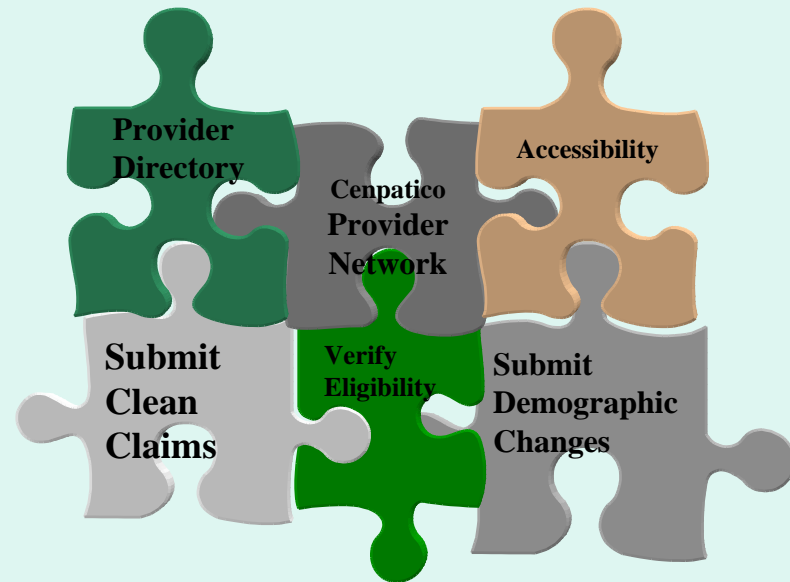
OR

Email at:

Tx_PassportAdmin@Centene.com

Cenpatico Covered Service and Provider Responsibilities

- How it all fits together



Covered Behavioral Health Services

- Traditional Outpatient Services
- Medication Management
 - Telemedicine
- Inpatient Hospitalization
- Detoxification
- 23- hour observation
- Intensive Outpatient Program (IOP)
- Day Treatment
- Substance Abuse Services
- Rehabilitative Services
- Partial Hospitalization (PHP)

Telemedicine

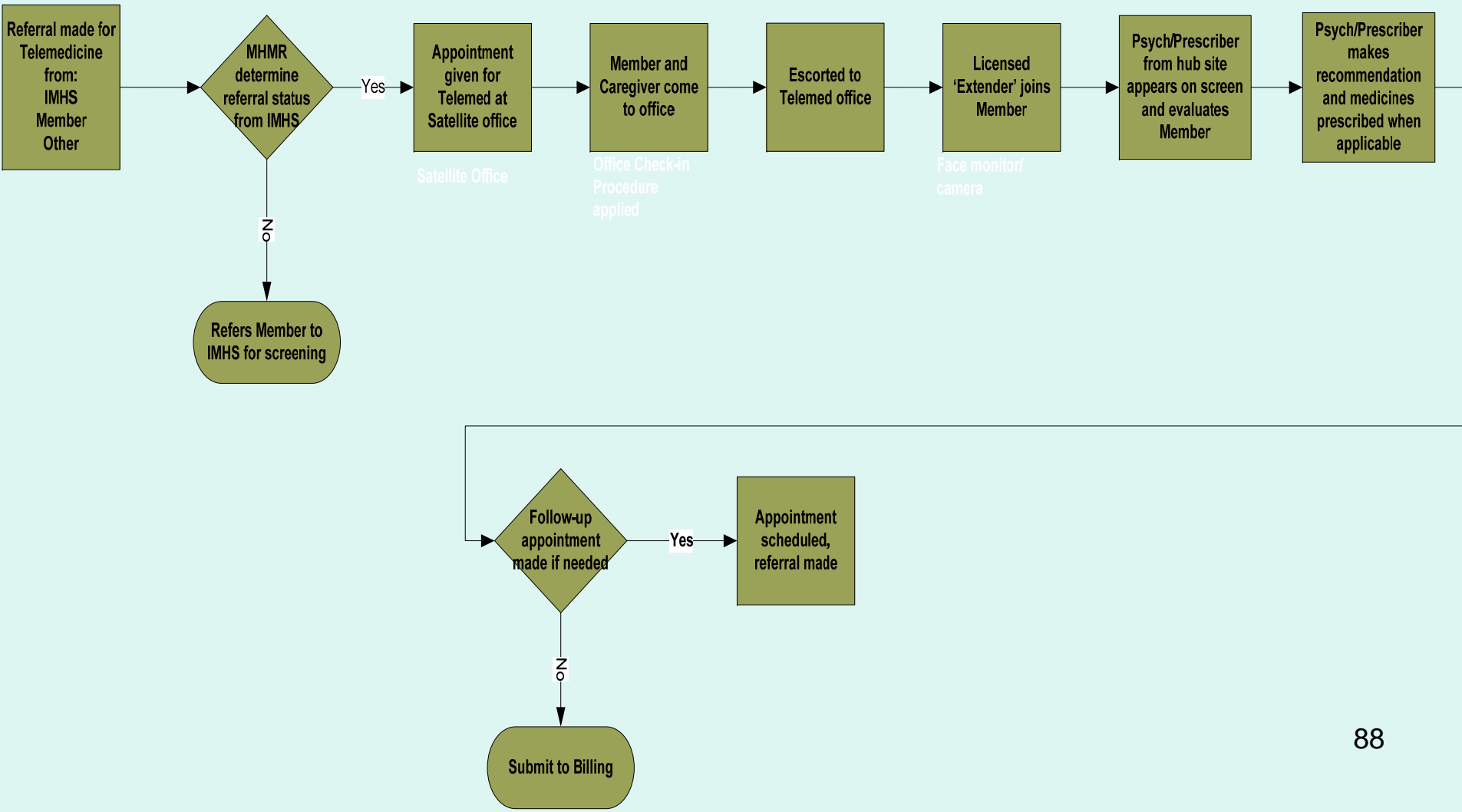
- Psychiatric care is available at select **Local Mental Health Authority (LMHA)** locations which offer telemedicine.
- The physician/prescriber interacts with the member in real time using satellite/television technology to provide evaluation or medication management services from a remote location
- Physician extenders assist the member on site during telemedicine sessions
- These services are available beginning 9/1/2008

Telemedicine (con't)

- **If you believe the member you are working with is in need of a psychiatric evaluation or is having difficulty accessing ongoing medication management – CONTACT Cenpatico**
- **Cenpatico is responsible for coordinating behavioral health treatment services for all Foster Care children in Texas**
- **A service manager or service coordinator will determine if telemedicine is the best way to offer psychiatric services based upon several factors including the Member's location**
- **Cenpatico has contracted with the LMHA in several regions to offer this service and will facilitate a referral**

866-218-8263

Telemedicine (con't)



Provider Responsibilities

- Provide covered services
- Verify Eligibility
- Obtain Authorizations
- Submit “clean” and timely claims
- Cannot ever balance bill members
- Submit timely demographic changes
- Credentialing and Recredentialing



CLAIMS



Claims Information

- How to file
- Paper claims
- Electronic Claims
- Helpful hints when submitting claims
- Claims checklist
- Where to send paper claims
- Where and how to submit electronic claims
- Who can you call

Helpful Hints When Submitting Claims

- CMS 1500 form
- NO HAND WRITTEN CLAIMS
- Use valid and compatible codes (CPT, HCPCS, and Rev codes).

Submitting Claims Properly

- Requests for reconsideration or adjustment
- Billing as secondary
- Member must **never** be billed
 - “Billing the patient”

Resubmitting a Claim

- Claims will be processed as first time claims if one of the following are not included:
 - Cover sheet including the original claim number & cause of resubmission
 - Centene EOP that indicates original claim number
 - Claim stamped corrected/resubmission and original claim number is written legibly on the claim

If a claim is submitted without this information and is ran as a first time claim it could deny as a duplicate or pend and have a slower turn around rate

Claims Submission Check List

- Is your claim eligible?
- Did you use the correct claim form?
- Is all required documentation attached?
- Is all the member information filled out correctly?

Claims Submission Check List

- Has all of the required information been included on the form?
- Have you billed all of your codes correctly?
- Is this a resubmission? If so is it marked appropriately with claim number and/or adjustment form?
- Box 24J filled out?

Your Provider Relations Team

- Please contact Provider Relations for:
 - Change of address
 - Provider Set-Up issues
 - Provider Education
 - Provider Terminations
 - Questions regarding your Cenpatico agreement
 - Submitting your NPI
 - Tax ID changes