



superior  
healthplan™

# 3 in 30

*A Comprehensive Approach to Better  
Care for Children*

*Provider Training*

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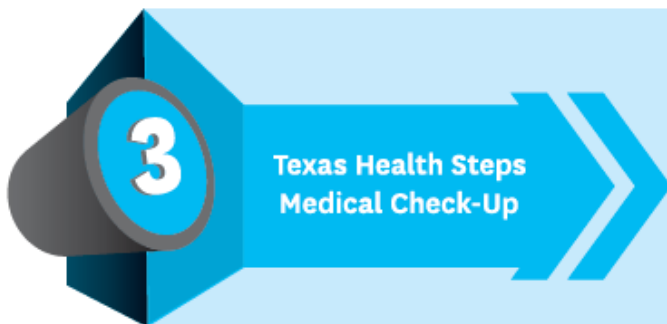
# 3 in 30 Explained



In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.



In 30 days, children (3 or older) must get a CANS assessment. The CANS is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the child and helps in planning services that will help the child and family reach their goals.



In 30 days, children must see a Texas Health Steps doctor for a complete check-up with lab work.

This makes sure:

- » Medical issues are addressed early.
- » Kids are growing and developing as expected.
- » Caregivers know how to support strong growth and development.



# 3 in 30 Roll Out Plan



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- April 1, 2018 – Regions 1, 7, 9, 10
- June 1, 2018 – Regions 2, 3E, 3W
- August 1, 2018 – Regions 4, 5, 6A, 6B
- October 1, 2018 – Regions 8, 11



# Eligibility Verification



## Verify Eligibility By:

- A completed DFPS 2085B Medical Consent Form
- A Superior HealthPlan Member ID Card
- Using the Superior HealthPlan Website:  
[SuperiorHealthPlan.com](http://SuperiorHealthPlan.com)
- Contacting Member Services: 1-866-912-6283



# Required Exams

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# 3-Day Medical Exam



- Applies to all youth entering foster care because it is in their best interest
- Medical screening for each child within 3 business days of removal
- Does not replace the Texas Health Steps (THSteps) medical checkup or the Child and Adolescent Needs and Strengths (CANS) Assessment



# 3-Day Medical Exam



- Vaccinations cannot be given at the 3-Day Exam unless the medical professional determines that a tetanus vaccination is necessary
- To show confirmation that the exam has been completed, providers should bill with one of the following E&M codes along with the **U2 modifier in the last position:**

<b>New Client Codes</b>	99201	99202	99203	99204	99205
<b>Established Client Codes</b>	99211	99212	99213	99214	99215



# 3-Day Medical Exam Exceptions



- Child was removed from or while in a medical setting, such as a hospital
- Child was taken to the Emergency Room or Urgent Care Clinic due to emergent or urgent medical needs for immediate medical attention
- Child was removed from or while in a psychiatric or behavioral health setting



# 3-Day Medical Exam Components



- Vital signs, including growth parameters
- History
- Physical exam
- Tests (laboratory, imaging, etc.) as medically necessary
- Treatment
- Discharge
  - Follow-up expectations



# Texas Child and Adolescent Needs and Strengths (CANS) Comprehensive 2.0 (Child Welfare) Assessment



- Multi-purpose tool developed with the primary objectives of permanency, safety and improved quality of life for youth in foster care
- Completed by a licensed clinician who is certified to administer the tool
- Children who are 3-17 years old at the time of removal are required to have a CANS assessment **within 30 days** of coming into care
- Children who turn 3 while in care are required to have a CANS within 30 days of their 3<sup>rd</sup> birthday
- CANS re-assessments are required annually while an eligible child remains in care
- Bill CANS assessments with 90791 and modifier TJ



# What is a Texas Health Steps Medical Checkup?



- Texas Health Steps is a comprehensive preventive care program for all Medicaid-eligible children birth through age 20.
- Texas Health Steps Medical Checkups are to be performed by a licensed health practitioner who is enrolled in Texas Medicaid as a Texas Health Steps provider and in the STAR Health network. These initial screenings should also include, at a minimum:
  - Family History
  - Physical examinations
  - Dental assessment, checkup and treatments
  - Measurements (height, weight and infant head circumference)
  - Mental health assessment
  - Tuberculosis test (often called TB)
  - Laboratory tests
  - Vision and hearing screenings
  - Developmental and nutritional assessments
  - Lead screenings
  - Immunizations
  - ADHD assessments
- Reminder: Not all STAR Health PCPs are Texas Health Steps providers.



# Texas Health Steps Medical Checkups



- Must be completed within 30 days:
  - When a child initially enters DFPS conservatorship
  - Does not apply to each time the child changes placement
- Texas Health Steps Medical Checkups must be completed by a STAR Health Texas Health Steps provider and documented in the Health Passport.
- Texas Health Steps Laboratory Services must be submitted to the DSHS Laboratory Services Section.



# Ongoing Texas Health Steps Medical Checkups



- Children under 3 years of age require more frequent Texas Health Steps Medical Checkups.

3 – 5 days	6 months	18 months
2 weeks	9 months	24 months
2 months	12 months	30 months
4 months	15 months	
- Children 3-20 years old must have medical checkups scheduled one year after the previous checkup, and no later than the child's next birthday.
- Immunizations must be conducted according to the Advisory Committee on Immunization Practices (ACIP) routine immunization schedule.



# Texas Health Steps Billing



<b>New Client Codes</b>	99381	99382	99383	99384	99385
<b>Established Client Codes</b>	99391	99392	99393	99394	99395
<b>Follow-up Visit Code</b>	99211				

<b>Diagnosis Codes</b>	
Z00110	Routine newborn exam, birth through 7 days
Z00111	Routine newborn exam, 8 through 28 days
Z00129	Routine child exam
Z00121	Routine child exam, abnormal
Z0000	General adult exam (18-20 yrs of age)
Z0001	General adult exam, abnormal (18-20 yrs of age)

- Refer to the Texas Health Steps Quick Reference Guide for the most up to date instructions on billing:

[http://www.tmhp.com/TMHP\\_File\\_Library/Provider\\_Manuals/THStepsQRG/THSteps\\_QRG.pdf](http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/THStepsQRG/THSteps_QRG.pdf)



# Texas Health Steps Billing



- Use benefit code EP1
- Include 2-digit modifier to indicate practitioner
  - AM – Physician
  - SA – Nurse Practitioner
  - TD – Nurse
  - U7 – Physician Assistant
- FQHC Providers
  - Use modifier EP
- RHC Providers
  - Bill place of service 72



# Additional Instructions & Billing Notes



## Immunization Requirements:

- Use code Z23 to indicate when immunizations are administered
- Screen for immunization status at each checkup
- Must not refer to local health department for immunizations
- Obtain vaccines/toxoids through Texas Vaccines for Children (TVFC):  
[www.dshs.state.tx.us/immunize/tvfc/default.shtm](http://www.dshs.state.tx.us/immunize/tvfc/default.shtm)
- Report all vaccines to Texas Immunization Registry (ImmTrac):  
[www.dshs.state.tx.us/immunize/immtrac/default.shtm](http://www.dshs.state.tx.us/immunize/immtrac/default.shtm)



# Additional Instructions & Billing Notes



## Developmental Screenings:

- Use procedure code 96110 without a modifier
- Developmental Screening needs to be completed with either the Ages and Stages Questionnaire (ASQ) or Parents' Evaluation of Developmental Status (PEDS)
- ASQ is available at <http://agesandstages.com/how-to-order/>
- PEDS is available at [www.pedstest.com/Ordering.aspx](http://www.pedstest.com/Ordering.aspx).

## Autism Screenings:

- Use procedure code 96110 with modifier U6
- Autism Screening needs to be completed with the Modified Checklist for Autism in Toddlers (M-CHAT). The M-CHAT is available at: [http://www2.gsu.edu/~psydlr/Diana\\_L\\_Robins\\_Ph.D..html](http://www2.gsu.edu/~psydlr/Diana_L_Robins_Ph.D..html).



# Additional Instructions & Billing Notes



## Oral Evaluation and Fluoride Varnish:

- Bill with procedure code 99429 and modifier U5
- Must be billed on the same date as the Texas Health Step check-up, by the same provider, and is limited to 6 services per lifetime by any provider.
- Provider must be certified by the Department of State Health Services (DSHS)
- Training and registration information:  
[www.dshs.state.tx.us/dental/OEFV\\_Training.shtm](http://www.dshs.state.tx.us/dental/OEFV_Training.shtm)



# Additional Instructions & Billing Notes



## Documentation:

- All required components must be documented
- If unable to complete a component must document the reason and include plan for completing component
- Follow up visits must document reason(s) for visit and component(s) completed
- Screening tools should include results



# Claims – Filing and Payment

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# Clean Claims



- Once a clean claim is received, Superior will either pay the total amount of the claim or part of the claim in accordance with the contract, or deny the entire claim or part of the claim, and notify the provider why the claim will not be paid within the 30-day claim payment period.
- Each claim payment check will be accompanied by an Explanation of Payment (EOP), which itemizes your charges for that reimbursement and the amount of your check from Superior.
- Payment is considered to have been paid on the date of issue of a check for payment and its corresponding EOP to the provider by Superior, or the date of electronic transmission, if payment is made electronically.



# Claims Filing: Initial Submission



- Claims must be filed within 95 days from the Date of Service (DOS):
  - Filed on CMS-1450/UB-04 or CMS 1500 (HCFA)
  - Filed electronically through clearinghouse
  - Filed directly through Superior's Provider Portal
- Claims must be completed in accordance with Medicaid billing guidelines.
- All member and provider information must be completed.
- Providers should include a copy of the EOP when other insurance is involved.
- Mailing Address (paper claims):

Superior HealthPlan  
Attn: Claims  
P.O. Box 3003  
Farmington, MO 63640-3803
- 24(I) Qualifier ZZ, 24J(a) Taxonomy Code, 24J(b) NPI are all required when billing Superior claims.



# Paper Claims Filing



- To help process paper claims quickly and accurately, please take the following steps:
  - Remove all staples from pages.
  - Do not fold the forms.
  - Claim must be typed using a 12pt font or larger and submitted on original CMS 1450 or CMS 1500 red form (not a copy).
    - Handwritten claim forms are no longer accepted.
  - When information is submitted on a red form, Superior's Optical Character Recognition (OCR) scanner can put the information directly into our system. This speeds up the process by eliminating potential errors and allows Superior to process claims faster.



# CMS 1500 (HCFA) Form



**Referring  
Provider: [C]**

17 Name of the  
referring  
provider and

17b NPI

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0012

**1. MEDICARE** ☐ **2. MEDICAID** ☐ **3. TRICARE** ☐ **4. CHAMPVA** ☐ **5. GROUP HEALTH PLAN** ☐ **6. FICA (EMPLOYER)** ☐ **7. OTHER** ☐

**8. PATIENT'S NAME (Last Name, First Name, Middle Initial)**

**9. PATIENT'S ADDRESS (No. Street)**

**10. PATIENT'S BIRTH DATE**  **11. SEX**

**12. PATIENT RELATIONSHIP TO INSURED**

**13. RESERVED FOR NUCC USE**

**14. INSURED'S NAME (Last Name, First Name, Middle Initial)**

**15. INSURED'S ADDRESS (No. Street)**

**16. INSURED'S POLICY GROUP OR FEDA NUMBER**

**17. INSURED'S DATE OF BIRTH**  **18. SEX**

**19. OTHER CLAIM ID (Designated by NUCC)**

**20. INSURANCE PLAN NAME OR PROGRAM NAME**

**21. IS THERE ANOTHER HEALTH BENEFIT PLAN?**

**22. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE**

**23. DATE OF CURRENT ILLNESS, INJURY, OR OCCASION**

**24. OTHER DATE**

**25. NAME OF REFERRING PROVIDER OR OTHER SOURCE**

**26. NPI**

**27. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)**

**28. DESCRIPTION OF NATURE OF ILLNESS OR INJURY**

**29. DATE(S) OF SERVICE**

**30. PROCEDURE, SERVICE, OR SUPPLY**

**31. BILLING PROVIDER INFO & PH #**

**32. BILLING PROVIDER NPI**

**33. BILLING TAXONOMY # (or API # if no NPI)**

**Rendering Provider: [R]**

Place your NPI (National Provider Identifier #) in box 24J (Unshaded) and Taxonomy Code in box 24J (shaded).

**These are required fields when billing Superior claims.**

If you do not have an NPI, place your API (Atypical Provider Identifier #/LTSS #) in Box 33b.

**Billing Provider: [R]**

Billing NPI# in box 33a and Billing Taxonomy # (or API # if no NPI) in 33b.



# Claims Filing: Submitting Claims



- Secure Provider Portal:
  - [Provider.SuperiorHealthPlan.com](https://Provider.SuperiorHealthPlan.com)
- Electronic Claims:
  - Visit the web for a list of our Trading Partners:  
<https://www.SuperiorHealthPlan.com/providers/resources/electronic-transactions.html>
  - Superior Emdeon ID 68069
  - Behavioral Health Emdeon ID 68068
  - For questions, contact EDI: [EDIBA@Centene.com](mailto:EDIBA@Centene.com)
- Paper Claims – Initial and Corrected\*  
Superior HealthPlan  
P.O. Box 3003  
Farmington, MO 63640-3803
- Paper Claims – Requests for Reconsideration\* and Claim Disputes\*  
Superior HealthPlan  
P.O. Box 3003  
Farmington, MO 63640-3803

*\*Must reference the original claim number in the correct field on the claim form.*



# Electronic Claims Filing



Superior will not pay any claim submitted by a provider, if the provider:

- Is excluded or suspended from the Medicare, Medicaid or CHIP programs for fraud, waste or abuse.
- Is on payment hold under the authority of HHSC or its authorized agent(s).
- Has provided neonatal services provided on or after September 1, 2017, if submitted by a hospital that does not have a neonatal level of care designation from HHSC.\*
- Has provided maternal services provided on or after September 1, 2019, if submitted by a hospital that does not have a maternal level of care designation from HHSC.\*

*\*In accordance with Texas Health and Safety Code § 241.186, the restrictions on payment identified for neonatal and maternal services above do not apply to emergency services that must be reimbursed under state or federal law.*



# Claims Filing: Deadlines



- First Time Claim Submission
  - 95 days from date of service
- Adjusted or Corrected Claims
  - 120 days from the date of Explanation of Payment (EOP) or denial is issued
- Claim Reconsiderations and Disputes
  - 120 days from the date of EOP or denial is issued



# Claim Adjustments, Reconsiderations and Disputes



- Submit appeal within 120 days from the date of adjudication or denial.
  - **Adjusted or Corrected Claim:** The provider is changing the original claim.
  - **Correction to a Prior Claim:** Finalized claim that was in need of correction as a result of a denied or paid claim.
  - **Claim Appeals:** Often require additional information from the provider.
    - **Request for Reconsideration:** Provider disagrees with the original claim outcome (payment amount, denial reason, etc.).
    - **Claim Dispute:** Provider disagrees with the outcome of the request for reconsideration.
- Claim Adjustments/Corrections and Submissions can be processed through the Provider Portal or a paper claim.
  - Paper claims require a Superior Corrected Claim or Claim Appeal form.
    - Find claims forms under **Provider Resources>Forms** at:  
<https://www.SuperiorHealthPlan.com/providers/resources/forms.html>



# Corrected Claims



- A Corrected Claim is a correction of information to a previously finalized clean claim.
  - For example – Correcting a member's date of birth, a modifier, Dx code, etc.
  - The original claim number must be billed in field 64 of the CMS 1450 form or field 22 of the CMS 1500 form.
  - The appropriate frequency code/resubmission code should also be billed in field 4 of the CMS 1450 form or field 22 of the CMS 1500 form.
  - A Corrected Claim Form, found in the Provider Manual, may be used when submitting a corrected claim.



# Corrected Claims Filing



- A Corrected Claim is a correction or a change of information to a previously finalized clean claim in which additional information from the provider is required to perform the adjustment.
- Corrections can be made but are not limited to:
  - Patient Control Number (PCN)
  - Date of Birth (DOB)
  - Date of Onset
  - X-Ray Date
  - Place of Service (POS)
  - Present on Admission (POA)
  - Quality Billed
  - Prior Authorization Number (PAN)
  - Beginning DOS
  - Ending DOS or Discharge Date



# Corrected Claims Filing



- Must reference original claim number on EOP within 120 days of adjudication paid date.
- Can be submitted electronically, through your clearinghouse/EDI software or through Superior's Provider Portal.
- Corrected or adjusted paper claims can also be submitted with a Corrected Claim Form attached and sent to:  
Superior HealthPlan  
Attn: Claims  
P.O. Box 3003  
Farmington, MO 63640-3803



# Claims Appeal Form



- A Claims Appeal is a request for reconsideration of a claim for anything other than medical necessity and/or any request that would require review of medical records to make a determination.
- Submit appeal within 120 days from the date of adjudication or denial.
- Can be submitted electronically through Superior's Provider Portal or be submitted in writing.
- Claims Appeals must be in writing and submitted to:

Superior HealthPlan  
Attn: Claims Appeals  
P.O. Box 3000  
Farmington, MO 63640-3800



- Superior has partnered with Payspan to offer expanded claim payment services to include:
  - Electronic Claim Payments/Funds Transfers (EFTs)
  - Online remittance advices (ERAs/EOPs)
  - HIPAA 835 electronic remittance files for download directly to HIPAA-compliant Practice Management or Patient Accounting System
- Register at: [Payspan.com](https://Payspan.com)
- For further information contact 1-877-331-7154, or email [ProviderSupport@PayspanHealth.com](mailto:ProviderSupport@PayspanHealth.com)



# Member Balance Billing



- Providers may NOT bill STAR Health members directly for covered services.
- Superior reimburses only those services that are medically necessary and a covered benefit.
- Members do not have co-payments.
- Additional details can be found in your Superior provider contract.



# Secure Provider Portal

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# Superior Website & Secure Provider Portal



[SuperiorHealthPlan.com](http://SuperiorHealthPlan.com)

## Submit:

- Claims
- Prior Authorization Requests
- Request for EOPs
- Provider Complaints
- Notification of Pregnancy
- COB Claims
- Adjusted Claims

## Verify:

- Member Eligibility
- Claim Status

## View:

- Provider Directory
- Provider Manual
- Provider Training Schedule
- Links for Additional Provider Resources
- Claim Editing Software



# How to Register for the Provider Portal



- [Provider.SuperiorHealthPlan.com](http://Provider.SuperiorHealthPlan.com).
- Enter your provider/group name, tax identification number, individual's name entering the form, office phone number and email address.
- Create user name and password.
- Each user within the provider's office must create their own user name and password.
- The provider portal is a free service and providers are not responsible for any charges or fees.



# Provider Portal: Eligibility



- Search for eligibility using:
  - Member's date of birth
  - Medicaid/CHIP/DFPS ID number or last name
  - Date of service
- View/print patient list:
  - Member panel
  - Member care gap alerts
  - Both can be downloaded in Excel or PDF format



# Provider Portal: Authorizations



- Create Authorizations
  - Enter the patient's member ID/last name and DOB and click "Find."
  - Populate the six (6) sections of the authorization with the appropriate information starting with the service type section.
  - Follow the prompts and complete all required information.
  - Attach any required documentation, review and submit.
- Check Authorization Status
  - Enter web reference number and click "Search." Please allow at least 24 hours after submission to review status.
  - View authorization status, id number, member name, dates of service, type of service and more.
  - To view all processed authorizations, click "Processed" and to view any authorizations with errors, click "Errors."

*Note: Authorizations update to the web portal every 24 hours.*



# Provider Portal: Claims



- Claim Status
  - Claims update to the web portal every 24 hours.
  - Status can be checked for a period of time going back 18 months.
- View Web Claims
  - Click on the claims module to view the last three (3) months of submitted claims.
- Unsubmitted Claims
  - Incomplete claims or claims that are ready to be submitted can be found under “Saved” claims.
- Submitted Claims
  - Status will show “in progress,” “accepted,” “rejected” or “completed.”



# Provider Portal: Claims



- Create Claims
  - Professional, institutional, corrected and batch.
- View Payment History
  - Displays check date, check number and payment amount for a specific timeframe (data available online is limited to 18 months).
- Claim Auditing Tool
  - Prospectively access the appropriate coding and supporting clinical edit clarifications for services before claims are submitted.
  - Proactively determine the appropriate code/code combination representing the service for accurate billing purposes.
  - Retrospectively access the clinical edit clarifications on a denied claim for billed services after an EOP has been received.



# Additional Provider Portal Information



- Online Assessment Forms
  - Notification of pregnancy
- Resources
  - Practice guidelines and standards
  - Training and education
- Contact Us (Web Applications Support Desk)
  - Phone: 1-866-895-8443
  - Email: [TX.WebApplications@SuperiorHealthPlan.com](mailto:TX.WebApplications@SuperiorHealthPlan.com)



# Provider Portal Highlights



- Manage all product lines and multiple TINs from one account
  - Office Manager accounts available
- PCP Panel - Texas Health Steps last exam date
- Eligibility section for providers
- Authorization detail & history
  - New display features: Authorization denial reason
- Submit batched, individual or recurring claims
- Download EOPs
- Secure messaging
- Refer members to Case Management
- Review member alerts/care gaps



# Superior HealthPlan Departments

*We're here to help you!*

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December 2016



# Account Management



- Field staff are here to assist you with:
  - Face-to-face orientations
  - Face-to-face web portal training
  - Office visits to review ongoing trends
  - Office visits to review quality performance reports
- Superior Account Management offers targeted billing presentations depending on the type of services you provide. For example, we offer general billing and Texas Health Steps trainings.

*Note: You can find a map at <https://www.SuperiorHealthPlan.com/providers/resources/find-my-provider-rep.html> that can assist you with contact information for your Account Manager.*



# Provider Services



- Provider Services can help you with:
  - Questions on claim status and payments
  - Assisting with claims appeals and corrections
  - Finding Superior network providers
- For claims related questions, have your claim number, TIN and other pertinent information available to meet HIPAA validation requirements.
- Contact Provider Services, Monday through Friday, 8:00 a.m. to 5:00 p.m. local time:
  - 1-877-391-5921



# Member Services



- The Member Services staff can help you with:
  - Verifying eligibility
  - Reviewing member benefits
  - Assisting with non-compliant members
  - Helping to find additional local community resources
  - Answering questions
    - Available Monday-Friday, 8:00 a.m. to 5:00 p.m. local time, by calling:
      - **STAR Health: 1-866-912-6283**



# Provider Contracting



- Network Development and Contracting is a centralized team that handles all contracting for new and existing providers to include:
  - New provider contracts
  - Adding providers to existing Superior contracts
  - Adding additional products (i.e. CHIP, STAR, STAR+PLUS) to existing Superior contracts
  - Amendments to existing contracts
- Contract packets can be requested at:  
<https://www.SuperiorHealthPlan.com/providers/become-a-provider.html>



# Provider Credentialing



- Initial Credentialing:
  - Complete a TDI credentialing application form for participation
  - Complete an electronic application
  - Provide Council for Affordable Quality Healthcare (CAQH) identification number
  - Email applications to [SHP.NetworkDevelopment-Medicaid@SuperiorHealthPlan.com](mailto:SHP.NetworkDevelopment-Medicaid@SuperiorHealthPlan.com)
- Re-credentialing:
  - Completed every three (3) years from date of initial credentialing
  - Applications and notices are mailed at 180, 120, 90 and 30 days out from the last day of the credentialing anniversary month
  - Lack of timely submission can result in members being re-assigned and system termination
  - Email applications to [Credentialing@SuperiorHealthPlan.com](mailto:Credentialing@SuperiorHealthPlan.com)
- All credentialing and re-credentialing questions should be directed to Superior's Credentialing department at 1-800-820-5686, ext. 22281 or [Credentialing@SuperiorHealthPlan.com](mailto:Credentialing@SuperiorHealthPlan.com).



# Provider Complaints



- A complaint is an expression of dissatisfaction, orally or in writing, about any matter related to the Superior. Superior offers a number of ways to file a complaint, as listed below:
  - Mail:  
Superior HealthPlan  
ATTN: Complaint Department  
5900 E. Ben White Blvd.  
Austin, Texas 78741
  - Fax:  
1-866-683-5369
  - Online:  
<https://www.SuperiorHealthPlan.com/contact-us/complaint-form-information.html>



# Requesting Assistance



- STAR Health 1-866-439-2042
- DentaQuest  
(Dental Services) 1-888-308-9345
- Envolve Benefit Options  
(Vision Services) 1-866-642-9488



# Health Passport Clinical Training Guide

*Provider Training*

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# Health Passport



- Health Passport is a secure web-based application built using core clinical and claims information to deliver relevant health-care information when and where it is needed.
- Using Health Passport, providers can gain a better understanding of a person's medical history and health interactions. This helps:
  - Improve care coordination
  - Eliminate waste
  - Reduce errors



# Health Passport: Modules



- Face Sheet—An easy-to-read summary that includes member demographics, care gaps, Texas Health Steps (TH Steps) and last dental visit dates, active allergies, active medications and more.
- Contacts—Easily find a foster child's Primary Care Provider (PCP), medical consentor, caregiver, caseworker and service coordinator contact information in one place.
- Allergies—Providers can use interactive fields to add or modify allergies at the point-of-care. Once an allergy is charted, it's instantly checked for medication interactions.
- Assessments—Providers can document TH Steps, dental and behavioral health forms directly online. Mailing or faxing in documents critical to patient care for display is still available.
- Growth Chart—Providers can chart weight, height, length and head circumference at the point of care to track growth of infants and children.



# Health Passport: Modules



- Immunizations—A comprehensive list of a person's immunizations collected from ImmTrac.
- Labs—All lab results are made available, where providers typically only have access to the lab results they've requested.
- Medication History—A summary of medications filled and access to more detail, including name of the prescription, the prescribing clinician, date filled, and dosage. Indicators representing drug-drug, drug-allergy and drug-food interactions appear, when applicable, as soon as new medications or allergies are added to the member record.
- Patient History—Past visits with details that include the description of service, treating provider, diagnosis and the service date.
- Appointments—On this module, users are able to add, modify and cancel their own appointments entries.



# Provider Access Setup



- **Step 1:** Go to Superior's Secure Provider Portal.
- **Step 2:** To **Login**, enter the **Username** (email) and **Password** you created during registration. If you need to create an account, click the **Create an Account** button to register.
- **Step 3:** To access Health Passport, click the **Launch Health Passport** button from your account homepage.

**The Tools You Need Now!**  
Our site has been designed to help you get your job done. Manage all products with ease in one location.

**Check Eligibility**  
Find out if a member is eligible for service.

**Authorize Services**  
See if the service you provide is reimbursable.

**Manage Claims**  
Submit or track your claims and get paid fast.

**Login**

User Name (Email)

Password

[Forgot Password / Unlock Account](#)

**Need To Create An Account?**  
Registration is fast and simple, give it a try.

[Create An Account](#)

**Quick Eligibility Check**

Member ID or Last Name:  Birthdate:  [Check Eligibility](#)

**Recent Claims**

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	12/08/2016	JOHN DOE	<a href="#">PAC1234567</a>
	12/08/2016	JANE DOE	<a href="#">PAC1234568</a>
	12/08/2016	JOHN DOE	<a href="#">PAC1234569</a>
	12/08/2016	JANE DOE	<a href="#">PAC1234570</a>
	12/08/2016	JOHN DOE	<a href="#">PAC1234571</a>

**Welcome**

[Add a TIN to My ACCOUNT](#) >

[Reports](#) >

**Recent Activity**

Date	Activity
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**Health Passport**

[Launch Health Passport](#) >

[Health Passport online training](#)



# Disclaimer



The User Agreement and Disclaimer will appear.

Once you have read the agreement, click **I have read and agree to these terms** to continue.

## User Agreement and Disclaimer

### User Agreement for Health Care Providers

I have read and agree to these terms.

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 information that you may view on a computer, print to paper, or copy or download to other formats.
- Passwords cannot be shared. If you are aware that a password has been shared, you are required to notify Superior HealthPlan Network within 24 hours so that a new password can be assigned.
- Superior HealthPlan Network reserve the right to monitor all activity on the website.
- You assume all risk of errors and/or omissions to all information manually added to the system.

By using the services provided by this website, you agree to the above terms. If you do not agree to be bound by this agreement, you are not authorized to enter this website and may not use any of the services available through this website.



# Member Search



- To search a member, enter the first few letters of the first and last name and one of the three ID numbers (Medicaid ID, SSN, or DFPS ID) and click **Go**.

**Health Passport - Member Search**

First Name*	Last Name*	Medicaid ID	OR	SSN	OR	DFPS ID
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
<input type="button" value="Go!"/> <input type="button" value="Clear"/>						

- The search results will display the full name of the member and other demographic information.
- Click the member name to access the member's health record.

**Health Passport - Member Search**

First Name*	Last Name*	Medicaid ID	OR	SSN	OR	DFPS ID
<input type="text" value="hu"/>	<input type="text" value="du"/>	<input type="text"/>		<input type="text" value="223456789"/>		<input type="text"/>
<input type="button" value="Go!"/> <input type="button" value="Clear"/>						

ELIGIBLE	NAME	AGE	DOB	GENDER	MEDICAID ID	DFPS ID
	<a href="#">HUEY DUCK</a>	21	03/17/1995	M	555555555	11111111



# Face Sheet



This module provides a quick overview of the member's health record, including common diagnoses and procedures, active medications, active allergies, care gaps and member demographics.



Health Passport: HUEY DUCK		<a href="#">Member Search</a>	<a href="#">Print All</a>																																
<b>Face Sheet</b>																																			
<b>Contacts</b>																																			
<b>Allergies</b>																																			
<b>Assessments</b>																																			
<b>Growth Chart</b>																																			
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<b>Patient History</b>																																			
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	<table border="1"> <tr><td>Age</td><td>21 Y</td></tr> <tr><td>DOB</td><td>03/17/1995</td></tr> <tr><td>Gender</td><td>Male</td></tr> <tr><td>Marital Status</td><td>Single</td></tr> <tr><td>Race/Ethnicity</td><td>White/Hispanic</td></tr> <tr><td>Primary Language</td><td>N/A</td></tr> <tr><td>Primary Address</td><td>1234 W DISNEY AVE ORLANDO, FL 32789</td></tr> </table>	Age	21 Y	DOB	03/17/1995	Gender	Male	Marital Status	Single	Race/Ethnicity	White/Hispanic	Primary Language	N/A	Primary Address	1234 W DISNEY AVE ORLANDO, FL 32789	<table border="1"> <tr><td>Phone</td><td></td></tr> <tr><td>DFPS ID</td><td>11111111</td></tr> <tr><td>Medicaid ID</td><td>555555555</td></tr> <tr><td>HP ID - for SUPERIOR use</td><td>001011111111</td></tr> <tr><td>Authorized Level of Care</td><td>210</td></tr> <tr><td>Forensic Assessment Indicator</td><td>N</td></tr> <tr><td>Transitioning Youth Program</td><td>Y</td></tr> </table>	Phone		DFPS ID	11111111	Medicaid ID	555555555	HP ID - for SUPERIOR use	001011111111	Authorized Level of Care	210	Forensic Assessment Indicator	N	Transitioning Youth Program	Y	<table border="1"> <tr> <th>Texas Health Steps Last Visit Date</th> <th>Last Dental Visit Date</th> </tr> <tr> <td></td> <td>2/13/2014</td> </tr> </table>	Texas Health Steps Last Visit Date	Last Dental Visit Date		2/13/2014
Age	21 Y																																		
DOB	03/17/1995																																		
Gender	Male																																		
Marital Status	Single																																		
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# Contacts

This module displays a member's medical and personal contacts.

**Health Passport: HUEY DUCK**

 Member Search  Print All

Face Sheet

**Contacts**

Allergies

Assessments

Growth Chart


Immunizations

Labs

Medication History

Patient History

Appointments

 [Print](#)

Name	Address	Phone	Type
DISNEY, WALT	500 Town Sq Orlando, FL 32789 Orange (County)	(7) -	Medical Consenter 1 (Primary)
DUCK, DAFNEY Aunt	16 Cinderella Dr Orlando, FL 32789 Orange (County)	(7) -	Medical Consenter 2 (Secondary)
DUCK, DEWEY	111 Minnie Loop Orlando, FL 32789 Orange (County)	(7) -	Medical Consenter 3 (Primary Backup)
DUCK, LOUIE DFPS Staff	111 Castle Ln Orlando, FI 32789 Orange (County)	(7) -	Medical Consenter 4 (Secondary Backup)
DISNEY, WALT Unrelated	724 Disney Rd Orlando, FL 32789 Orange (County)	(7) -	Caregiver
MOUSE, MINNIE	219 S Disney Ln Orlando, FI 32789 Orange (County)	(7) -	Caseworker

*Note: Caregivers are not necessarily considered medical consenters.*



# Allergies

This module contains all allergies for a member entered by providers.

- Click the allergy name to view the allergy history.
- **M** Indicates an interaction with a prescribed medication.
- If an allergy has a comment associated with it, an asterisk (\*) appears next to the allergy name.
- The strikethroughs indicate:
  - Resolved status—an allergy the member no longer experiences.
  - Canceled status—an allergy that could be mistakenly entered.

**Health Passport: HUEY DUCK** Member Search Print All

[Allergy Profile](#) [Add Allergy](#)

**M** - Medication Interaction [Print](#)

Substance	Reaction	Status ↑	Type
<b>M</b> <a href="#">Amoxicillin</a>	Seizure	Active	Allergy
<a href="#">Codeine</a>	Abdominal Pain	Active	Sensitivity
<a href="#">Ibuprofen</a>			
<a href="#">Lexapro</a>			
<a href="#">Peanut Butter</a>			
<a href="#">Peanut-conta</a>			
<a href="#">Penicillins</a>			
<a href="#">Pollen</a>			
<a href="#">Shellfish-dent</a>			
<a href="#">Trazodone</a>			
<a href="#">Peanuts</a>			

[Allergy Profile](#) [View / Modify Allergy](#) [Add Allergy](#)

Allergy

Type

Allergy

First Occurrence Date (MM/DD/YYYY)

Reaction

Seizure

Status

Active

Comments

[Modify](#) [Cancel](#)

**Allergy History**

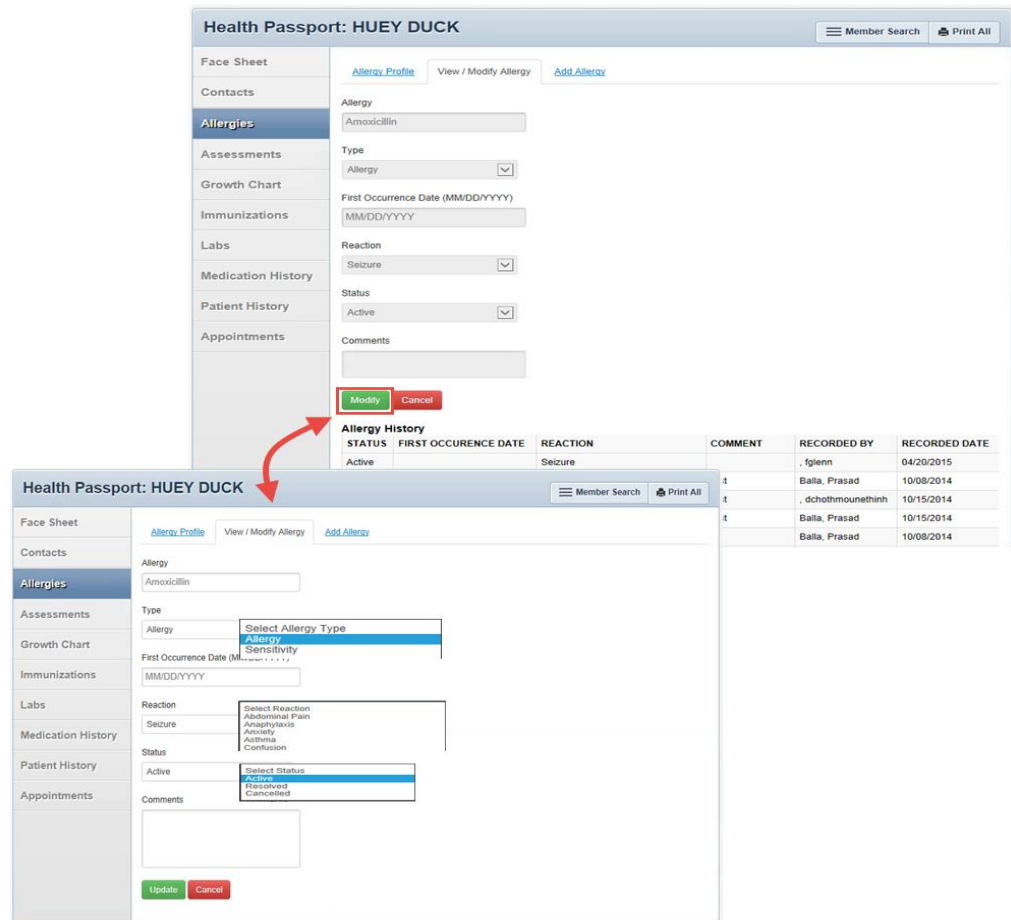
STATUS	FIRST OCCURENCE DATE	REACTION	COMMENT	RECORDED BY	RECORDED DATE
Active		Seizure		. fglenn	04/20/2015
Active	10/01/2014	Headache	test	Balla, Prasad	10/08/2014
Active	10/01/2014	Headache	test	. dchothmounethinh	10/15/2014



# Modify Allergy

Providers have the ability to modify allergies.

- **Step 1:** Click **Modify**.
- **Step 2:** Modify allergy name, type, occurrence date, reaction, status, or comments.
- **Step 3:** Click **Update** to save changes.



Health Passport: HUEY DUCK

Member Search Print All

Face Sheet Allergy Profile View / Modify Allergy Add Allergy

Contacts

Allergies

Assessments

Growth Chart

Immunizations

Labs

Medication History

Patient History

Appointments

Allergy: Amoxicillin

Type: Allergy

First Occurrence Date (MM/DD/YYYY): MM/DD/YYYY

Reaction: Seizure

Status: Active

Comments:

Modify Cancel

Allergy History

STATUS	FIRST OCCURENCE DATE	REACTION	COMMENT	RECORDED BY	RECORDED DATE
Active		Seizure		fgienn	04/20/2015
t				Balla, Prasad	10/08/2014
t				, dchothmounethinh	10/15/2014
t				Balla, Prasad	10/15/2014
t				Balla, Prasad	10/08/2014

Health Passport: HUEY DUCK

Member Search Print All

Face Sheet Allergy Profile View / Modify Allergy Add Allergy

Contacts

Allergies

Assessments

Growth Chart

Immunizations

Labs

Medication History

Patient History

Appointments

Allergy: Amoxicillin

Type: Select Allergy Type  
Allergy  
Sensitivity

First Occurrence Date (MM/DD/YYYY): MM/DD/YYYY

Reaction: Select Reaction  
Abdominal Pain  
Anaphylaxis  
Anxiety  
Asthma  
Confusion

Status: Select Status  
Active  
Resolved  
Cancelled

Comments:

Update Cancel



# Add Allergy

Providers have the ability to add an allergy.

- **Step 1:** Search for an allergen and click **Go**. If not found, use the **Add Free Text Allergen** box.
- **Step 2:** Select allergy name, type, occurrence date, reaction, status and include comments, as applicable.
- **Step 3:** Click **Add** to save changes.

**Health Passport: HUEY DUCK** Member Search Print All

[Allergy Profile](#) [Add Allergy](#)

Search Allergen to Add:  
Ibuprofen Go

Allergen Name	Supports Interaction Check
<a href="#">Ibuprofen</a>	Yes

[Allergy Profile](#) [Add Allergy](#)

Allergy  
Ibuprofen

Type  
Select Allergy Type  
Allergy Sensitivity

First Occurrence Date (MM/DD/YYYY)  
MM/DD/YYYY

Reaction  
Select Reaction  
Abdominal Pain  
Anaphylaxis  
Anxiety  
Asthma  
Status

Status  
Select Status  
Active  
Resolved  
Cancelled

Comments

Add Cancel



# Assessments



This module allows providers to document Texas Health Steps, Dental and Behavioral Health forms directly online. Mailing or faxing in documents critical to patient care for display is also available.

- Click on form name to open the document.
- Expand or collapse all forms by clicking the **Expand All** and **Collapse All** buttons.

Fax: 1-866-274-5952  
Mail: Superior HealthPlan  
P.O. Box 3003  
Farmington, MO 63640-3803

**Health Passport: HUEY DUCK**

Member Search
Print All

**Facesheet**
**Contacts**
**Allergies**
**Assessments**
**Growth Chart**
**Immunizations**
**Labs**
**Medication History**
**Patient History**

[View Forms](#)
[Submit Forms](#)

Last:
1 year

From Date:
07/28/2013

To Date:
07/28/2014

Go

**Previous Assessments**

+ Expand All
- Collapse All

**Texas Health Steps (4)**

Assessment Name	Submit Date
<a href="#">2 Week Visit</a>	07/08/2014
<a href="#">4 Month Visit</a>	07/08/2014
<a href="#">6 Month Visit</a>	07/08/2014
<a href="#">2 Month Visit</a>	07/08/2014

**Dental (1)**

**Behavioral (1)**

**HEALTH PASSPORT COVER SHEET**

**PROVIDER INFORMATION**
**PATIENT INFORMATION**

**BEHAVIORAL HEALTH**
**PHYSICAL HEALTH**

**HEALTH PASSPORT COVER SHEET**

**PROVIDER INFORMATION**
**PATIENT INFORMATION**

**BEHAVIORAL HEALTH**
**PHYSICAL HEALTH**

**HEALTH PASSPORT COVER SHEET**

**PROVIDER INFORMATION**
**PATIENT INFORMATION**

**BEHAVIORAL HEALTH**
**PHYSICAL HEALTH**

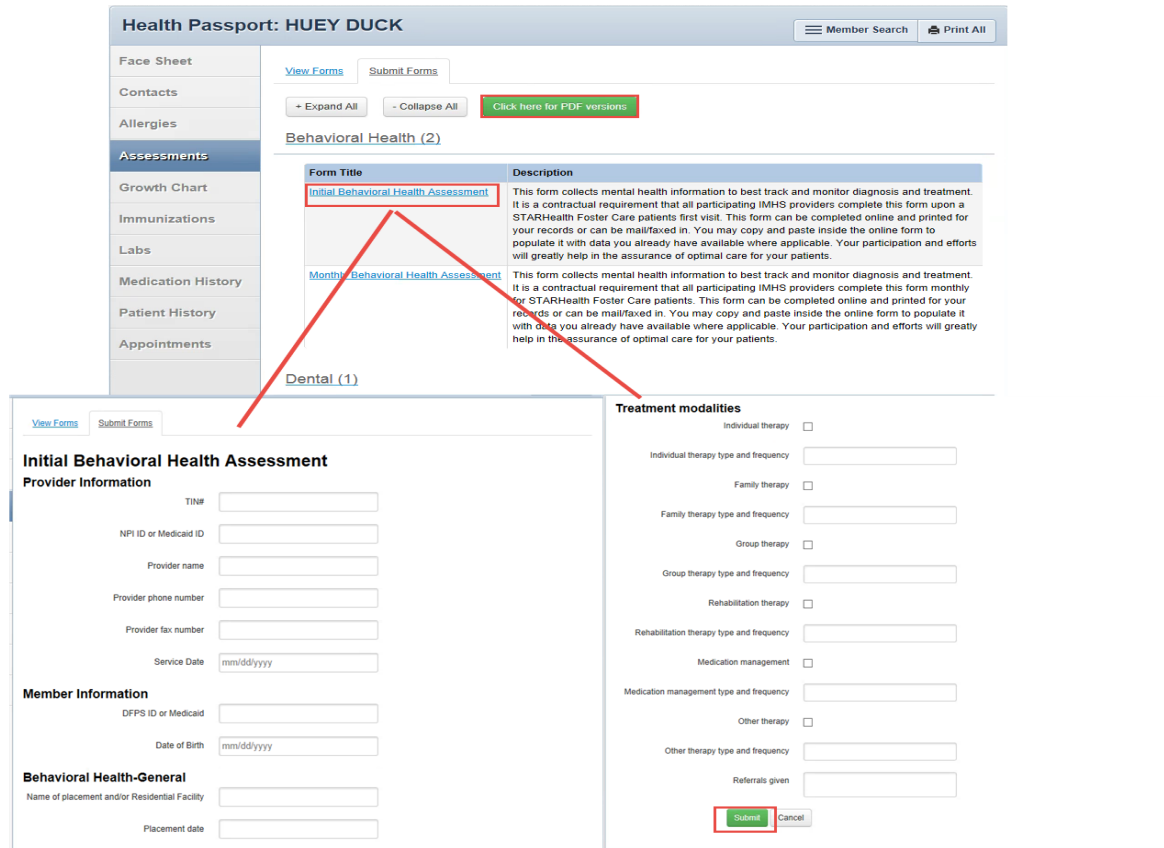


# Submit Forms

To complete and submit forms, click on the **Submit Forms** tab.

- **Step 1:** Open a form by selecting the **Form Title**.
- **Step 2:** Fill in all relevant information.
- **Step 3:** Click the **Submit** button.

Click **PDF versions** to be directed to the Health Passport Forms section on the FosterCareTX.com, where a blank form can be printed.



Health Passport: HUEY DUCK

Member Search Print All

Face Sheet

Contacts

Allergies

Assessments

Growth Chart

Immunizations

Labs

Medication History

Patient History

Appointments

View Forms Submit Forms

+ Expand All - Collapse All Click here for PDF versions

Behavioral Health (2)

Form Title	Description
Initial Behavioral Health Assessment	This form collects mental health information to best track and monitor diagnosis and treatment. It is a contractual requirement that all participating IMHS providers complete this form upon a STARHealth Foster Care patients first visit. This form can be completed online and printed for your records or can be mailed/faxed in. You may copy and paste inside the online form to populate it with data you already have available where applicable. Your participation and efforts will greatly help in the assurance of optimal care for your patients.
Monthly Behavioral Health Assessment	This form collects mental health information to best track and monitor diagnosis and treatment. It is a contractual requirement that all participating IMHS providers complete this form monthly for STARHealth Foster Care patients. This form can be completed online and printed for your records or can be mailed/faxed in. You may copy and paste inside the online form to populate it with data you already have available where applicable. Your participation and efforts will greatly help in the assurance of optimal care for your patients.

Dental (1)

View Forms Submit Forms

**Initial Behavioral Health Assessment**

**Provider Information**

TIN#

NPI ID or Medicaid ID

Provider name

Provider phone number

Provider fax number

Service Date mm/dd/yyyy

**Member Information**

DFPS ID or Medicaid

Date of Birth mm/dd/yyyy

**Behavioral Health-General**

Name of placement and/or Residential Facility

Placement date

**Treatment modalities**

Individual therapy ☐

Individual therapy type and frequency

Family therapy ☐

Family therapy type and frequency

Group therapy ☐

Group therapy type and frequency

Rehabilitation therapy ☐

Rehabilitation therapy type and frequency

Medication management ☐

Medication management type and frequency

Other therapy ☐

Other therapy type and frequency

Referrals given

Submit Cancel



# Growth Chart

This module contains height, weight, length, and head circumference entered by providers and calculates BMI, when applicable.

- Click a date and time to view details for that date.
- An asterisk (\*) indicates there is a comment associated with the entry.

Modify chart by clicking the box **Select to unchart**, select a reason to unchart, and then click **Unchart**. A strikethrough will appear in place of uncharted entries.

Health Passport: HUEY DUCK Member Search Print All

Face Sheet  
Contacts  
Allergies  
Assessments  
**Growth Chart**  
Immunizations  
Labs  
Medication History  
Patient History  
Appointments

[Growth Charts](#) [Add Growth Chart](#)

Last: ☐ 1 year ☐ From Date: 01/11/2016 To Date: 01/11/2017

\* - Comment associated with Growth Chart Print

Date & Time (CT) ↑	Weight lbs oz / kg	Height in / cm	Length in / cm	Head Circ in / cm	BMI
8/3/2016 5:52 PM	120 lb 0 oz   54.4 kg	5.9   15.0			2423.44

One item found. Page 1/1 1

[Growth Charts](#) [View / Modify Growth Chart](#) [Add Growth Chart](#)

**Details for 8/3/2016 5:52 PM**

**Weight**

Result	Valid From	Valid Until	Recorded By	Comment	Select to Cancel
120 lbs 0 oz   54.4 kg	8/3/2016	Current	, marmstrong		<input type="checkbox"/>

**Height**

Result	Valid From	Valid Until	Recorded By	Comment	Select to Cancel
5.9 in   15.0 cm	8/3/2016	Current	, marmstrong		<input type="checkbox"/>

Select a reason to Cancel:

Charted on Incorrect Patient

Task Duplication

Charted at Incorrect Time

Charted Incorrect Value



# Add a Growth Chart

Click the **Add Growth Chart** tab to add new growth measurements.

- **Step 1:** Fill in weight, height, length, head circumference, and add comments, if applicable.
- **Step 2:** Click **Add**.

Health Passport: HUEY DUCK

Member Search Print All

Face Sheet

Contacts

Allergies

Assessments

**Growth Chart**

Immunizations

Labs

Medication History

Patient History

Appointments

[Growth Charts](#) [Add Growth Chart](#)

Visit Date & Time  
08/16/2016 12:54 PM

Weight  
 lbs  oz  
lbs/oz

Height  
 in

Comment

Length  
 in

Head Circumference  
 in

Comment



# Immunizations

- This module presents a comprehensive list of a member's immunizations that have been reported to ImmTrac, the Texas Immunization Registry.
- Additionally, there is a tab that displays immunization schedules for the Centers for Disease Control and Prevention. The "Care Gaps" tab shows any gaps in care, including missing immunizations.

### Health Passport: HUEY DUCK

[Member Search](#) [Print All](#)

[Face Sheet](#)  
[Contacts](#)  
[Allergies](#)  
[Assessments](#)  
[Growth Chart](#)  
**[Immunizations](#)**  
[Labs](#)  
[Medication History](#)  
[Patient History](#)  
[Appointments](#)

[Immunizations](#) [Schedule](#) [Care Gaps](#)

Last: ☐ 10 years

From Date:

To Date:

[Print](#)

VACCINE ↑	DATE ADMINISTERED ↓	ADMIN AGE
Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	06/10/2014	19Y 2M
Hepatitis B vaccine, NOS	06/10/2014	19Y 2M
Poliovirus vaccine, inactivated (IPV), for subcutaneous or i	06/10/2014	19Y 2M
Measles, mumps and rubella virus vaccine (MMR), live, for su	06/01/2014	19Y 2M
Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	06/01/2014	19Y 2M
Hepatitis A vaccine, NOS	06/01/2014	19Y 2M
Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	04/17/2014	19Y 1M
Hepatitis A vaccine, NOS	04/17/2014	19Y 1M
Measles, mumps and rubella virus vaccine (MMR), live, for su	03/28/2014	19Y 0M
Varicella virus vaccine, live, for subcutaneous use	03/28/2014	19Y 0M

22 items found, displaying 1 to 10. Page 1/3 [1,2,3](#) [Next](#) [Last](#)



# Immunizations: Schedule Tab

This tab offers child, adolescent, adult and catch-up immunization schedules. Click the “Respective Schedule” to open the document.

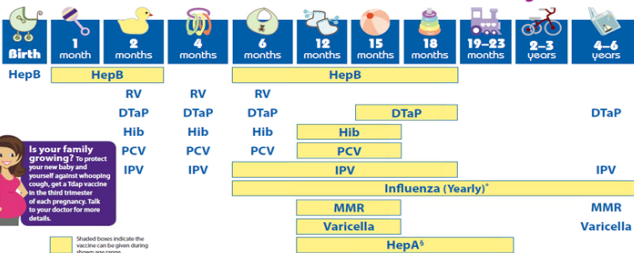
**Health Passport: HUEY DUCK** Member Search Print All

Face Sheet | **Immunizations** | Schedule | Care Gaps

Contacts | Allergies | Assessments | Growth Chart | **Immunizations**

[View Child Immunization Schedule](#) | 
 [View Adolescent Immunization Schedule](#) | 
 [View Adult Immunization Schedule](#) | 
 [View Catch-up Immunization Schedule](#)

### 2014 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself from getting enough, get a HepA vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children aged 6 months through 6 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
- \*\* Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him or her at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*

### Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP** vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthritis (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP** vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, muscle weakness	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP** vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.  
\*\* MMR combines protection against measles, mumps, and rubella.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN

Let's BACK TOGETHER FOR MOMS INFORMATION ON VACCINES. PREVENTABLE DISEASES ARE THE VACCINES THAT PREVENT THEM.

Let's updated January 2014 - CDC/WHO



# Immunizations: Care Gaps Tab



This tab allows you to gaps in care, including missing immunizations.

**Health Passport: HUEY DUCK**

Member Search

Print All

Facesheet

Contacts

Allergies

Assessments

Growth Chart

**Immunizations**

Labs

Medication History

Patient History

[Immunizations](#)

[Schedule](#)

**Care Gaps**

**Care Gaps**

No flu vaccine in past 12 months.

Risk Category Alerts: COPD/Asthma

Persistent Asthma - Not seen in past 6 months



# Labs

This module contains a list of a member's lab results.

- Click on a **date** and **time** to view details of labs.
- By selecting **Filter Category**, you can filter by lab type.

**Health Passport: HUEY DUCK** Member Search Print All

Face Sheet  
Contacts  
Allergies  
Assessments  
Growth Chart  
Immunizations  
**Labs**  
Medication History  
Patient History  
Appointments

[Overview](#)

Last: ☐ 10 years ☒ 06/18/2014 From Date: 06/18/2014 To Date: 06/18/2014 Go

Filter Category: Print

\* - Comment associated with lab  
Red text - Abnormal lab result

Date	Item	Value	Ordering Physician		
<a href="#">6/18/2014</a>	ABS.CD8+HLA-DR+LYMPH	19 /UL	WALTER DISNEY		
<a href="#">6/18/2014</a>	TRICHOMONAS CULTURE	FINAL *	WALTER DISNEY	QUEST	Microbiology
<a href="#">6/18/2014</a>	ANTIBODY SCREEN	NEGATIVE *	WALTER DISNEY	QUEST	Hematology

3 items found, displaying all items. Page 1/1 1

[Overview](#) [Details](#)






**ABS.CD8+HLA-DR+LYMPH 6/18/2014**

Value	Ordering Physician	Comment	Source
19 /UL	WALTER DISNEY		QUEST



# Medication History

This module contains a detailed list of medications.






- Click **medication name** to view more details.
- Scroll over **Prescriber** and **Pharmacy** to view contact information.
- The legend of icons (      ) denote different medication interactions. Major interactions are potentially life threatening.



Health Passport: HUEY DUCK Member Search Print All

Face Sheet  
Contacts  
Allergies  
Assessments  
Growth Chart  
Immunizations  
Labs  
**Medication History**  
Patient History  
Appointments

Overview

Last: ☐ 10 years ☒ From Date: 09/18/2014 To Date: 09/18/2014 Go

 - Major Interaction  - Moderate Interaction  - Minor Interaction  - Allergy Interaction  - Interaction not supported Print

FILL DATE	MEDICATION	QTY	Days Supply	PRESCRIBER	PHARMACY
 09/18/2014	<a href="#">IBUPROFEN 100 MG/5 ML SUSP</a>	80.000		<a href="#">LOUIS, ALFRED R</a>	<a href="#">JACKS APOTHECARY 2 (US4522644)</a>
 09/18/2014	<a href="#">AMOXICILLIN 250 MG/5 ML SUSP</a>	80.000		<a href="#">LOUIS, ALFRED R</a>	<a href="#">JACKS APOTHECARY 2 (US4522644)</a>
09/18/2014	<a href="#">TRAMADOL 37.5 MG/3 ML SUSP</a>	80.000		<a href="#">LOUIS, ALFRED R</a>	<a href="#">JACKS APOTHECARY 2 (US4522644)</a>

4 items

Overview Details

IBUPROFEN 100 MG/5 ML SUSP

FILL DATE : 09/18/2014  
DISPENSE : 80.000  
REFILL : 0

PHARMACY : JACKS APOTHECARY 2 (US4522644)  
PRESCRIBER : LOUIS, ALFRED R  
Reference [English](#) [Spanish](#)  
Document :

- No Data Found -



# Medication History: Details Tab

Select **English** or **Spanish** to open a reference document for the given medication.

Health Passport: HUEY DUCK

Member Search Print All

Face Sheet

Overview Details

Contacts

Allergies

Assessments

Growth Chart

Immunizations

Labs

Medication History

IBUPROFEN 100 MG/5 ML SUSP

FILL DATE : 09/18/2014

DISPENSE : 80.000

REFILL : 0

PHARMACY : JACKS APOTHECARY 2 (US4522644)

PRESCRIBER : LOUIS, ALFRED R

Reference : English Spanish

Integrated MedFacts Module

Read this medicine information sheet carefully each time you get this medicine filled.

**Ibuprofen Suspension ( Nonprescription)**  
Pronunciation: EYE-bue-PROE-fen  
Brand Name: Examples include Children's Advil and Children's Motrin

This medicine is a nonsteroidal anti-inflammatory drug (NSAID). It may cause an increased risk of serious and sometimes fatal heart and blood vessel problems (eg, heart attack, stroke). The risk may be greater if you already have heart problems or if you take this medicine for a long time. Do not use this medicine right before or after bypass heart surgery.

This medicine may cause an increased risk of serious and sometimes fatal stomach ulcers and bleeding. Elderly patients may be at greater risk. This may occur without warning signs.

**This medicine is used for:**  
Treating minor aches and pains caused by the common cold, flu, sore throat, headaches, or toothaches. It may be used to reduce fever. It may also be used for other conditions as determined by your doctor.

This medicine is an NSAID. Exactly how it works is not known. It may block certain substances in the body that are linked to inflammation. NSAIDs treat the symptoms of pain and inflammation. They do not treat the disease that causes those symptoms.

**Do NOT use this medicine if:**

- you are allergic to any ingredient in this medicine
- you have had a severe allergic reaction (eg, severe rash, hives, trouble breathing, growths in the nose, dizziness) to aspirin or an NSAID (eg, ibuprofen, celecoxib)
- you have recently had or will be having bypass heart surgery
- you are in the last 3 months of pregnancy

Contact your doctor or health care provider right away if any of these apply to you.

**Before using this medicine:**  
Some medical conditions may interact with this medicine. Tell your doctor or pharmacist if you have any medical conditions, especially if any of the following apply to you:

- if you are pregnant, planning to become pregnant, or are breast-feeding
- if you are taking any prescription or nonprescription medicine, herbal product, or dietary supplement
- if you have allergies to medicines, foods, or other substances
- if you have a history of kidney or liver disease, diabetes, or stomach or bowel problems (eg, bleeding, perforation, ulcers, persistent or returning stomach pain or heartburn)

- if you have a history of swelling or fluid buildup, lupus, asthma, growths in the nose (nasal polyps), or mouth inflammation
- if you have high blood pressure, blood disorders, bleeding or clotting problems, heart problems (eg, heart failure), or blood vessel disease, or if you are at risk for any of these diseases
- if you are dehydrated or have low fluid volume (eg, caused by diarrhea, vomiting, not drinking fluids)
- if you have poor health, or low blood sodium levels, you drink alcohol, or you have a history of alcohol abuse

Some MEDICINES MAY INTERACT with this medicine. Tell your health care provider if you are taking any other medicines, especially any of the following:

- Anticoagulants (eg, warfarin), aspirin, corticosteroids (eg, prednisone), heparin, or selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine) because the risk of stomach bleeding may be increased
- Probenecid because it may increase the risk of this medicine's side effects
- Cyclosporine, lithium, methotrexate, or quinolones (eg, ciprofloxacin) because the risk of their side effects may be increased by this medicine
- Angiotensin-converting enzyme (ACE) inhibitors (eg, enalapril) or diuretics (eg, furosemide, hydrochlorothiazide) because their effectiveness may be decreased by this medicine

This may not be a complete list of all interactions that may occur. Ask your health care provider if this medicine may interact with other medicines that you take. Check with your health care provider before you start, stop, or change the dose of any medicine.

**How to use this medicine:**  
Use this medicine as directed by your doctor. Check the label on the medicine for exact dosing instructions.

- This medicine comes with an extra patient information sheet called a Medication Guide. Read it carefully.
- Read it again each time you get this medicine refilled.
- Take this medicine by mouth with or without food. It may be taken with food if it upsets your stomach. Taking it with food may not lower the risk of stomach or bowel problems (eg, bleeding, ulcers). Talk with your doctor or pharmacist if you have persistent stomach upset.
- Shake well before each use.
- Use a measuring device marked for medicine dosing. Ask your pharmacist for help if you are unsure of how to measure your dose.

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Page 1



# Patient History



This module contains visit information from claims data on all services rendered, whether paid or denied. Claims come from all provider types and providers do not need to do anything extra for this data to load.

- Click the **date** to view more visit details.

**Health Passport: HUEY DUCK** Member Search Print All

[Visits](#) [Diagnoses](#) [Procedures](#)

Last: ☐ 10 years ☐ From Date: 01/11/2016 To Date: 01/11/2017 Go

Click on dates for more details Print

DATE ↓	LOS	DIAGNOSIS	Dx CODE	VISIT TYPE ↓	BILLING ENTITY ↓	SOURCE ↓
<a href="#">05/25/2014</a>		ROUTINE INFANT OR CHILD HEALTH CHECK	V20.2	OFFICE LOCATION CODE	<a href="#">HINE, PETER</a>	SUPERIOR
<a href="#">02/19/2014</a>		CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	OTHER LOCATIONS	<a href="#">STERN, CHARLES</a>	TMHP
					<a href="#">STERN, CHARLES</a>	DentaQuest
					<a href="#">STERN, CHARLES</a>	TMHP
					<a href="#">STERN, CHARLES</a>	TMHP

**Visit Details** X

CLAIM J237TXE13656

END OF SERVICE 05/25/2014

ADMITTING PROVIDER HINE, PETER

PROCEDURES	CPT Code	Dx Code	DATE
Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	90471	V20.2	05/25/2014

*Note: This module should not be used as a tool for claims payments. There is lag time before data is loaded as providers have 95 days to bill and Superior has 30 days to process.*



# Patient History: Diagnoses Tab



This tab lists visits by diagnoses. Click the **date** to view by diagnoses.

**Health Passport: HUEY DUCK**

Member SearchPrint All

Face Sheet

Contacts

Allergies

Assessments

Growth Chart

Immunizations

Labs

Medication History

**Patient History**

VisitsDiagnosesProcedures

Click on dates for more details

DATE ↓	DIAGNOSIS ↑	Dx CODE ↓	BILLING ENTITY ↑	SOURCE ↑
05/25/2014	ROUTINE INFANT OR CHILD HEALTH CHECK	V20.2	HINE, PETER	SUPERIOR
02/25/2014	CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	STERN, CHARLES	TMHP
02/24/2014	CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	STERN, CHARLES	TMHP
02/21/2014			STERN, CHARLES	TMHP
02/20/2014			STERN, CHARLES	TMHP
02/19/2014			STERN, CHARLES	TMHP

Visit Details

CLAIMJ237TXE13656

END OF SERVICE05/25/2014

ADMITTING PROVIDERHINE, PETER

PROCEDURES	CPT Code	Dx Code	DATE
Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	90471	V20.2	05/25/2014



# Patient History: Procedures Tab



Click the **Procedures tab** to view visits by procedures.

**Health Passport: HUEY DUCK**

Member SearchPrint All

**Face Sheet**  
**Contacts**  
**Allergies**  
**Assessments**  
**Growth Chart**  
**Immunizations**  
**Labs**  
**Medication History**  
**Patient History**

VisitsDiagnosesProcedures

Click on dates for more details

DATE ↑	PROCEDURE ↑	CPT Code ↑	BILLING ENTITY ↑	SOURCE ↑
05/25/2014	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	90471	HINE, PETER	SUPERIOR
02/25/2014	Personal care ser per 15 min	T1019	STERN, CHARLES	TMHP
02/25/2014			STERN, CHARLES	TMHP
02/25/2014			STERN, CHARLES	TMHP
02/25/2014			STERN, CHARLES	TMHP

Visit Details

CLAIMJ237TXE13656

END OF SERVICE05/25/2014

ADMITTING PROVIDERHINE, PETER

PROCEDURES	CPT Code	Dx Code	DATE
Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	90471	V20.2	05/25/2014



# Appointments



On this module users can create and modify and cancel their own appointment entries.

**Health Passport: HUEY DUCK**

Member Search Print All

**Face Sheet**  
**Contacts**  
**Allergies**  
**Assessments**  
**Growth Chart**  
**Immunizations**  
**Labs**  
**Medication History**  
**Patient History**  
**Appointments**

Appointments [Add Appointment](#)

Last: ☒ 1 year ☐ From Date: 01/11/2016 To Date: 01/11/2017

[Print](#)

Date&Time(CT)	Duration	Description
<a href="#">11/17/2016 10:00 AM</a>	45	TEST
<a href="#">09/10/2016 10:00 AM</a>	60	Psychotherapy
<a href="#">07/18/2016 01:00 PM</a>	30	xxxxxx
<a href="#">04/05/2016 12:00 AM</a>	30	test
<a href="#">02/26/2016 01:00 PM</a>	30	test cancel
<a href="#">02/19/2016 02:00 AM</a>	30	test
<a href="#">01/14/2016 08:00 PM</a>	15	testing



# Other Tools



- **Member Search:** Return to search screen.
- **Print All:** Print complete health record by either (1) selecting a time frame or (2) selecting a date range and click **Go**.
- **Print:** Print single module.
- **Demo Info:** Hover over member name to view core demographic information.

**Health Passport: HUEY DUCK**

Member Search **Print All**

**Face Sheet**

Contacts

Allergies

Assessments

Growth Chart

Immunizations

<b>Age</b>	21 Y	<b>Phone</b>	
<b>DOB</b>	03/17/1995	<b>DFPS ID</b>	11111111
<b>Gender</b>	Male	<b>Medicaid ID</b>	55555555
<b>Marital Status</b>	Single	<b>HP ID - for SUPERIOR use</b>	00101111111
<b>Race/Ethnicity</b>	White/Hispanic	<b>Authorized Level of Care</b>	210
<b>Primary Language</b>	N/A	<b>Forensic Assessment Indicator</b>	N
<b>Primary Address</b>	1234 W DISNEY AVE APT 1000, FL 33511	<b>Transitioning Youth Program</b>	Y

Last: ☐ All ☐ 3 months ☐ 6 months ☐ 1 year ☐ 5 years ☐ 10 years

From Date: 01/11/2016 To Date: 01/11/2017 **Go**



# Other Tools



- To filter, select the **time frame** and **date range** and click **Go**.
- Found on modules: **Assessments, Growth Chart, Immunizations, Labs, Medication History** and **Patient History**

A screenshot of a filter interface. It includes a "Last:" dropdown menu with options: 3 months, 6 months, 1 year (highlighted), 5 years, and 10 years. There are radio buttons for "From Date:" and "To Date:". The "From Date:" field shows "01/11/2016" and the "To Date:" field shows "01/11/2017". A green "Go" button is highlighted with a red box.

- View more by clicking the **Page** or the **Next** and **Last** buttons.

27 items found, displaying 1 to 10. Page 1/3 **1,2,3** [Next](#) [Last](#)

- **Allergies, Growth Chart, Immunizations, Labs, Medication History** and **Patient History** can be found on modules.



# Other Tools



- Sort information by clicking on the titles labeled with arrows.
  - Found on modules: **Allergies, Growth Chart, Immunizations, Labs, Medication History** and **Patient History**
- Hover over **Billing Entity** to view contact information for providers.
  - Found on module: **Patient History**

DATE ↓	PROCEDURE ↑	CPT Code ↓	BILLING ENTITY ↓	SOURCE ↓
		90471	<a href="#">STERN, CHARLES</a>	<b>STERN, CHARLES</b> 7700 FISH POND RD WACO, TX 76710 Business: (713) 555-1234
		T1019	<a href="#">STERN, CHARLES</a>	
		T1019	<a href="#">STERN, CHARLES</a>	TMHP
		T1019	<a href="#">STERN, CHARLES</a>	TMHP
		T1019	<a href="#">STERN, CHARLES</a>	TMHP
		T1019	<a href="#">STERN, CHARLES</a>	TMHP
		T1019	<a href="#">STERN, CHARLES</a>	TMHP



# Contact Us



- Interested in a Live Demo? Call your Account Manager to schedule a visit!
- Need additional Health Passport Help? Contact the Health Passport Support Desk:
  - Call: 1-866-714-7996
  - Email:  
[TX.PassportAdministration@SuperiorHealthPlan.com](mailto:TX.PassportAdministration@SuperiorHealthPlan.com)



# Thank You For Attending!



Thank you for your commitment to serving the needs of Children in Texas Foster Care.

If you have additional questions, please contact your local Account Manager or select “Contact Us” at [SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com)

Let us know what we can do to help.