## **Health Passport Account Setup Guide**

Secure Provider Portal



To create a Health Passport account using <u>Superior's Secure Provider Portal</u> please follow the steps below:

1. Go to FosterCareTX.com and select Login.



2. In the drop down select Provider and click Submit.



3. Click on **Create New Account**.

superior healthplan.	
Log In	
Username (Email)	
LOG IN	
Create New Account	

4. Enter your information in the required fields. Make sure your name is entered exactly as it is displayed on IMPACT. Click on **Create Account**.

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Create Your Account
Let's get started - creating an account is quick and easy.
Email
First Name
Last Name
Language Preference
English ~
Password
0
Passwords must be at least 8 characters and include three of the four items below:
<ul> <li>One uppercase letter</li> <li>One lowercase letter</li> <li>One number</li> <li>One special character (For example: &amp;, \$, !, *)</li> </ul>
CREATE ACCOUNT
CANCEL

5. After submitting your information, the screen will display the following message asking you to check your inbox for the activation email.

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	Create Your Account
	We've sent you an email to activate your account.
If you don't see the email in your Inbox, chec	k your junk mail folder. Also, look in your spam, social, or other folders. If you still don't see the email, please click the <b>Resend Email</b> button below.
[	RESEND EMAIL
	Need Help? <u>Contact us</u>
	single password EntryKeyID
	Help Privacy Policy Terms of Use © 2021 Centene

6. Go to the email you utilized to create your account, and open the email from no-reply@mail.entrykeyid.com. Click on Activate Your New Account within the activation email.



7. You will be re-directed to the portal, and the Success window will populate. Select Log In To Register.



8. Enter your Username (Email) and Password and select Log In.

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	Log In	
Username (Email)		
Password		
		0
	Trouble Logging In?	
	LOG IN	

- 9. Complete the **Provider Registration** form and click **Submit**.
  - Ensure Impact Person ID (PID) and Zip Code are entered exactly the way they are displayed on IMPACT. To avoid errors do not copy and paste information.

	Provider Registration
En	ter your account details to complete your registration
	Select your registration type: OMedical/Behavioral Provider ODental/Vision Provider Foster Care Member, Medical Consenter, Foster Parent, DFPS Staff, RTC/CPA Staff, CASA Staff, SSCC
	Impact Person ID (PID) Zip Code
	Business Phone
	Fax Number
	CANCEL

For assistance, you may contact the Health Passport Help Desk at 1-866-714-7996 or by email at <u>TX.PassportAdministration@superiorhealthplan.com</u>.