

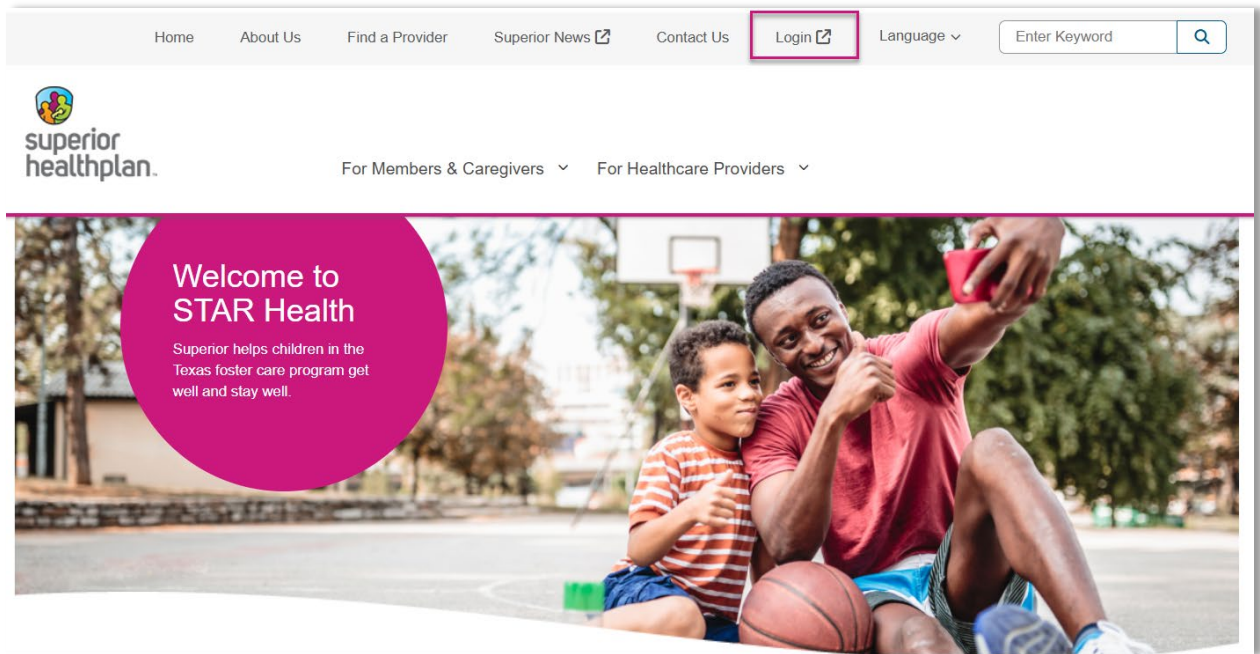
Health Passport Account Setup Guide

Secure Provider Portal

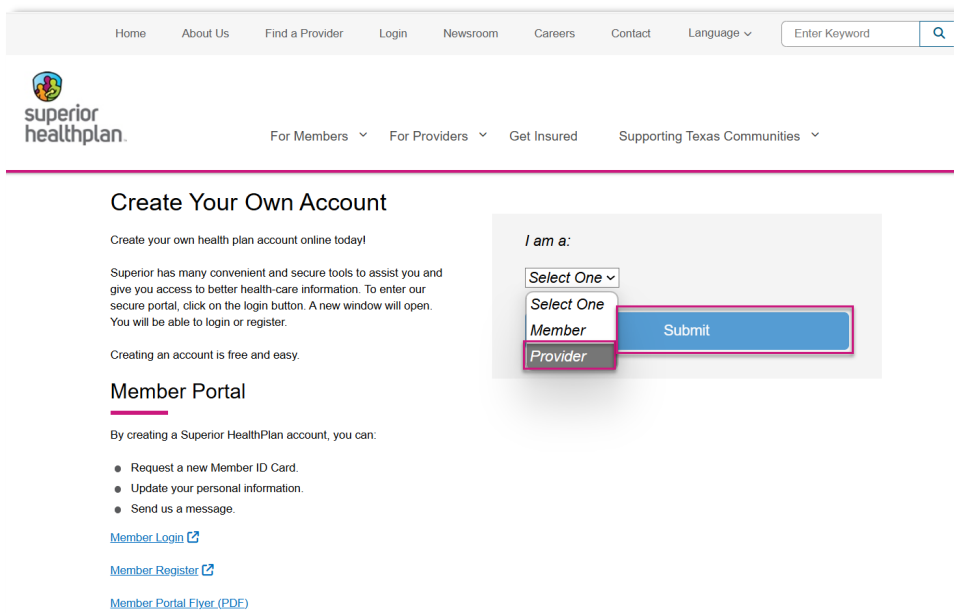


To create a Health Passport account using [Superior's Secure Provider Portal](#) please follow the steps below:

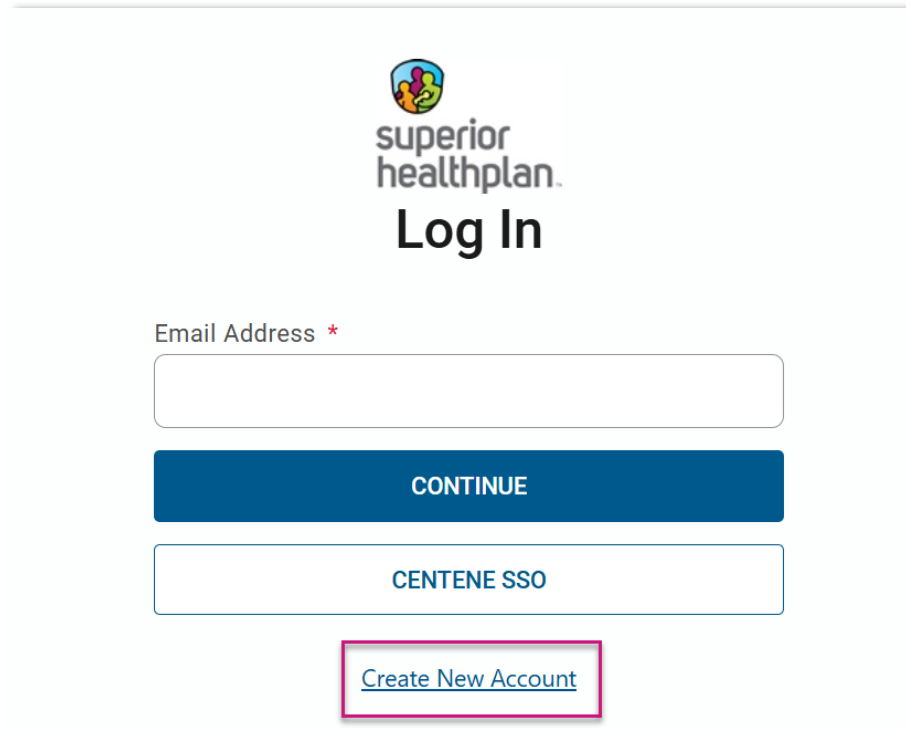
1. Go to [FosterCareTX.com](#) and select **Login**.



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

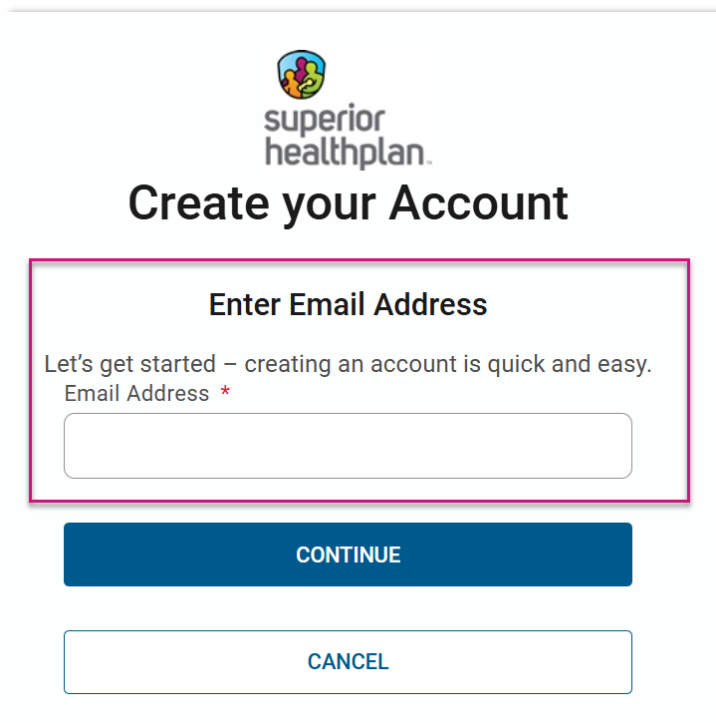


3. Click on **Create New Account**.




The image shows the 'Log In' page for Superior Healthplan. At the top is the Superior Healthplan logo, which consists of a circular icon with three stylized figures in blue, green, and red, followed by the text 'superior healthplan.' in a sans-serif font. Below the logo is the heading 'Log In' in a large, bold, black font. Underneath the heading is a form with three elements: a text input field labeled 'Email Address *' in a small, gray font; a solid blue button with the word 'CONTINUE' in white, uppercase letters; and a white button with a blue border containing the text 'CENTENE SSO' in blue, uppercase letters. At the bottom of the form is a link that says 'Create New Account' in blue text, which is highlighted by a pink rectangular box.

4. Enter your **Email Address** (this will be your username).



The image shows the 'Create your Account' page for Superior Healthplan. At the top is the Superior Healthplan logo, which consists of a circular icon with three stylized figures in blue, green, and red, followed by the text 'superior healthplan.' in a sans-serif font. Below the logo is the heading 'Create your Account' in a large, bold, black font. Underneath the heading is a form with three elements: a section titled 'Enter Email Address' in bold black text, followed by the text 'Let's get started – creating an account is quick and easy.' in a smaller, gray font, and then 'Email Address *' in a small, gray font above a text input field; a solid blue button with the word 'CONTINUE' in white, uppercase letters; and a white button with a blue border containing the word 'CANCEL' in blue, uppercase letters. The entire 'Enter Email Address' section is highlighted by a pink rectangular box.

5. Enter your **First Name** and **Last Name** and choose your **Select Language Preference**. Make sure your name is entered exactly as it is displayed on IMPACT and the Daily Access List. Once done, click **Continue**.


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Create Your Account

Tell Us About You

Enter your name and language preference.

Email Address *

newhppaccount@mailinator.com

First Name *

Last Name *

Select Language Preference *


Select a Language ▼

CONTINUE

CANCEL

Already have an account? [Log In](#)

6. You will receive a code to your email address from no-reply@mail.entrykeyid.com. Enter the code in the **Verification Code** field and then click **Continue**.


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Create your Account

Verify Email Address

Please do not close this window.

We sent a code to your email. Don't see it? Check your spam or junk email.

Enter the code below. This code will stop working after 5 minutes.

Verification Code *

CONTINUE

RESEND CODE

7. Once your email address has been verified, you will be prompted to set your password. Enter your **Password**, **Confirm Password** and then click **Set Password**.

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Create Your Account

Set Password

Enter a password and confirm it.

Password * [Password Help](#)

Confirm Password *

Confirming your password is required.

A strong password must:

- ☐ Have a minimum of 12 characters
- ☐ Include all of the following:
 - ☐ One uppercase letter
 - ☐ One lowercase letter
 - ☐ One number
 - ☐ One special character (Example: &, \$, !, *)

SET PASSWORD

CANCEL

8. Once your password is set, the Success window will populate. Click **Continue**.

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Success!

Your EntryKeyID login account has been created.
Click [Continue](#) to finish logging in to Superior Health Plan (Provider Portal)

CONTINUE

Need Help? [Contact us](#)

9. Complete the **Provider Registration form** and click **Submit**.
- **Select your registration type** and then enter your **Impact Person ID (PID)** and **Zip Code**. Ensure the PID and Zip Code are entered exactly the way they are displayed on IMPACT and the Daily Access List. To avoid errors do not copy and paste information.
 - For the **Business Phone** and **Fax Number** fields, you can use your office, home, or cell number for both fields.

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Provider Registration

Enter your account details to complete your registration

Select your registration type:

☐ Medical/Behavioral Provider

☐ Dental/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

SUBMIT

CANCEL

For assistance, you may contact the Health Passport Help Desk at [1-866-714-7996](tel:1-866-714-7996) or by email at TX.PassportAdministration@SuperiorHealthPlan.com.