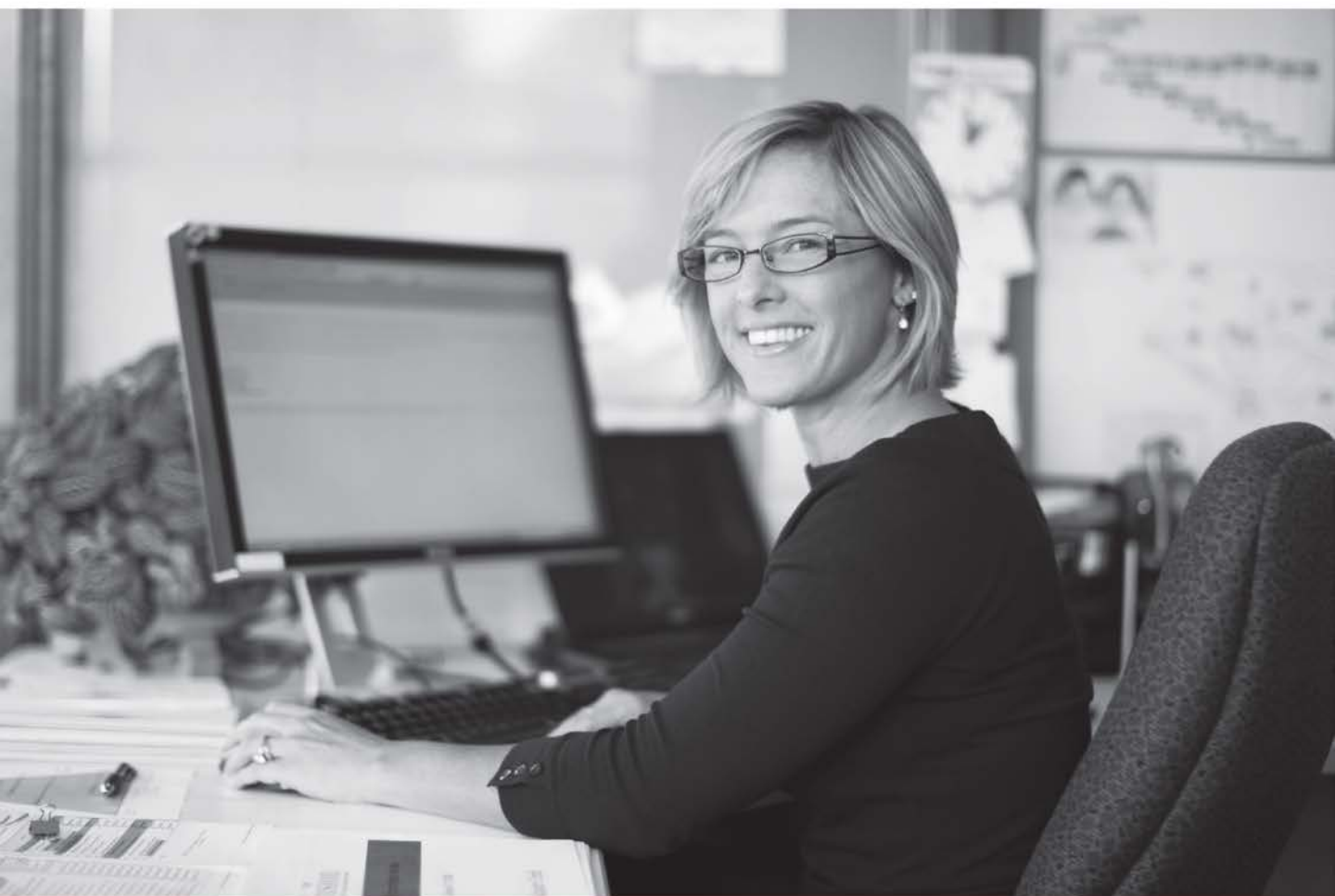




superior  
healthplan™

# Health Passport Clinical Training Guide



Superior HealthPlan's Health Passport is a web-based, secure health information tool built using core clinical and claims data to deliver relevant healthcare information when and where it is needed for Foster Children in the state of Texas. The Health Passport helps Providers, State users, and Service Coordinators improve care coordination, eliminate waste, and reduce errors by providing a person's medical history and health interactions as the person progresses through the clinical process.

REMINDER: The data in the Health Passport is not a person's complete medical record, but it does contain information on patient demographics such as: doctor visits for which claims have been submitted, allergies, lab test results, immunizations, and filled medications.

The Health Passport is comprised of nine modules:

#### Modules

- ✓ **Face Sheet**—An easy-to-read summary that includes member demographics, care gaps, Texas Health Steps and Dental last visit dates, active allergies, active medications and more.
- ✓ **Contacts**—Easily find a foster child's PCP, Medical Consenter, 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 Texas Health 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.
- ✓ **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**—All users can manage and review appointments for members.

## Provider Access


Step 1: Go to the Superior website (<http://www.superiorhealthplan.com/>) to login for providers.

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](#)

[Login](#)

### 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	RECEIPT DATE	MEMBER NAME	CLAIM NO.

### Welcome

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

[Manage Accounts](#) >

[Reports](#) >

#### Recent Activity

Date	Activity
------	----------

### Health Passport

[Launch Health Passport](#) >

[Health Passport online training](#)

[DFPS STAR Health Webinar Trainings](#)

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 individuals 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.

### 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 providers 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 patients care or treatment.

#### Member Participation

As long as a patient has active coverage in Superior Health Plan Networks ("SHPN") STAR Health Foster Care Program, the patients information will remain available through the Health Passport. If a patients enrollment in SHPN STAR Health terminates, the patients 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.

I have read and agree to these terms.

## 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

Go!

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

Go!

Clear

ELIGIBLE	NAME	AGE	DOB	GENDER	MEDICAID ID	DFPS ID
	<a href="#">HUEY DUCK</a>	20	03/17/1995	M	555555555	111111111

## Face Sheet

The **Face Sheet** 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		Member Search	Print All																												
Face Sheet	<a href="#">Print</a>																														
Contacts	<table><tr><td>Age</td><td>20 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	20 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><tr><td>Phone</td><td>(123) 456-7890</td></tr><tr><td>DFPS ID</td><td>11111111</td></tr><tr><td>Medicaid ID</td><td>55555555</td></tr><tr><td>HP ID - for SUPERIOR use</td><td>00101111111</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	(123) 456-7890	DFPS ID	11111111	Medicaid ID	55555555	HP ID - for SUPERIOR use	00101111111	Authorized Level of Care	210	Forensic Assessment Indicator	N	Transitioning Youth Program	Y	
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Assessments																															
Growth Chart																															
Immunizations																															
Labs	<table><tr><td>Care Gaps</td></tr><tr><td>Nothing found to display.</td></tr><tr><td>Active Allergies</td></tr><tr><td>Amoxicillin</td></tr><tr><td>Codeine</td></tr><tr><td>Ibuprofen</td></tr><tr><td>Lexapro</td></tr><tr><td>Peanut Butter</td></tr><tr><td>Peanut-containing Drug Products</td></tr><tr><td>Penicillins</td></tr><tr><td>Pollen</td></tr><tr><td>Shellfish-derived Products</td></tr><tr><td>Trazodone</td></tr><tr><td>Recent Medications</td></tr><tr><td>Nothing found to display.</td></tr></table>	Care Gaps	Nothing found to display.	Active Allergies	Amoxicillin	Codeine	Ibuprofen	Lexapro	Peanut Butter	Peanut-containing Drug Products	Penicillins	Pollen	Shellfish-derived Products	Trazodone	Recent Medications	Nothing found to display.	<table><tr><td>Texas Health Steps Last Visit Date</td><td>Last Dental Visit Date</td></tr><tr><td></td><td>2/13/2014</td></tr></table>	Texas Health Steps Last Visit Date	Last Dental Visit Date		2/13/2014										
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Appointments																															
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## Contacts

The **Contacts** 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
DONOVAN, LINDA	601 E Whitestone Blvd Cedar Park, TX Williamson (County)	(512) 528-9996	Primary Care Provider
DISNEY, WALT	500 Town Sq Orlando, FL 32789 Orange (County)	(123) 456-7890	Medical Consenter 1 (Primary)
DUCK, DAFNEY Aunt	16 Cinderella Dr Orlando, FL 32789 Orange (County)	(123) 456-7890	Medical Consenter 2 (Secondary)
DUCK, DEWEY	111 Minnie Loop Orlando, FL 32789 Orange (County)	(123) 456-7890	Medical Consenter 3 (Primary Backup)
DUCK, LOUIE DFPS Staff	111 Castle Ln Orlando, FL 32789 Orange (County)	(123) 456-7890	Medical Consenter 4 (Secondary Backup)
DISNEY, WALT Unrelated	724 Disney Rd Orlando, FL 32789 Orange (County)	(123) 456-7890	Caregiver
DUCK, DONALD	217 S Disney Ln Orlando, FL 32789 Orange (County)	(123) 456-7890	Service Coordinator
DUCK, DAISY	219 S Disney Ln Orlando, FL 32789 Orange (County)	(123) 456-7890	Service Manager
MOUSE, MINNIE	219 S Disney Ln Orlando, FL 32789 Orange (County)	(123) 456-7890	Caseworker

NOTE: Caregivers are not necessarily considered Medical Consenters.

## Allergies

The **Allergies** 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.

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

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

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

**M** - Medication Interaction

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>	Anxiety	Active	Allergy
<a href="#">Lexapro</a>	Seizure	Active	Allergy
<a href="#">Peanut Butter</a>	Confusion	Active	Allergy
<a href="#">Peanut-containing Drug Products</a>	Eye swelling	Active	Allergy
<a href="#">Penicillins</a>	Abdominal Pain	Active	Allergy
<a href="#">Penicillin</a>			Allergy
<a href="#">Penicillin G</a>			Sensitivity
<a href="#">Penicillin V</a>			Allergy
<a href="#">Penicillin VK</a>			Sensitivity
<a href="#">Penicillinase-resistant Penicillins</a>			Allergy

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

Allergy:

Type:

First Occurrence Date (MM/DD/YYYY):

Reaction:

Status:

Comments:

**Allergy History**

STATUS	FIRST OCCURENCE DATE	REACTION	COMMENT	RECORDED BY	RECORDED DATE
Active	08/12/2014	Anaphylaxis	Mild and sporadic	KUMARASAMY, RAMYA	09/21/2015
Active	08/12/2014	Anaphylaxis	Mild and sporadic	KUMARASAMY, RAMYA	09/21/2015

## 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](#)

**Allergies**

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		. 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
Active	10/01/2014	Increased diastolic blood pressure	test	Balla, Prasad	10/15/2014
Active	10/01/2014	Headache		Balla, Prasad	10/08/2014
				. jpina	11/11/2014
				ion test . jpina	11/14/2014
				ion test . jpina	03/30/2015
				ion Balla, Prasad	10/15/2014
				ion . jpina	11/11/2014

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

Allergy: Amoxicillin

Type: **Select Allergy Type**  
Allergy  
Sensitivity

First Occurrence Date (MM/DD/YYYY): 07/23/2014

Reaction: **Select Reaction**  
Anaphylaxis  
Abdominal Pain  
Anxiety  
Anaphylaxis

Status: **Select Status**  
Active  
Resolved  
Cancelled

Comments: Mild and sporadic

**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 SearchPrint All

Face Sheet

Contacts

**Allergies**

Assessments

Growth Chart

Immunizations

Labs

Medication History

Patient History

Appointments

Allergy ProfileAdd Allergy

M - Medication Interaction

Substance	Reaction	Status ↑	Type
<b>M</b> Amoxicillin	Seizure	Active	Allergy
Codeine	Abdominal Pain	Active	Sensitivity
<b>Ibuprofen</b>	Anxiety	Active	Allergy
Lexapro	Seizure	Active	Allergy
Peanut Butter	Confusion	Active	Allergy
Peanut-containing Drug Products	Eye swelling	Active	Allergy
Penicillins	Abdominal Pain	Active	Allergy
Pollen	Eye swelling	Active	Allergy
Shellfish-derived Products	Eye swelling	Active	Sensitivity

Allergy ProfileAdd Allergy

Allergy

Ibuprofen

Select Allergy Type

AllergySensitivity

Type

Select Allergy Type

First Occurrence Date (MM/DD/YYYY)

MM/DD/YYYY

Select Reaction

Abdominal PainAnxietyAnaphylaxis

Reaction

Select Reaction

Select Status

ActiveResolvedCancelled

Status

Select Status

Comments

AddCancel

Substance	Reaction	Status ↑	Type
<b>M</b> Amoxicillin	Seizure	Active	Allergy
Codeine	Abdominal Pain	Active	Sensitivity
<b>Ibuprofen</b>	Anxiety	Active	Allergy
Lexapro	Seizure	Active	Allergy
Peanut Butter	Confusion	Active	Allergy
Peanut-containing Drug Products	Eye swelling	Active	Allergy
Penicillins	Abdominal Pain	Active	Allergy
Pollen	Eye swelling	Active	Allergy
Shellfish-derived Products	Eye swelling	Active	Sensitivity

Allergy ProfileAdd Allergy

Allergy

Ibuprofen

Select Allergy Type

AllergySensitivity

Type

Select Allergy Type

First Occurrence Date (MM/DD/YYYY)

MM/DD/YYYY

Select Reaction

Abdominal PainAnxietyAnaphylaxis

Reaction

Select Reaction

Select Status

ActiveResolvedCancelled

Status

Select Status

Comments

AddCancel

## Assessments

The **Assessments** 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.

**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](#)

Last: ☐ 1 year From Date: 09/24/2014 To Date: 09/24/2015

**Previous Assessments**

+ Expand All - Collapse All

Texas Health Steps (3)

Assessment Name	Receipt Date
<a href="#">5 Year Visit</a>	03/23/2015
<a href="#">Health Service Care Plan</a>	03/18/2015
<a href="#">9 Year Visit</a>	03/02/2015

Dental (1)

Behavioral (2)

**HEALTH PASSPORT COVER SHEET**

PROVIDER INFORMATION (Required field)  
NAME: LRL WILSON, MD  
PHONE: 661-622-0224  
FAX: 661-622-0224  
SERVICE: 661-622-0224  
PRACTICE: 661-622-0224

MEMBER INFORMATION (Required field)  
FIRST NAME: HUEY  
LAST NAME: DUCK  
DOB: 09/24/1994  
DOB: 09/24/1994  
DOB: 09/24/1994

TEST DOCUMENT

**BEHAVIORAL HEALTH**  
☐ Adult Behavioral Health Assessment  
☐ Behavioral Health Review (Monthly)  
☐ Psychosocial Assessment  
☐ Other (Check appropriate box)

**DENTAL**  
☐ Dental Exam  
☐ Other

**EARLY CHILDHOOD INTERVENTION**  
☐ Early Childhood Intervention  
☐ Other

**FORENSIC ASSESSMENT**  
☐ Forensic Assessment  
☐ Other

**OTHER**  
☐ Other (Check appropriate box)

**PHYSICAL HEALTH**  
☐ Annual Physical Exam  
☐ Annual Physical Exam (15-17 years)  
☐ Annual Physical Exam (18-24 years)  
☐ Annual Physical Exam (25-34 years)  
☐ Annual Physical Exam (35-44 years)  
☐ Annual Physical Exam (45-54 years)  
☐ Annual Physical Exam (55-64 years)  
☐ Annual Physical Exam (65-74 years)  
☐ Annual Physical Exam (75+ years)  
☐ Other (Check appropriate box)

NOTE:

**Fax:** 866-274-5952

**Mail:** Superior HealthPlan PO Box 3003, Farmington, MO 63640-3803

## 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 Superior foster care website, where a blank form can be printed.

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

Face Sheet | [View Forms](#) | [Submit Forms](#)

+ Expand All - Collapse All [Click here for PDF versions](#)

**Behavioral Health (2)**

Form Title	Description
<a href="#">Initial Behavioral Health Assessment</a>	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 mail/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.
<a href="#">Monthly Behavioral Health Assessment</a>	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 mail/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)**

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

Face Sheet | [View Forms](#) | [Submit Forms](#)

**Initial Behavioral Health Assessment**

Title

NPI ID or Medicaid ID

Provider name

Provider phone number

Provider fax number

Service Date

DPPS ID or Medicaid

Date of Birth

Name of placement and/or Residential Facility

Placement date

Axis I ☐

Axis II ☐

Axis III ☐

Axis IV ☐

Axis V: Current GAF

Highest GAF in past year

Medication Name\_1

Medication Name\_2

Medication Name\_3

Strengths

Presenting problems

Treatment plan Goals

**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](#)

The **Growth Chart** module contains height, weight, length, and head circumference entered by Providers and calculates BMI, when applicable.

An asterisk \* indicates there is a comment associated with the entry.

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:

09/24/2014

To Date:

09/24/2015

Go

\* - Comment associated with Growth Chart

Date & Time (CT) ↑	Weight lbs oz / kg	Height in / cm	Length in / cm	Head Circ in / cm	BMI
10/29/2014 1:20 PM	10 lb 0 oz / 4.5 kg	12   30.5			48.82
10/17/2014 11:20 AM	10 lb 0 oz / 4.5 kg				
10/15/2014 9:12 PM	400-lb-2-oz / 45.4 kg *	23   58.4 *	23   58.4 *	3   7.6 *	132.89
10/15/2014 9:11 PM	45-lb-2-oz / 6.9 kg *	234   594.4 *	234   594.4 *	8   20.3 *	0.19
10/15/2014 2:53 PM	8 lb 1 oz / 3.7 kg	22   55.9	13   33.0	34   86.4	11.62
10/15/2014 9:23 AM	40-lb-0-oz / 4.5 kg				
10/15/2014 9:21 AM	45-lb-2-oz / 6.9 kg *	23   58.4 *			22.36

Growth Charts

View / Modify Growth Chart

Add Growth Chart

## 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	<a href="#">Growth Charts</a> <a href="#">Add Growth Chart</a>		
Contacts	<b>Visit Date &amp; Time</b> 09/24/2015 02:54 PM		
Allergies			
Assessments			
<b>Growth Chart</b>			
Immunizations			
Labs			
Medication History			
Patient History			
Appointments			
	<div>Weight<div><input type="text"/> lbs <input type="text"/> oz</div><div><input type="text"/> lbs/oz ▼</div><div>Comment <input type="text"/></div></div> <div>Height<div><input type="text"/> in ▼</div><div>Comment <input type="text"/></div></div> <div>Length<div><input type="text"/> in ▼</div><div>Comment <input type="text"/></div></div> <div>Head Circumference<div><input type="text"/> in ▼</div><div>Comment <input type="text"/></div></div>		
	<div>Add Cancel</div>		

## Immunizations

The **Immunizations** 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:

☒ 5 years

From Date:

09/24/2014

To Date:

09/24/2015

Go

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

Haemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use

03/28/2014

19Y 0M

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

The **Schedule** 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

Facesheet

Contacts

Allergies

Assessments

Growth Chart

Immunizations

Immunizations Schedule Care Gaps

View Child Immunization Schedule View Adolescent Immunization Schedule View Adult Immunization Schedule

View Catch-up Immunization Schedule

**2019 Recommended Immunizations for Children from Birth Through 8 Years Old**

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

Disease	Vaccine	Primary group(s)	Booster group(s)	Special considerations
Diphtheria, tetanus, and pertussis (DTaP)	DTaP	Infants and young children	Adolescents and adults	DTaP is given in 5 doses: 2, 4, 6 months, 15-18 months, and 4-6 years.
Hepatitis A	HepA	Infants and young children	Adolescents and adults	HepA is given in 2 doses: 12-23 months and 18 months later.
Hepatitis B	HepB	Infants and young children	Adolescents and adults	HepB is given in 3 doses: birth, 1-2 months, and 6-18 months.
Polio	IPV	Infants and young children	Adolescents and adults	IPV is given in 4 doses: 2, 4, 6 months, and 4-6 years.
Measles, mumps, and rubella (MMR)	MMR	Infants and young children	Adolescents and adults	MMR is given in 2 doses: 12-23 months and 4-6 years.
Varicella (chickenpox)	Var	Infants and young children	Adolescents and adults	Var is given in 2 doses: 12-23 months and 4-6 years.
Haemophilus influenzae type b (Hib)	Hib	Infants and young children	Adolescents and adults	Hib is given in 4 doses: 2, 4, 6 months, and 12-15 months.
Pneumococcal polysaccharide vaccine (PPSV23)	PPSV23	Infants and young children	Adolescents and adults	PPSV23 is given in 1 dose: 12-23 months.
Typhoid	Typhoid	Infants and young children	Adolescents and adults	Typhoid is given in 2 doses: 12-23 months and 4-6 years.
Rotavirus	Rotav	Infants and young children	Adolescents and adults	Rotav is given in 2 doses: 2-8 months.
Human papillomavirus (HPV)	HPV	Adolescents and adults	Adolescents and adults	HPV is given in 3 doses: 11-12 years, 13-15 years, and 16-26 years.

## Care Gaps

Click the **Care Gaps** tab to view gaps in care, including missing immunizations.

Health Passport: HUEY DUCK

Member Search

Print All

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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

The **Labs** 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 SearchPrint All

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**Labs**

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Last: 5 yearsFrom Date: 09/24/2014To Date: 09/24/2015Go

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

Filter Category: All LabsAll LabsAllergyChemistryHematologyMicrobiologyStateLabSerologyToxicologyUncategorizedPrint

Date ↓	Item	Value	Ordering Physician		
6/18/2014	ABS.CD8+HLA-DR+LYMPH	19 /UL	WALTER DISNEY		
6/18/2014	TRICHOMONAS CULTURE	FINAL *	WALTER DISNEY		
6/18/2014	ANTIBODY SCREEN	NEGATIVE *	WALTER DISNEY	QUEST	Hematology
6/10/2014	F345-IgE MACADAMIA NUT	<0.08 KU/L	WALTER DISNEY	QUEST	Allergy
6/10/2014	% CD3+CD25+ LYMPHS	4.5 %	WALTER DISNEY	QUEST	Serology
6/10/2014	UREA NITROGEN (BUN)	13 mg/dL *	WALTER DISNEY	QUEST	Chemistry
6/10/2014	ANION GAP	10	WALTER DISNEY	StateLab	Chemistry
6/10/2014	ANION GAP	10	WALTER DISNEY	StateLab	Chemistry
6/3/2014	LEAD, BLOOD, VENIPUNCTURE	15 UG/DL *	WALTER DISNEY	QUEST	Toxicology
6/2/2014	LEAD, BLOOD, VENIPUNCTURE	<1 UG/DL *	WALTER DISNEY	QUEST	Toxicology

27 items found, displaying 1 to 10. Page 1/3123NextLast

### Health Passport: HUEY DUCK

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Details

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






Value	Ordering Physician	Comment	Source
19 /UL	WALTER DISNEY		QUEST

## Medication History

The **Medication History** module contains a detailed list of medications.

Click medication name to view more details.

Click on **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**

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Labs







**Medication History**

Patient History

Overview

Last: 1 yearFrom Date: 07/24/2013To Date: 07/24/2014Go

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

FILL DATE	MEDICATION	QTY	PRESCRIBER	PHARMACY
06/18/2014	TRIAMCINOLON CRE 0.1%	80.000	LOUIS, ALFRED R	LOUIS, ALFRED R FAMILY PRACTICE (4522644)
 06/14/2014	TRAZODONE TAB 100MG	30.000	MORRIS, DAVID B	8109 CULLEN BLVD STE E HOUSTON, TX 77071 Business: (713) 734-1697
 06/11/2014	AMOX TR-K CLV 500-125 MG TAB	20.000	MORRIS, DAVID B	
06/11/2014	STRATTERA CAP 40MG	60.000	MORRIS, DAVID B	
 06/04/2014	LEXAPRO TAB 10MG	30.000	MORRIS, DAVID B	BEMAJ PHARMACY
06/02/2014	INTUNIV TAB 4MG	30.000	MORRIS, DAVID B	BEMAJ PHARMACY
 06/01/2014	SEROQUEL TAB 400MG	30.000	MORRIS, DAVID B	BEMAJ PHARMACY
 06/01/2014	AMOXICILLIN 500 MG CAPSULE	40.000	MORRIS, DAVID B	BEMAJ PHARMACY
05/18/2014	TRIAMCINOLON CRE 0.1%	80.000	LOUIS, ALFRED R	JACKS APOTHECARY 2 (US4522644)
 05/15/2014	TRAZODONE TAB 100MG	30.000	MORRIS, DAVID B	BEMAJ PHARMACY

18 items found, displaying 1 to 10. Page 1/2 1,2 Next Last

JACKS APOTHECARY 2 (US4522644)

8109-B CULLEN BLVD HOUSTON, TX 77051-0000

**Health Passport: HUEY DUCK**

Member SearchPrint All

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**Medication History**






Patient History

OverviewDetails

TRIAMCINOLON CRE 0.1%

FILL DATE : 06/18/2014DISPENSE : 80.000REFILL : 0

PHARMACY : JACKS APOTHECARY 2 (US4522644)PRESCRIBER : LOUIS, ALFRED RReference English, SpanishDocument :

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

FILL DATE	MEDICATION	QTY	PRESCRIBER	PHARMACY
06/18/2014	TRIAMCINOLON CRE 0.1%	80.000	LOUIS, ALFRED R	JACKS APOTHECARY 2 (US4522644)
05/18/2014	TRIAMCINOLON CRE 0.1%	80.000	LOUIS, ALFRED R	JACKS APOTHECARY 2 (US4522644)

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

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

Health Passport: HUEY DUCK					Member Search		Print All	
Facesheet	<a href="#">Overview</a>	<a href="#">Details</a>						
Contacts								
Allergies	TRIAMCINOLON CRE 0.1%							
Assessments	FILL DATE : 06/18/2014		PHARMACY : JACKS APOTHECARY 2 (US4522644)					
Growth Chart	DISPENSE : 80.000		PRESCRIBER : LOUIS, ALFRED R					
Immunizations	REFILL : 0		Reference Document : <a href="#">English</a> <a href="#">Spanish</a>					
Labs	<span>! - Major Interaction</span> <span>⚠️ - Moderate Interaction</span> <span>! - Minor Interaction</span> <span>A - Allergy Interaction</span> <span>🔴 - Interaction not supported</span>							
Medication History	<b>FILL DATE :</b> 06/18/2014  05/18/2014	<b>MEDICATION</b> <a href="#">TRIAMCINOLON CRE 0.1%</a>  <a href="#">TRIAMCINOLON CRE 0.1%</a>	<b>QTY</b> 80.000  80.000	<b>PRESCRIBER</b> <a href="#">LOUIS, ALFRED R</a>  <a href="#">LOUIS, ALFRED R</a>	<b>PHARMACY</b> <a href="#">JACKS APOTHECARY 2 (US4522644)</a>  <a href="#">JACKS APOTHECARY 2 (US4522644)</a>			
Patient History								
<b>Integrated MedFacts Module</b> <p>Read this medication sheet carefully each time you get this medicine filled.</p> <p><b>Triamcinolone Cream and Ointment</b>            Presentation(s): TRI-AM-SH-off-line ah-BEE-coiside            Brand Name(s): Examples include Aristocort A and Kenalog</p> <p>This medicine is used for:            Reducing itching, redness, and swelling associated with many skin conditions.</p> <p>This medicine is a corticosteroid. The exact way that it acts against most causes of inflammation is not known, but it is thought to slow or stop the chemicals in the body that cause inflammation. This helps to relieve discomfort.</p> <p><b>Do NOT use this medicine if:</b></p> <ul style="list-style-type: none"> <li>You are allergic to any ingredient in this medicine.</li> </ul> <p>Contact your doctor or health care provider right away if any of these apply to you.</p> <p><b>Before using this medicine:</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>If you are pregnant, planning to become pregnant, or are breastfeeding.</li> <li>If you are taking any prescription or nonprescription medicine, herbal preparation, or dietary supplement.</li> <li>If you have allergies to medicines, foods, or other substances.</li> <li>If you have a skin infection, measles, shingles of the skin, tuberculosis (TB), a positive TB skin test, chickenpox, shingles, or have recently had a reaction. <p>SOME MEDICINES MAY INTERACT WITH this medicine. Because this, if any, of this medicine is absorbed into the blood, the risk of interacting with another medicine is low. Ask your health care provider if this medicine may interact with other medications that you take. Check with your health care provider before you start, stop, or change the dose of any medicine.</p> <p><b>How to use this medicine:</b></p> <p>Use this medicine as directed by your doctor. Check the label on the medicine for exact dosing instructions.</p> <ul style="list-style-type: none"> <li>Apply a small amount of medicine to the affected area.</li> <li>Cleanly rub the medicine in until it is evenly distributed.</li> <li>Wash your hands after applying this medicine, unless your hands are part of the treated area.</li> <li>Do not rub or scratch over the treated area with bandages or wear tight-fitting clothing unless specifically directed to do so by your doctor. Do not use tight-fitting diapers or plastic pants on children using this medicine in the diaper area.</li> <li>If you miss a dose of this medicine, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule.</li> </ul> <p>Ask your health care provider any questions you may have about how to use this medicine.</p> <p><b>Important safety information about this medicine:</b></p> <ul style="list-style-type: none"> <li>This medicine is for external use only. If you get this medicine in your eye, immediately flush with cool tap water.</li> <li>Do not use this medicine for other skin conditions as a laser unit.</li> <li>Corticosteroids may affect growth rate in CHILDREN and teenagers in some cases. They may need regular growth checks while they use this medicine.</li> <li>Cautions are advised when using this medicine in CHILDREN. They may be more sensitive to its effects.</li> <li><b>PREGNANCY AND BREAST-FEEDING:</b> If you become pregnant, consult your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. It is unknown if this medicine is found in breast milk. If you use or will be breastfeeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.</li> </ul> <p><b>Possible side effects of this medicine:</b></p> <p>All medicines may cause side effects, but many people have no, or minor, side effects. No COMMON side effects have been reported with this medicine. Severe medical attention might be needed if any of these SEVERE side effects occur:</p> <p>Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); blurry vision or changes in menstrual cycle; easy bruising; excessive hair growth; impaired wound healing; itching, burning, stinging, or irritation; pain; swelling of the skin not present before using this medicine; mental or mood changes; moon face; muscle weakness; osteoporosis; use in body temperature; skin thinning; stretch marks.</p> <p>This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-PDA-1088. You may also report side effects to <a href="#">FDA's MedWatch program</a>.</p> <p><b>IF OVERDOSE IS SUSPECTED:</b>            Contact 1-800-222-T222 (The American Association of Poison Control Centers), your local poison control center,</p> </li></ul>				<b>Integrated MedFacts Module</b> <p><a href="#">English</a>, <a href="#">Spanish</a>, or emergency room immediately. This medicine may be harmful if swallowed.</p> <p><b>Proper storage of this medicine:</b></p> <p>Store this medicine at room temperature, between 68 and 77 degrees F (20 and 25 degrees C). Store away from heat, light, and moisture. Keep this medicine out of the reach of children and away from pets.</p> <p><b>General information:</b></p> <ul style="list-style-type: none"> <li>If you have any questions about this medicine, please talk with your doctor, pharmacist, or other health care provider.</li> <li>This medicine is to be used only by the patient for whom it is prescribed. Do not share it with other people.</li> <li>If your symptoms do not improve or if they become worse, check with your doctor.</li> <li>Check with your pharmacist about how to dispose of unused medicine.</li> </ul> <p>This information should not be used to decide whether or not to take this medicine or any other medicine. Only your health care provider has the knowledge and training to decide which medicines are right for you. This information does not endorse any medicine as safe, effective, or approved for your use. It only provides information about this medicine. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from your health care provider. You must talk with your healthcare provider for complete information about the risks and benefits of using this medicine.</p> <p>Date: March 5, 2014            Database Edition 14.1.1.002            Copyright © 2014 Wolters Kluwer Health Inc.</p>				

## Patient History

The **Patient History** 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

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**Patient History**

Appointments

Visits

Diagnoses

Procedures

Last: 5 years

From Date: 09/24/2014

To Date: 09/24/2015

Go

Click on dates for more details

Print

DATE	LOS	DIAGNOSIS	Dx CODE	VISIT TYPE	BILLING ENTITY	SOURCE
05/25/2014		ROUTINE INFANT OR CHILD HEALTH CHECK	V20.2	OFFICE LOCATION CODE	HINE, PETER	SUPERIOR
02/19/2014		CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	OTHER LOCATIONS	STERN, CHARLES	TMHP
02/13/2014		Removable partial denture	000	DENTAL	STERN, CHARLES	DentaQuest
02/12/2014		CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	OTHER LOCATIONS	STERN, CHARLES	TMHP
02/07/2014		Posttraumatic stress disorder	309.81	OTHER LOCATIONS	STERN, CHARLES	TMHP
02/09/2014		Radiographs/Diagnostic Imaging	000	DENTAL	STERN, CHARLES	DentaQuest
			57.89	OTHER LOCATIONS	STERN, CHARLES	TMHP
			57.89	OTHER LOCATIONS	STERN, CHARLES	TMHP
			57.89	OTHER LOCATIONS	STERN, CHARLES	TMHP
			09.81	OTHER LOCATIONS	STERN, CHARLES	Cenpatico
			09.81	OTHER LOCATIONS	STERN, CHARLES	TMHP
			57.89	OTHER LOCATIONS	STERN, CHARLES	TMHP
			98.54	OUTPATIENT HOSPITAL	STERN, CHARLES	SUPERIOR
			98.54	OUTPATIENT HOSPITAL	STERN, CHARLES	TMHP
		severe, specified as with psychotic behavior				
07/25/2012		ROUTINE INFANT OR CHILD HEALTH CHECK	V20.2	OFFICE LOCATION CODE	HARRIS, GLENNA	SUPERIOR

Visit Details

X

CLAIM J237TXE13858

END OF SERVICE 05/25/2014

ADMITTING PROVIDER HINE, PETER

PROCEDURES	CPT Code	DATE
Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	90471	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 HealthPlan has 30 days to process.

## Diagnoses

The **Diagnoses** tab lists visits by diagnoses.

Click the date to view by diagnoses.

### Health Passport: HUEY DUCK

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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	CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	STERN, CHARLES	TMHP
02/20/2014	CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	STERN, CHARLES	TMHP
02/19/2014	CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	V57.89	STERN, CHARLES	TMHP
		V57.89	STERN, CHARLES	TMHP
		309.81	STERN, CHARLES	TMHP
		309.81	STERN, CHARLES	TMHP
		000	STERN, CHARLES	DentaQuest
		000	STERN, CHARLES	DentaQuest

Print

Visit Details

CLAIMJ237TXE13656

END OF SERVICE05/25/2014

ADMITTING PROVIDERHINE, PETER

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

## Procedures

Click the Procedures tab to view visits by procedures.

# Health Passport: HUEY DUCK

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Visits Diagnoses Procedures

Click on dates for more details

Print

DATE ↑	PROCEDURE ↑	CPT Code ↑	BILLING ENTITY ↑	SOURCE ↑
07/25/2012	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	90715	HARRIS, GLENNA	SUPERIOR
01/21/2014	Culture, bacterial; quantitative colony count, urine	87086	STERN, CHARLES	TMHP
01/21/2014	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter	G0431	STERN, CHARLES	TMHP
01/21/2014	Gonadotropin, chorionic (hCG); qualitative	84703	STERN, CHARLES	TMHP
01/21/2014	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	81003	STERN, CHARLES	TMHP
01/21/2014	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	81001	STERN, CHARLES	TMHP

ils

X

L253TXE00637

07/25/2012

PROVIDER

HARRIS, GLENNA

87086	STERN, CHARLES	SUPERIOR
G0431	STERN, CHARLES	SUPERIOR
81003	STERN, CHARLES	SUPERIOR

### Visit Details

CLAIM L253TXE00637  
END OF SERVICE 07/25/2012  
ADMITTING PROVIDER HARRIS, GLENNA

#### PROCEDURES

PROCEDURES	CPT Code	DATE
Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	90715	07/25/2012

## Appointments

Click the date to view **appointment** details for existing appointments.

### Health Passport: HUEY DUCK

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AppointmentsAdd Appointment

Last:1 yearFrom Date:09/24/2014To Date:09/24/2015Go

Date&Time(CT)	Duration	Description
10/08/2015 02:00 PM	30	Test Med
09/30/2015 01:00 PM	45	test Doc
09/30/2015 12:00 AM	30	test Appt

Print

AppointmentsView / Modify AppointmentsAdd Appointment

\*Date(MM/DD/YYYY)  
09/18/2015

\*Time(HH:MM)  
11:00AM

\*Duration  
45

Description  
TESTCANCEL

ModifyCancel AppointmentCancel

Appointment History

Date&Time(CT)	Duration	Description	Recorded By	Recorded Date	Action
09/18/2015 11:00 AM	45Min	TESTCANCEL	Prasad Balla	09/21/2015	Created
09/18/2015 11:00 AM	45Min	TESTCANCEL	RAMYA KUMARASAMY	09/21/2015	Cancelled
09/18/2015 11:00 AM	45Min	TESTCANCEL	Prasad Balla	09/04/2015	Cancelled

## Add Appointment

Click the **Add Appointment** tab to add a new appointment.

Step 1: Fill in Date, Time, Duration, and add a description, if applicable.

Step2: Click **Add**

The screenshot displays the 'Health Passport: HUEY DUCK' interface. On the left is a vertical sidebar with menu items: Face Sheet, Contacts, Allergies, Assessments, Growth Chart, Immunizations, Labs, Medication History, Patient History, and Appointments (which is highlighted in blue). The main content area has a top header with 'Member Search' and 'Print All' buttons. Below this, there are two tabs: 'Appointments' (active) and 'Add Appointment'. The form fields include: a date input labeled '\*Date(MM/DD/YYYY)' with a placeholder 'MM/DD/YYYY'; a time input labeled '\*Time(HH.MM)' with a placeholder 'HH.MM' and an 'AM' dropdown; a duration dropdown labeled '\*Duration' with the text 'Select Duration'; and a large text area labeled 'Description'. At the bottom of the form are two buttons: a green 'Add' button and a red 'Cancel' button. The 'Add' button is highlighted with a red box.

Note: Appointments can be modified or removed by the appointment initiator only. Appointment information should be used only as a reference and may be tentative. For more information or to confirm appointments, please contact the member's medical consentor or provider.

## Other Tools

- **Member Search**—to 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
- Hover over member name **to view core demographic** information.

Health Passport: **HUEY DUCK**

Member Search Print All

Print

AGE 19Y 4M  
GENDER Male  
PCP MOUSE, MICKEY  
DOB 12/12/9999  
DPPS ID 55555555

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

From Date: 08/10/2013 To Date: 08/10/2014 Go

- 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** and **Appointments**.

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

From Date: 08/05/2013 To Date: 08/05/2014 Go

- View more by clicking the **Page** or the **Next** and **Last** buttons.  
Can be found on modules: **Allergies, Growth Chart, Immunizations, Labs, Medication History, and PatientHistory**

21 items found, displaying 1 to 10. Page 1/3 **1.2.3 Next Last**

- **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	<b>STERN, CHARLES</b>	STERN, CHARLES 7700 FISH POND RD WACO, TX 76710 Business: (713) 555-1234
		T1019	STERN, CHARLES	
		T1019	STERN, CHARLES	TMHP
		T1019	STERN, CHARLES	TMHP
		T1019	STERN, CHARLES	TMHP
		T1019	STERN, CHARLES	TMHP
		T1019	STERN, CHARLES	TMHP

# Contact Us

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