



# *PROVIDER TRAINING*

## *STAR Health*



# **In the Foster Care World**

**09/01/2010**

# Victims of Child Abuse and Neglect

Scientific studies have documented the link between the abuse and neglect of children and a wide range of medical, emotional, psychological and behavioral disorders.

Abused and Neglected child victims may be linked to:



Fetal Alcohol Syndrome

Intrauterine Assault

Shaken Baby Syndrome

Developmental Delays

Bonding and/or Attachment Disorders

Brain Trauma

Domestic Violence

Self/Sibling Abuse

Depression

Alcoholism

Drug abuse

Teen Pregnancy

Obesity

Crime

# **STAR Health HISTORY**

# Why STAR Health?

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

# **STAR Health TODAY**

# STAR Health's Commitment



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

# STAR Health's Commitment

- **Continuity of Care**

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

- **Integration of All Health Services**

- Physical, Behavioral, Dental and Vision
- Medical Home (Primary Care Provider)

- **Service Coordination & Service Management**

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

# STAR Health

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

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

Children and Young Adults are Eligible when in:

- Foster care
- Kinship
- Young adults who choose to remain in foster care placement up to age 22
- Previously in foster care and still receiving Medicaid services **up to age 21**
- Newborn born to a Member in STAR Health
- Former Foster Care in Higher Education (FFCHE)


# STAR Health (continued)

- **Former Foster Care in Higher Education (FFCHE)**
  - Foster Care Youth are eligible to get STAR Health benefits through the month of their 23rd birthday.  
**The coverage will be provided to an individual who:**
    - **Was in Foster Care on their 18<sup>th</sup> birthday**
    - **Is at least 21 or 22 years of age**
    - **Is enrolled in an institution of higher education in Texas**
    - **Is not receiving adequate health coverage, and**
    - **Meets all other eligibility rules for citizenship, resources, and income**
  - **FFCHE members will continue to have access to STAR health benefits such as:**
    - **Physical Checkups**
    - **Prescription Drugs**
    - **Emergency Care**
    - **Medical and Behavioral Care**
    - **Dental and Vision Benefits**
    - **NurseWise**
    - **Teladoc**
  - Please note that Newborns born to FFCHE Members are not STAR Health eligible.
  - Newborns will not automatically be enrolled in Medicaid.
  - FFCHE Member must be encouraged to apply for Medicaid benefits for Newborn.
  - To locate their local Medicaid office, please have them call 2-1-1.
  - For specific questions on the FFCHE program and eligibility requirements, please refer them to HHSC: 1-800-248-1078

# **STAR Health BASICS**

# Linking of Services.....

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

 **TEXAS**  
Department of Family and Protective Services

 **SUPERIOR**  
Health Plan™

 **TEXAS TRUE CHOICE**

 **Cenpatico**

 **NurseWise**  
A CentCorp Health Solution™

 **OptiCare**  
MANAGED VISION  
Total Vision Health Plan (TVHP)


 **DELTA DENTAL**

 **SUPERIOR**  
Health Plan™

# Who is Superior HealthPlan Network?

- Organization selected to assist the State of Texas with the Health benefits for Foster Care recipients
- Serving Texas Medicaid Members since 1999
- Subsidiary of Centene Corporation
  - As of May 1, 2010, Centene Corporation served 1,400,000 members nationally
  - Publicly traded on NYSE (CNC)
  - Sole focus on Government Services programs

# STAR Health ID Card



**Embracing  
Every Child**  
**STAR Health**

Member ID #:  
Member Name:  
Primary Care Provider  
Name:  
Phone:  
Effective Date:

Documentation in Health Passport is required\* when caring for STAR Health members. Please go to [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com) or [www.cenpatico.com](http://www.cenpatico.com). \*May not apply to members over the age of 18.

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

Member Services/Servicios para Miembros: 1-866-912-6283  
Available 24 hours a day/Disponible las 24 horas del día

Behavioral Health/Servicios de salud mental: 1-866-218-8263  
Available 24 hours a day/Disponible las 24 horas del día

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

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

If you need emergency care, go immediately to the nearest Emergency Room. (Your doctor does not have to refer you for emergency care.)  
Si tiene una emergencia, vaya inmediatamente a la sala de emergencias más cercana. (No necesita un envío a servicios de su doctor para recibir atención de emergencia.)

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

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

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

# Member Identification Cards

- Member Name:
  - Member ID #:
  - Primary Care Provider Effective Date:
  - Name:
  - Phone:
  - Documentation in Health Passport is required when caring for STAR Health members. Please go to [www.superiorhealthplan.com](http://www.superiorhealthplan.com) or [www.cenpatico.com](http://www.cenpatico.com)
- \* May not apply to members over the age of 18

# **HEALTHCARE PROVIDERS**

# Medical Home Availability

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

# Medical Home Compliance

- **Ensure timeline compliance as needed**
  - **Early Childhood Intervention: 1-800-628-5115**
    - ✓ All health care professionals are required under federal & state regulations to refer children (under age 3) to ECI within two business days of identification of a disability or suspected developmental delay
    - ✓ Works with child, family and provider to develop an Individual Family Service Plan (IFSP) which can include physical, occupational, and speech therapies

# Medical Home Primary Care Provider Expectations

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

# Medical Home Primary Care Provider Expectations (cont'd)

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

# Specialty Care Provider Expectations

- Maintain contact with Primary Care Provider
  - Support the Medical Home
  - Share information
  - Adopt and Support Health Passport
- Appointments within four (4) weeks of request

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

# Behavioral Health Care Provider

## Expectations

- Comply with the *Psychotropic Medication Utilization Parameters for Foster Children*  
<http://www.fostercaretx.com/files/2009/07/Care-Parameters-for-Psychotropic-Medication.pdf>
- Expand the use of Evidence-Based practices
  - Trauma Focused Cognitive Behavioral Therapy
  - Cognitive Behavioral Therapy for Sexually Abused Children
- Provide Services to targeted populations
  - Abandonment Issues
  - ADHD
- Provide documentation required for judicial review
  - Initial assessments and monthly reviews

# All STAR Health Provider Requirements

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

# Serving Superior's Members

## Cultural Sensitivity

Sensitivity to differing cultural influences, beliefs and backgrounds, can improve a Provider's relationship with patients and the health and wellness of the patients themselves.

# Cultural Sensitivity

Continued

- Knowledge
  - Provider's self understanding of race, ethnicity and influence
  - Understanding the cultural differences within minority groups
  - Understanding of the health service resources for minority patients

# Cultural Sensitivity

## Continued

- Skills
  - Ability to formulate treatment plans that are culturally sensitive to the patient and family's concept of health and illness
  - Ability to utilize community resources (church, community-based organizations (CBOs), self-help groups)

# Cultural Sensitivity

## Continued

- Attitudes
  - Respect the importance of cultural focus
  - Respect the importance of spiritual beliefs

*For further information please review Section 13 in the Provider Manual.*

# **Texas Health Steps REQUIREMENTS**

# Texas Health Steps Program

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

# Texas Health Steps for Newly Enrolled STAR Health Members

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

# Texas Health Steps for Newly Enrolled STAR Health Members

- Superior HealthPlan notifies new Members about Texas Health Steps
  - Welcome Calls
    - Provide information about Texas Health Steps and the timelines for STAR Health Members
  - Welcome Packets
    - Texas Health Steps Flyer included in New Member Welcome packet

# Texas Health Steps Outreach And Informing

The state's Texas Health Steps Outreach and Informing staff contact newly enrolled Texas Health Steps recipients to inform them of the services they are entitled:

- To encourage them to use the preventive medical and dental checkup services
- Provide them with a list of all Texas Health Steps providers in their area
- To assist them in setting an appointment
- You can make a referral by phone to the team at 1-877-THSTEPS (1-877-847-8377)

# Missed Texas Health Steps Appointments

Providers should complete a Missed Appointment Form and fax it to MAXIMUS who will then contact recipients to determine what prevented them from keeping the appointment (lack of transportation, child care, money for gasoline, etc.).

- This form is available on the Department of State Health Services website:

[http://www.dshs.state.tx/thsteps/Missed%20appointment%20form%200209\\_secure.doc](http://www.dshs.state.tx/thsteps/Missed%20appointment%20form%200209_secure.doc)

- More information is available through your local regional Texas Health Steps Provider Relations Representative:

<http://www/dshs.state.tx.us/THsteps/pdfdocs/ProvReps.pdf>

# Kinship Texas Health Steps Focus

- Data indicates that approximately one-third of children in kinship care placements receive their Texas Health Steps checkup within 30 days.
- Barriers include:
  - Family situation
  - Lack of flexibility related to work hours
  - Transportation
  - Finances
  - Known family medical history
- Superior can assist by:
  - Scheduling Texas Health Steps appointments
  - Referring the Member to the Medical Transportation Program
  - Providing Value Adds for transportation assistance
  - Ask for a Superior's Kinship Outreach Specialist

1-866-912-6283

# Medical Transportation Program

## **1-877-633-8747**

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

# COMPLIANCE

# Quality Improvement

## Working with our Provider community

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

# **HIPAA / Fraud, Abuse and Waste**

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

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

**800-436-6184**

**What if you suspect abuse or neglect  
of a child?**

**1-800-252-5400**

**or**

**9-1-1**

**24 / 7 / 365**

**SERVICE  
MANAGEMENT  
MODEL**

# Service Management Delivery Model

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

# Service Management

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

# Service Management

## Direct Support

- Members With Special Health Care Needs
  - Follow-up and document reported results
  - Complex Case Management
  - Intellectual Developmental Disabilities Management
  - Asthma Disease Management
- Monitor adherence to treatment plan to promote permanency
  - Follow-up and document reported results
- Promote Best Practice/Evidence-based services
  - Includes compliance with Psychometric Medications on utilization standards
- Identify and report potential abuse/neglect

# Service Management Disease Management Programs

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

# Service Management

## Asthma Disease Management

- STAR Health's Asthma Management program is a interaction designed program to identify and treat Asthma patients in the following steps:
  - Initial Tele-assessment
  - Education for low-risk members
  - Telephone Initial Visit and Self-Management Tools for Medium risk members
  - Home Interaction for High Risk Members
  - Coordination of Referral Service

# Service Management

## Intellectual Developmental Disabilities Management

- This program seeks to identify and support those with a diagnosis of Mental Retardation, Autism, Asperger Syndrome, or Pervasive Developmental Disorder through the following:
  - Assessment of need related to the IDD diagnosis
  - Coordination of services and supports with providers who are knowledgeable about developmental disabilities
  - Referrals to appropriate waiver programs
  - Communication and coordination with the DFPS Developmental Disability Specialists
  - Education of caregivers about the diagnosis and appropriate treatment interventions

# Coordination with Service Organizations

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

# Communication and Confidentiality

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

# Advance Directive

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

# Medical Management



# Pre-Appeals Process For STAR Health

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

# Appeals

- Superior HealthPlan acknowledges providers' right to file appeals on disputed claims.
- If a provider is not satisfied with a claim payment or denial, the provider has **120** calendar days to submit a written appeal for claim reconsideration from the date of the receipt of the Explanation of Payment (EOP). A claim appeal can be initiated by submitting a written explanation of the reason for appeal and a copy of the original EOP.
- Attach the appeal form from the website
- [http://www.superiorhealthplan.com/wp-content/uploads/2008/11/claims\\_appeal\\_form.pdf](http://www.superiorhealthplan.com/wp-content/uploads/2008/11/claims_appeal_form.pdf)

# How to Obtain a Referral/Authorization

- Call 1-800-218-7508, Fax 1-800-690-7030 or submit on line at: [www.superiorhealthplan.com](http://www.superiorhealthplan.com) using the Referral Authorization form located on the web site
- Provide Referral Specialist with Demographics, Diagnosis and Dates of Service, using the Referral Authorization form located on the web site
- Receive Reference Number for Inpatient Hospitalization or Outpatient authorizations

# Referrals

## Key Points

- PCP must initiate the referral
- Specialist may NOT refer to another Specialist

## How to Obtain a Referral for services requiring authorizations

- Use the Request for Authorization form found on our website and submit via fax to 1-800-690-7030
- Call in your request to **1-800-218-7508**
- Log on to your online account at [WWW.SUPERIORHEALTHPLAN.COM](http://WWW.SUPERIORHEALTHPLAN.COM) to submit a referral
- The following information must be provided to the referral specialist at least 5 working days in advance for non-emergent services
  - Demographics
  - Diagnosis
  - Clinical information for medical necessity
  - Dates of Service

*Review your Superior Health Plan Provider Manual for more information.*

# MRI/MRA, CT/CTA, and PET SCANS AUTHORIZATION

- An authorization will be required for MRI/MRA, CT/CTA and PET SCANS
- National Imaging Associates (NIA) has been selected by SHP to administer the program
- The PCP will be responsible for obtaining authorization for the procedures
- All other radiology procedures will not require authorization
- Inpatient and ER procedures will not require authorization
- All claims should be submitted to SHP through the usual processes:
  - Website: [www.superiorhealthplan.com](http://www.superiorhealthplan.com)
  - Electronic submission
  - Paper claim submission

# MRI/MRA, CT/CTA, and PET SCANS AUTHORIZATION (Continued)

- Servicing providers may request authorization by:
  - Accessing [www.radmd.com](http://www.radmd.com)
  - Utilizing the toll free number  
1-800-218-7508 opt 3
- Servicing providers and Imaging Facilities may access status of authorizations by:
  - Accessing [www.radmd.com](http://www.radmd.com)
  - Accessing IVR (Integrated Voice Response) through a toll free number 800-642-7554. To check on the status of an auth press 1, 1, then enter or speak the tracking number.

# PROVIDER CLAIMS FILING AND PAYMENT

# Claims Questions

## Contact Provider Services

- Claims status
- Payment questions
- Directions on how to complete claims

**866-439-2042 option 3**



# Claims Filing

- Claims must be filed within **95** days from the Date of Service (DOS)
- All requests for reconsideration or adjustment must be received within **120** days from the date of adjudication.
- Providers should include a copy of the Explanation of Payment (EOP) when other insurance is involved.
- Filed on CMS 1500 or UB04.
- Filed electronically through clearinghouse.
- Filed directly through website.
- Filed on paper claim.

*If Populated:*

# CMS 1500

*17a NPI # and 17b*

*Taxonomy #*

**1500 HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

**PATIENT AND INSURED INFORMATION**

1. MEDICARE (Medicare #)  MEDICAID (Medicaid #)  TRICARE (Tricare #)  CHAMPVA (Member ID)  GROUP HEALTH PLAN (Sponsor's SSN)  FECA (Sponsor's SSN)  OTHER (AD)

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

3. PATIENT'S BIRTH DATE (MM | DD | YY) SEX (M | F)

4. INSURED'S I.D. NUMBER (For Program in Item 1)

5. PATIENT'S ADDRESS (Street)

6. PATIENT RELATIONSHIP TO INSURED (Self  Spouse  Child  Other )

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

8. PATIENT STATUS (Single  Married  Other )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: (Employed  Full-Time Student  Part-Time Student )

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned provider or supplier for services described below.)

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident or PREGNANCY) (MM | DD | YY)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE (MM | DD | YY)

16. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17. RESERVED FOR LOCAL USE

18. RESERVED FOR LOCAL USE

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? (YES  NO ) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide items 1, 2, 3 or 4 to item 24B by Line)

22. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE (From MM | DD | YY To MM | DD | YY) B. PLACE OF SERVICE (NPA3 EMS CPT4HCPCS MODIFIER) C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. DIAGNOSIS POINTER E. CHARGES F. DAYS OR UNITS G. REFERENCE TO ICD-9-CM H. RENDERING PROVIDER ID #

25. FEDERAL TAX I.D. NUMBER (SSN EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (I give charges per bank) (YES  NO ) 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER, RPO & PH #

SIGNED DATE

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

*NPI # and Taxonomy # in box 24J is required when billing Superior claims*

*Billing NPI# in box 33a and Taxonomy # in 33b*

# Common Billing Errors

- Member DOB or Name not matching ID card/member record
- Code combinations not appropriate for demographic of patient
- Not filed timely
- No itemized bill provided when required
- Diagnosis code not to the highest degree of specificity; 4<sup>th</sup> or 5<sup>th</sup> digit when appropriate
- Illegible paper claim

# Corrected Claims

- Must reference control # on EOP
- Must be submitted within 120 days denial date
- Must be submitted to:

**Superior HealthPlan  
Attn: Claims  
P.O. Box 3003  
Farmington, MO 63640-3803**

To expedite your claims please use the corrected claim form found on our website:

[http://www.superiorhealthplan.com/wp-content/uploads/2008/11/corrected\\_claim\\_form.pdf](http://www.superiorhealthplan.com/wp-content/uploads/2008/11/corrected_claim_form.pdf)

# PaySpan Health

- SHP has partnered with PaySpan Health to offer expanded claim payment services to include:
  - Electronic Claim Payments (EFT)
  - Online remittance advices (ERA's/EOPs)
  - HIPAA 835 electronic remittance files for download directly to HIPAA-compliant Practice Management or Patient Accounting System
- Register at: [www.PaySpanHealth.com](http://www.PaySpanHealth.com)
- For Further information contact 1-877-331-7154, email [Providersupport@PAYSPANHEALTH.COM](mailto:Providersupport@PAYSPANHEALTH.COM)

# Provider Complaints

Superior requires complaints be submitted in writing. The website contains a complaint form that can be completed and submitted online or printed, completed and faxed or mailed to Superior for resolution response.

- **Address:**  
Superior HealthPlan  
2100 South IH-35, Suite 202  
Austin, Texas 78704  
ATTN: Complaint Department
- **Fax number:**  
1-866-683-5369
- **Website Links:**  
<http://www.superiorhealthplan.com/contact-us/complaint-hotline/complaint-form/> (submit online)  
<http://www.superiorhealthplan.com/wp-content/uploads/2008/11/Provider-Complaint-Form-03-02-10.pdf> (form)

# **OVERVIEW**

# Overview: Traditional Medicaid vs. STAR Health

## Traditional Medicaid

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

## STAR Health

1. Enrollment – Health care services are available immediately after child is removed from the home
2. Provides statewide coverage
3. Member hotline available 365/24/7.
4. PCP makes referrals to specialists
5. Health Passport will provide electronic access to child's health record
6. 24-hour Nurse line (NurseWise) available to assist when immediate questions need to be answered quickly

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

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

# Check Out Our Web Sites!!

[www.fostercaretx.com](http://www.fostercaretx.com)

[www.superiorhealthplan.com](http://www.superiorhealthplan.com)

[www.cenpatico.com](http://www.cenpatico.com)

# Who do I Call if I need assistance?

STAR Health (SHPN) 1-866-439-2042

Cenpatico (Behavioral Health) 1-866-218-8263

Delta Dental (Dental Services) 1-866-287-3252

TVHP (Vision Services) 1-866-642-9488

# Texas Health Passport Training Guide

# Health Passport - Advantage

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

# Health Passport - Interactive

- Populated through various interfaces
  - Claims (includes Physical, Behavioral, Pharmacy, Vision and Dental)
  - Provider- Direct Input, Fax, PDF
  - Pharmacy Feed from State's Vendor (ACS)
  - Laboratory Feed from Quest and State Labs
  - ImmTrac immunization database
- Historical TMHP claims data (Two Years)

# Health Passport - Interactive

- SHP Primary Care Physicians have a responsibility to add health care information on foster children into the Health Passport directly after completing the THSteps exam for a member. Cenpatico (formerly IMHS) Mental Health providers are required to add health care information on foster children to Health Passport directly on a monthly basis

Can enter specific information directly into Passport

or

Can send information to SHPN/Cenpatico via mail/fax

## Physical Health Providers

SHPN

PO Box 3003

Farmington, MO 63640-3803

## Mental Health Providers

Cenpatico

PO Box 6300

Farmington, MO 63640-3806

**Fax # 1-866-274-5952**

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

# User Agreement

**User Agreement**

User Agreement for Health Care Providers

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

Terms of the Agreement:

As a health care provider:

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

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

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

# Home Page



Home

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

Example User, Texas Health Passport

Search

Day List

Person Search

Last Name\*

First Name\*

Medicaid Id

OR

SSN

OR

DFPS Id

Search

**From the Home Page:**

**Perform a Patient Search**

**IMPORTANT: Health Passport is not available to FFCHE Members**

(Health Passport is not available to Former Foster Care in Higher Education (FFCHE) Members because all health passport accounts require an active DFPS ID number. )



# Home Page – Person Search

Home

Search

[Day List](#)

Person Search

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

Search

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

Person Search Results

NAME	AGE	DOB	GENDER	MEDICAID ID	DFPS ID
<a href="#">DUCK, HEWEY R</a>	12Y 9M	3/17/1995	M	TX00104267101, 515720598	26434518

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



# Overview - Facesheet

Search Day List Example User, Texas Health Passport

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

Overview Facesheet Recent Activity

Demographics Allergies Medications Visits Immunizations Forms Vital Signs Lab Results Disclaimer

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

1234 W DISNEY AVE ORLANDO, TX 90210-1111 (314) 555-1234 alt: (314) 555-6789 Member #: TX0010426/101(HP ID- for SUPERIOR use), 515720598(Medicaid ID) DFPS Id: 26434518(DFPS ID) Age: 12Y 10M Gender: Male DOB: 3/17/1995 Language: N/A

Primary Care Physician PATEL, ATULKUMAR R 2019 S HENDERSON STE 2 KILGORE, TX 75662 (903) 984-2002

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

Print

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

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

**Allergies** Add Allergy...

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

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

# Overview – Recent Activity

Search Day List Example User, Texas H

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

ME

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

Overview **Face sheet** Recent Activity

Demographics  
Allergies  
Medications  
Visits  
Immunizations  
Forms  
Vital Signs  
Lab Results  
Disclaimer

**TESTPHYSICIAN, BOB** Print

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

» Show: From 6/2/2006 To 6/2/2007

**Claim Visits**

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

**Medication Claims**

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

**All Labs**

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

**BILLING ENTITY** SOURCE

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

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

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

# Demographics

Search Day List

Example User, Texas Health Passport

**DUCK, HEWEY R** 12Y 9M M

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



▼ MENU

## Demographics

Print

Overview

Demographics

Allergies

Medications

Visits

Immunizations

Forms

Vital Signs

Lab Results

Disclaimer

### Profile

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

### Medical Contacts

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

### Personal Contacts

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



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

# Allergy - Profile

Search Day List

Example User, Texas Health Passport

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

MENU

Overview

Demographics

Allergies

Medications

Visits

Immunizations

Forms

Vital Signs

Lab Results

Disclaimer

Allergies

Allergy Profile

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

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

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

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

Print



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

# Allergy Details

Search Day List

Example User, Texas Health Passport

**DUCK, HEWEY R 12Y 9M M**

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

▼ MENU

Overview

Demographics

Allergies

Medications

Visits

Immunizations

Forms

Vital Signs

Lab Results

Disclaimer

## Allergies

Allergy Profile Add Allergy

Allergy Profile > Allergy Details

### Lavender

Type

Allergy

First Occurrence Date

12/2/2007

Reaction

Rash

Recorded By

Admin, 1Passport

Date Recorded

1/8/2008

Status

Active

Comments

Lavender causes rash on arms.

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

### History

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



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



# Medications

Search Day List Example User, Texas Health Passport

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















Formulary: No formulary found

Medications


Med Claims

Medication Claims




Medication Claims Table:




Medication	Quantity	Date	Source
 clonidine 0.1 mg oral capsule, extended release	90.000	12/6/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	90.000	12/2/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	90.000	10/30/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	90.000	9/29/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 Adderall XR 30 mg oral capsule, extended release	90.000	9/13/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	90.000	8/28/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	90.000	7/28/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	60.000	7/3/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	60.000	6/9/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 Adderall XR 30 mg oral capsule, extended release	90.000	6/7/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 clonidine 0.1 mg oral tablet	60.000	4/27/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 Zolof 50 mg oral tablet	30.000	4/19/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 <a href="#">Adderall XR 30 mg oral capsule, extended release</a>	90.000	3/8/2006	OLE PHCY #502 SCHACK, RICARDO C First Health
 Zolof 50 mg oral tablet	30.000	3/8/2006	OLE PHCY #502 SCHACK, RICARDO C First Health


Print

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

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

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

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



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

# Medication Details

Search Day List

Example User, Texas Health Passport

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

MENU

Medications

Formulary: No formulary found

Overview

Demographics

Allergies

Medications

Visits

Immunizations

Forms

Vital Signs

Lab Results

Disclaimer

Med Claims

Medication Claims > Claim Details

## Adderall XR 30 mg oral capsule, extended release

Dispense # 90.000 , Refill #: Initial fill

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

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

### Reference Information

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

[Patient Leaflet](#)

### Medication Claims for amphetamine-dextroamphetamine (Last 1 year)

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

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

#### SOURCE

First Health  
First Health

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



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

# Visits

Search Day List

Example User, Texas Health Passport

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

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

## Visits

Claims Data

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

DATE LOS DIAGNOSIS  
» 6/2/2007 ACUTE TONSILLITIS

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

LABORATORY EXAMINATION V72.6 HOSPITAL ALIC, CHRISTUS SPOHN  
LABORATORY EXAMINATION V72.6 HOSPITAL ALIC, CHRISTUS SPOHN

### Visit Details

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

PROCEDURES	CODE	TERM	DATE
- No procedures found -			

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



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



# Visits

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

- ▼ MENU
- Overview
- Demographics
- Allergies
- Medications
- Visits**
- Immunizations
- Forms
- Vital Signs
- Lab Results
- Disclaimer

## Visits

Claims Data

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

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

[Print](#)

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



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

# Immunizations

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

- ▼ MENU
- Overview
- Demographics
- Allergies
- Medications
- Visits
- Immunizations**
- Forms
- Vital Signs
- Lab Results
- Disclaimer

## Immunizations

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

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

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



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

# Forms

Home Search Day List Example User, Texas Health Passport

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

▼ MENU

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

**Forms**

Documents

» Show: All

**Documents**

Expand All | Collapse All

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

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

» Forensic Assessment (0)

The screenshot shows a web interface for a patient's forms. At the top, there's a navigation bar with 'Home', 'Search', and 'Day List'. Below that, the patient's name 'DUCK, HEWEY R' and age '12Y 9M M' are displayed, along with medical information like allergies and PCP. A left sidebar contains a 'MENU' with various medical categories, with 'Forms' highlighted. The main content area is titled 'Forms' and includes a 'Documents' section with a 'Create' button. Below this, there's a 'Show: All' link and two 'Print' buttons. A list of document categories is shown, with 'THSteps (1)' expanded. A table lists a document with columns for checkboxes, service dates, titles, providers, authors, and statuses. The 'ACTION' column contains links for 'View', 'Update', 'Print', and 'History'. At the bottom of the table, another 'Print Selected' and 'Print Completed' button are visible. Four red callout boxes with white text and black borders provide instructions: 1. 'Click the Show All hyperlink to expand the view of all documented forms.' (points to 'Show: All'). 2. 'To only print select forms place an X in the checkbox and click the Print Selected button.' (points to a checkbox in the table). 3. 'Click the Print Completed button to print all of the documented forms in the uploaded or completed status.' (points to the 'Print Completed' button). 4. 'To view a documented form click the appropriate hyperlink header such as Texas Health Steps then click View.' (points to the 'View' link in the table).

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

# Forms

Home Search Day List Example User, Texas Health Passport

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

▼ MENU

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

**Forms**

Documents **Create** Print Selected

**Create a New Document**

Expand All | Collapse All

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

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

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

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

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

# Forms

Search Day List Example User, Texas Health Passport

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

MENU  
Overview  
Demographics  
Allergies  
Medications  
Visits  
Immunizations  
**Forms**  
Vital Signs  
Lab Results  
Disclaimer

**Forms** Documents Create

Create Document - 13 Months-2 Years

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

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

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

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

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

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

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

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

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

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

# Vital Signs

Home Search Day List Example User, Texas Health Passport

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

▼ MENU

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


Vital Signs [Add Vital Signs](#)

► Show: Last 1 year

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

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

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



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

# Vital Signs Details

Home Search Day List Example User, Texas Health Passport

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

**Vital Signs**

Vital Signs Add Vital Signs

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

**Systolic Blood Pressure**

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

**Diastolic Blood Pressure**

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

VALID UNTIL

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

VALID UNTIL

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

Select a reason to unchart:  Unchart

## To Unchart a Vital Sign:

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

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

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

# Add Vital Signs

Search Day List Example User, Texas Health Passport

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

▼ MENU

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

### Vital Signs

Vital Signs **Add Vital Signs**

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

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

Cancel Save

**To Add Vital Signs:**

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

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

# Lab Results

Search Day List Example User, Texas Health Passport

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

▼ MENU **Lab Results**


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

Demographics Allergies Medications Visits Immunizations Forms Vital Signs Lab Results Disclaimer

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

Print

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



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

# Lab Results Detail

Search Day List

Example User, Texas Health Passport

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

▼ MENU

Overview

Demographics

Allergies

Medications

Visits

Immunizations

Forms

Vital Signs

Lab Results

Disclaimer

All Labs

Allergens

Chemistry

Coagulation

Hematology

Immunology/Serology

Toxicology

Urinalysis

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

## HDL. CHOLESTEROL

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

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



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

# Disclaimer

Home Search Day List Example User, Texas Health Passport

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


▼ MENU Disclaimer

Overview  
Demographics  
Allergies  
Medications  
Visits  
Immunizations  
Forms  
Vital Signs  
Lab Results  
Disclaimer

## Disclaimer

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

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



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

# Web Site

[www.superiorhealthplan.com](http://www.superiorhealthplan.com)

- Check claim status
- Verify eligibility
- View Provider Directory
- View Provider Manual
- Online Authorizations
- Code Editing Tool
- Claims Submission – **AVAILABLE ONLINE**

# TRANSPORTATION AVAILABLE FOR DOCTOR VISITS

# Transportation Benefits For Members

- If a member needs a ride to your office, the Texas Department of Health Medical Transportation Program (MTP) may be able to help. A member should call MTP as soon as they know their next appointment date with your office.
- They must call at least 48 hours before their appointment. Members under 18 years of age may be required to travel with an adult.
- To request services, advise the member to call MTP toll free at 1-877-MED-TRIP (1-877-633-8747). Transportation specialists are available to take requests weekdays 8:00 a.m. to 5:00 p.m.
- MTP offices can help with money for gas for someone who drives the member to an appointment. These drivers can be family members, neighbors or other volunteers. MTP does not furnish transportation when it is included in the daily rates of programs such as nursing homes, day activities and health services.
- As an added benefit, Superior HealthPlan also provides bus tokens for medical and non-medical visits such as health education classes. The member should call the Superior HealthPlan Member Hotline toll-free number listed on the back of their Superior ID card.

# NURSEWISE CALL CENTER FOR MEMBERS

# NurseWise ☎ Call Center

- **1-866-912-6283**
- *Available 24/7/365*
- *Staff is bilingual in*
- *English and Spanish*
- *All TX licensed RNs*



# Questions and Answers

**Thank You for your commitment to  
serving the needs of the Foster Care  
Children of Texas.**

**If you have additional questions, please  
contact your local PR Representative or  
contact us at [www.superiorhealthplan.com](http://www.superiorhealthplan.com)  
Click on “Programs” and select “STAR Health”  
There is a “Contact Us” link.**